

Supporting Adult Day Care in Utah

Dear MCAC Members,

Thank you for listening to my presentation and those of others yesterday regarding Adult Day Care in Utah. I hope you'll take the time to read through this letter, because now is the time to start supporting this much needed service. It's truly one of the best answers to the growing dilemma of senior care nationwide, and for two primary reasons:

1. It's the least expensive form of senior care, which means it will decrease costs in other expensive areas (assisted living and nursing homes) by allowing seniors to age in place longer than they would otherwise. (Some of our clients stay with us until they pass away. Others are with us for several years and then go into a facility where many pass away within weeks or a few months.)
2. It supports families who want to keep their loved ones at home long-term. Home is where most all seniors want to be and that's only possible long-term if family caregivers get regular respite (time to manage their own lives and recharge their batteries).

With only 8 licensed adult day care facilities in the entire state of Utah, we can all do more to encourage growth. Increasing the reimbursement rate from \$39.18 (a rate that has not changed in 10 years) to \$55 would be a big step in the right direction and would barely be felt in the budget, because so few seniors on Medicaid currently receive this service. Remember, the national average in 2007 as per the National Adult Day Services Association was \$61 per day. Hopefully, we can match that at some point.

Two other points to quickly make:

1. Currently as per our contracts with Mountainland Agency on Aging, we cannot ask family members to contribute any extra, even if they have the money to do so. Changing this clause would help.
2. The transportation rate of \$15 one way barely covers our transportation costs. Thus, we breakeven if we get enough clients coming and going in the same direction. (Providing safe and reliable transportation is quite expensive.)

In conclusion, Utah seniors on Medicaid are losing access to adult day care services because of the low rate. Example 1. There are so few licensed facilities in Utah and good ones like Jay Morgan's facility in Orem are closing their doors. Example 2. At times, we must choose to give access to private paying clients over those on Medicaid programs. Why? Survival! Our private clients pay twice the current Medicaid rate and keep us afloat.

I strongly urge you to support Adult Day Care Services in Utah by increasing the rate to at least \$55 per day. I personally invite you to come down to Provo and tour our Aspen Senior Center any weekday. Just contact me directly at 801-224-5910 or Julie Smith our Activities Director (801-607-2300) and we'll accommodate you.

Sincerely,



Gary Staples, Owner and Administrator of Aspen Senior Center

Adult Day Care Facts

- 1. Adult Day Care is the least expensive form of senior care and the most enjoyable for seniors.**
 - 2. It reduces costs in assisted living and nursing homes areas because seniors are taken care of longer at home.**
 - 3. It supports families who care for their loved ones at home by giving them the respite they need.**
 - 4. National average in 2007 was \$61 per day as noted on the National Adult Day Services Association website.**
 - 5. It's the forgotten service for seniors in Utah, only 8 licensed facilities in Utah. Yet, there are around 5,000 nationwide as per the National Adult Day Services Association.**
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3 September 2014

To Whom It May Concern,

After seeing multiple doctors to get a diagnosis over a period of 18 months, my wife of 53 years, Patricia, was finally diagnosed in 2012 with frontotemporal dementia by Dr. Edward Zamrini at the University of Utah's Clinical Neuroscience Center - Cognitive Disorder Clinic.

This diagnosis was a major shock to me and my three children. We all knew something was drastically wrong with "Pat" beginning in the spring of 2011, but to get this diagnosis of an irreversible disease with no known treatment or cure, was a real downer for all of us. What were we to do?

Multiple doctors and dementia counselors recommended we look into taking her to the highly respected and highly regarded Aspen Senior Center at 3410 North Canyon Road, Provo, UT 84604 - (801)607-2300.

What a godsend this was for us! We now take "Pat" to this excellent center five days a week, Monday through Friday, from 9:30 a.m. to 4:30 p.m. where she receives unbelievably good attention and care from attendants who are very well qualified. We feel most comfortable and appreciative to have "Pat" attending this unique center.

This gives me daytime hours to accomplish my tasks at home and with my business that I would never have if I were to have "Pat" at home with me during these productive hours. I take care of her bathroom, shower, dressing and feeding needs and must watch her constantly when she is at home. All this takes a real toll on me as caregiver. Thank God I have the respite provided by Aspen Senior Center. I highly recommend it to every family that may find themselves in circumstances similar to mine.

