

BEGINNING A SOCIAL ADULT DAY SERVICES PROGRAM

BY:

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I. WHY DAY CARE WORKS

A. What is a "Social Model" Day Care?

- 1. Adult Day Programs offer a range of services to the disabled, frail, or at risk adults living in the community. These services may include socialization, health monitoring, and caregivers respite in coordination with other community resources.
- 2. Social programs offer supervision, socialization, group and individual activities, and some assistance with personal care. They may be appropriate for individuals who are socially isolated, confused, physically challenged, and unable to attend traditional senior centers or other adult programs.

B. How does it fit into the Long Term Care Continuum?

- 1. Fits somewhere between Senior Centers and Skilled Nursing Facilities on a level of dependency scale.

Senior Centers	ADC	SNF
Independent	-----	Dependent
- 2. Adult Day Care is often, but not always, coordinated with other community based services such as Case Management, Long Term Home Health Care, Home Care, Home Delivered Meals, Medical Model Day Cares, etc.
- 3. Most frequently clients have a caregiver (spouse, child, sibling) at home but many clients can continue to live alone with support services.

II. WHO WILL BE SERVED

A. Client Profiles

- 1. Usually over 70 years old, female and suffers from one or more chronic illness.
- 2. Have difficulties in performing at least one activity of daily living

independently. (mobility, eating, dressing, bathing, toileting)

3. Can't function in traditional senior centers or adult activity programs because of special needs (i.e., supervision, special equipment, inappropriate behaviors etc.)

B. Researching Area Need

1. Where are other ADC's in your area?
 - a. Are there other day care centers already operating in a particular geographic area?
 - b. Does a particular area have no ADC's?
 - c. How far from client base? Rural or Urban?
2. Check with:
 - a. area agency on aging
 - b. senior centers
 - c. social service agencies
 - d. home care agencies
 - e. employee assistance programs
 - f. churches
 - g. local government

C. Defining Your Client Base

1. You need to decide who you can serve depending on your facility, staffing and resources.
2. Some questions you will need to answer early include:
 - a. Youngest aged client you will accept.
 - b. What kinds of special needs can you handle such as incontinence, dementia, wheel chair accessibility and special diets.
 - c. Defining your client base is necessary before you start case finding/outreach activities.

D. Marketing/Networking

1. Initial
 - a. Join New York State Adult Day Services Association (NYSADSA) Even if uncertain of actually opening an ADC center, it is beneficial to join Regional/State associations 1 year prior to anticipated opening

for networking purposes and up to date information.

b. Join National Adult Day Services Association (NADSA)

2. Ongoing

a. Actively participate in regional chapters of NYSADSA and state conference.

b. Develop contacts with other providers of long term care programs and keep them informed of your service availability.

c. Develop links with home care and acute care programs.

d. Offer to do in-services and presentations to any groups who will have you.

e. Use your advisory boards as sales persons for your services.

III. HOW TO DESIGN YOUR OPERATION

A. Follow the regulations

1. State of New York

a. New York State has regulations. Any social model program receiving government funding MUST follow these regulations. The regulations are minimal and they should not be difficult to achieve.

2. National Adult Day Services Association - (NADSA)

a. Standards and Guidelines for Adult Day Care, These are "reach for" or ideal standards.

c. They also have additional materials that can be helpful in starting a program.

d. With SOFA regulations, you have the basics for developing your policies and procedures.

B. Doing your homework without reinventing the wheel

1. Local Networking

a. Join appropriate associations.

b. Visit other ADC centers.

- c. Let the media know you are opening.
- 2. NYSADSA
 - a. Use newsletter, membership lists and PR materials for ideas and contacts. Use their web site for ideas.
 - b. Annual conference always includes Hands-on workshops, Resource tables, Vendor displays and opportunities for networking.
- 3. Advisory Councils
 - a. A community based advisory council will help promote program and provide linkages to other organizations.
 - b. Council members should represent your community and provide a mix of consumers, businessmen, lawyers, bankers, health professionals, politicians.

IV. HOW MUCH DOES IT COST TO GET A PROGRAM STARTED AND WHERE CAN YOU FIND FUNDS.

A. Private vs. Public sponsorship

- 1. There is no dedicated funding stream for social model adult day care programs. Successful programs are patchwork quilts of various funding from private and public sources.
- 2. Many public funding sources require a proven track record of at least a year before you can apply for grants or contracts.
- 3. Some sort of grass roots sponsorships for the first year or two is usually necessary