Respectfully yours,



Clayson Wells Lyman

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June 14, 2016

Dear Medical Care Advisory Committee,

My name is Jay Morgan. I owned, operated, and directed an Adult Day Care program called Morgan Senior Activity Center. I was fortunate to run this business for over 18 years, but recently had to close my doors due to inadequate reimbursement from my Medicaid clients. It was too much of a struggle to see all the expenses of my business increase, but not see an increase in reimbursement revenue from Medicaid for 10 years! The the last increase MCAC approved was in 2006 of only \$5. This put the rate at a meager \$39.18 for a seven hour day of quality care...Lunch and snack included. Transportation increase was the same \$5. These same rates are still in effect today.

I was sympathetic enough to those heroic caregivers in need to agree to accept clients who were on Medicaid. Many of them desperately needed this kind of help to increase their quality of life. I know that Adult Day Care is an invaluable service to families and caregivers of those who suffer from age-related disabilities. It allows them to stay in their homes among loved ones, and not in costly residential facilities.

It is a shame that I have seen good Adult Day Care programs come and go in the State of Utah, over the last 18 years, because of financial oversight. Please see the need to increase this unbalanced day care, and transportation rate for those legally licensed Day Care programs that are still in existence.

Sincerely,

Jaylan B. Morgan

FORMER Owner/Administrator

Morgan Senior Activity Center, Inc.

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

DIVISION OF AGING AND ADULT SERVICES

NELS HOLMGREN
Director

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

September 14, 2011

To Whom It May Concern,

I received a request from an Adult Day Health Service (ADHS) provider asking for consideration to increase the Aging Waiver reimbursement rate for this service. I discussed this issue with the State Medicaid Agency (SMA) as I was concerned that a rate increase had not been a factor for consideration when money was appropriated to the Aging Waiver by the legislature.

A rate increase had not been considered due in large part to the economic downturn that had created strict fiscal limitations within which lawmakers had to work. Because a rate increase was not factored into the Aging Waiver budget there will not be a rate increase at this time. We may consider a rate increase in the future when the Aging Waiver is renewed. During the renewal process, ADHS providers are welcome to submit public comment concerning the reimbursement rate. In the meantime, if the economy improves, the legislature and the SMA may take a closer look at how rates may be adjusted.

Sincerely,

Tammy Wood RN
Health Program Manager, Aging Waiver
Division of Aging and Adult Services

ASK THE DOCTOR



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Massachusetts General Hospital
Director, Depression Clinical and Research Program
Professor of Psychiatry
Harvard Medical School

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An attitude of gratitude delivers benefits

Do memory supplements work?

Omega-3 fatty acids and the battle against Alzheimer's

WHAT'S SECONDARY DEMENTIA? ANTIDEPRESSANTS AND MEDICAL PROBLEMS... COGNITIVE STIMULATION THERAPY FOR AD

Q What's the difference between primary and secondary dementia?

A Primary dementias are characterized by serious memory lapses associated with damage to or wasting away of the brain tissue itself. Examples of primary dementias include Alzheimer's disease (AD) or dementia with Lewy bodies. Secondary dementias are memory troubles caused by other underlying mental or physical disorders—such as those associated with head injury. The symptoms of primary and secondary dementias are similar, and include serious memory loss accompanied by at least one other indicator of cognitive decline, such as disorientation with time or place, loss of initiative, trouble with executive functions such as planning and organizing, language disturbances, problems with spatial reasoning, and personality and mood changes. However, primary dementia is progressive, while many of the causes of secondary dementia are reversible and can be treated. Since treatment for the causes of secondary dementia is possible, experts recommend that people experiencing sudden memory-loss symptoms see their medical care provider for a thorough medical examination, especially if they have had a recent change to their health.

Q I have severe rheumatoid arthritis and struggle with constant feelings of depression. Can I safely take an antidepressant along with my arthritis medications?

A In the past, it was thought that people with general medical conditions such as rheumatoid arthritis (RA) might be less responsive to antidepressant treatment than people without medical problems, and concerns were raised about adverse effects of the medications and limitations on these patients' ability to tolerate the medications. However, a large study published in the January/February 2012 issue of *Annals of Family Medicine* suggests that treatment of depression in people who are receiving

simultaneous treatment for medical conditions such as RA is as effective as treatment in healthy patients, with no significant differences in side effects or tolerability between the two groups. People with RA experience up to twice the risk of depression as healthy people, and their depression is often associated with greater disability and poorer prognosis, so getting treatment for depression may make managing your RA easier. I suggest you discuss your feelings of depression and possible treatment with your medical care provider.

Q What is cognitive stimulation therapy, and does it actually help people who have been diagnosed with Alzheimer's disease?

A Cognitive stimulation therapy (CST) is a non-drug therapy for people with AD in which patients receive a regular program of cognitive stimulation designed to encourage thinking and memory. Several times a week, participants are encouraged to focus on a general theme, such as food, current affairs, or using money. Activities are designed to be enjoyable, and to cognitively challenge the participants. In one recent study, older AD patients were exposed to twice-weekly CST sessions and periodic cognitive testing over a period of six months, and a control group of similar subjects did not receive CST. By the end of the study, CST participants had improved their performance on cognitive tests compared to the control group, and both CST participants and their caregivers reported improvement in quality of life. According to a paper presented at the Alzheimer's Disease International Conference on March 9, 2012, CST appears to be as effective as commonly used AD drugs such as Aricept. Other research suggests that CST provided at home by caretakers can be as effective as formal sessions provided by professional staff, suggesting that families of people with AD may be able to help slow their loved ones' mental decline by inspiring them to use their minds. **MMM**

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Overview and Facts

Adult day services is peace of mind. Adult day service centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting. Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day. They also afford caregivers respite from the demanding responsibilities of caregiving. Adult day centers generally operate during normal business hours five days a week. Although each facility may differ in terms of features, these general services are offered by most adult day centers:

Social activities - interaction with other participants in planned activities appropriate for their conditions

Transportation - door-to-door service

Meals and snacks - participants are provided with meals and snacks, those with special dietary needs are offered special meals

Personal care - help with toileting, grooming, eating and other personal activities of daily living

Therapeutic activities - exercise and mental interaction for all participants.

- The 2010 MetLife National Study of Adult Day Centers confirmed over 4,600 centers operating in the United States providing care for 150,000 care recipients each day.¹ It is estimated that there are more than 5,000 currently operating.
- The average age of the adult day center care recipient is 72¹, and two-thirds of all adult day center care recipients are women.
- **Daily fees for adult day services vary depending upon the services provided. The national average rate for adult day centers is \$61 per day.²**
- The average adult day center care recipient to staff ratio is 6:1.²

Sources:

¹ National Study of Adult Day Services, 2001-2002. Winston-Salem, North Carolina: Partners in Caregiving: The Adult Day Services Program, Wake Forest University School of Medicine, 2002.

² The MetLife Market Survey of Adult Day Services & Home Care Costs, MetLife Mature Market Institute®, in conjunction with LifePlans, Inc., www.MatureMarketInstitute.com, September 2007.



Request for Consideration of Building Block Priorities

AARP Utah respectfully requests the Medical Care Advisory Committee to consider and prioritize the following building blocks to further increase the health and well-being of more Utahns.

1. **Medicaid expansion to those remaining in the coverage gap** – Even with recent efforts to expand Medicaid coverage to approximately 11,000 additional Utahns, AARP Utah encourages the state to pursue a plan to extend coverage to all remaining low-income Utahns who are in the coverage gap (people currently ineligible for benefits through Medicaid who are also ineligible for premium tax credits available through the Affordable Care Act).
2. **A comprehensive study of remaining individuals in the coverage gap** – With partial expansion, the state has a new and pressing need to re-examine the number of those who remain in the coverage gap, the number in various segments of those that remain (homeless, medically frail, parents, adults without dependent children, etc.), the average cost of those in each segment and additional relevant information that can inform a decision to expand coverage across the gap. We would encourage this study be conducted through the Department of Health.
3. **Reinstatement of dental benefits in Medicaid** – To further promote the health and well-being of persons with disabilities and the elderly, AARP Utah recommends reinstating dental benefits to those populations in Medicaid.

Wednesday, June 15th, 2016

UHPP is respectfully asking the Medical Care Advisory Committee to consider and recommend highly these building blocks that will greatly increase access to healthcare and dental care for thousands of Utahns:

1. Full Medicaid Expansion

- a. Passage of a full Medicaid expansion plan (Healthy Utah, traditional expansion, etc.), that closes the Medicaid coverage gap with an adequate health benefit package;
- b. Consumer friendly waiver application;
- c. Sustainable federal funding to close the coverage gap by drawing down the maximum amount of federal tax dollars available to implement an expansion plan.

2. Reinstating Dental Benefits

- a. Fully funding the amount needed to provide dental care to all Medicaid recipients who have a disability;
- b. Providing adult dental services for the elderly Medicaid population.

3. Report Identifying Who's Left in the Medicaid Coverage Gap post HB437

- a. Demographic analysis identifying:
 - i. Homeless population remaining in gap;
 - ii. Intergenerational poverty population;
 - iii. Substance use disorder and mental health population remaining in gap;
 - iv. And ZIP code or legislative district level data to determine where Utahns in the gap are left behind.
- b. Cost estimates identifying:
 - i. What would closing the remainder of the gap look like under full expansion;
 - ii. What would closing the remainder of the gap look like under private expansion;
 - iii. What would covering portions of these populations look like under HB437.

4. Cost Estimates Identifying Reimbursable Services for Community Health Workers

- a. Recognizing peer support services are reimbursable through Medicaid, what would costs look like for Community Health Workers to get similar reimbursements?

5. Outreach and Enrollment Funding

- a. Building upon the generous appropriation from the 2016 legislative session, we would like to see continued funding for outreach and enrollment in the state's Medicaid and CHIP programs:
 - i. According to a study by Georgetown Center for Children and Families, and Voices for Utah Children, an estimated 22% of the low-income Utah children who qualify for CHIP or Medicaid are not enrolled;
 - ii. We would also like to see continued efforts to target Utah's Hispanic community, as 23% of low-income Hispanic children lack health coverage.

6. Approve 12-month Continuous Eligibility for Children on Medicaid

- a. Under the direction of HB437 continue to look at costs of providing 12-month continuous eligibility for these children, and ultimately recommend we offer 12-month continuous eligibility.

7. Family Planning Waiver



- a. We would like to see Utah apply for a family planning wavier for Utahns below 133% FPL who don't qualify for Medicaid to receive vital services such as: testing, treatment, counseling, well-woman exams, breast and cervical cancer screenings, sex education and counseling, access to contraceptives, etc. at a 90/10 FMAP to the state.

UHPP | Utah Health Policy Project
Sustainable Health Care Solutions for Underserved Utahns



Voices for Utah Children

Building Block Requests for Consideration and Prioritization

June 15, 2016

Voices for Utah Children respectfully requests the Medical Care Advisory Committee to consider and prioritize the following building blocks to assure more children and families receive affordable health coverage and access quality care.

1. **12- month continuous eligibility for children on Medicaid.** Utah currently has continuous eligibility in the CHIP program, but not in Medicaid. Continuous eligibility is a state option that allows children to maintain coverage throughout the year, even if families experience a temporary change in income or family status. Without continuous eligibility, children are more likely to experience disruptions in coverage, or fail to re-enroll. According to a recent Urban Institute report, *Utah has the highest rate of eligible but unenrolled children in the nation*. Utah is the only state to have a participation rate lower than 80%. Continuous eligibility is a recognized, effective solution so children can maintain care. The 2016 Legislature directed the Department to study 12-month continuous eligibility and refine cost estimates, which can support adoption and implementation.
2. **Outreach funding.** The 2016 Legislature made significant progress by providing a one-time allocation of \$25,000. We would like to continue the work started in the 2016 Legislative Session. Outreach funding can be used to reach uninsured Hispanic children and families; *Utah has the highest rate of uninsured Hispanic children in the nation*. Outreach funding helps to connect more families with coverage so all children can get the care they need. Continued funding will strengthen and advance these important initial outreach efforts.
3. **Cover lawfully-residing pregnant immigrant women.** Voices for Utah Children enthusiastically supports the removal of the 5-year bar for lawfully residing immigrant children, as adopted in the 2016 Legislative Session. We respectfully ask the Department to remove remaining barriers for lawfully-residing pregnant women to receive coverage

as well. State options include the ICHIA option, as well as other CHIP options covering pregnant women and the ‘targeted low-income child.’ According to recent surveys, 23 states have adopted the ICHIA option for pregnant women, 15 have adopted the CHIP option.

4. **Full Medicaid Expansion.** Thousands of Utah parents and individuals remain without health insurance. Recent legislation provided a first step for a limited number of parents and individuals to access Medicaid. It is critical that our state extend coverage to all low-income Utahns. Voices for Utah Children strongly encourages the state to accept federal enhanced matching funds to close the coverage gap for all.
5. **Study on individuals remaining in the coverage gap.** To support well-informed policy decisions, we encourage the Department to study, and make publically available, information about individuals remaining in the coverage gap. The study should include 1) Estimates on the number of individuals remaining in the coverage gap, and demographic details. 2) Cost estimates for providing coverage, and a comparison of comprehensive coverage options.
6. **Well-child developmental & behavioral health screening: Expand quality measures to include the percentage of Medicaid and CHIP children who receive an age-appropriate developmental screening, using a standardized screening tool.** We encourage the Department to collect and report data on developmental screening, as part of the CHIPRA Core Set of Children’s Health Care Quality Measures. This would strengthen ongoing Departmental and statewide efforts to improve reporting and access to developmental screening in the first three years of life. Developmental screening is a critical tool to foster children’s behavioral, social and developmental health. In addition, we are very supportive that the Department covers maternal depression screening during well-child visits. We support and encourage regular guidance to providers and plans regarding maternal depression and developmental screening as covered services at well-child visits.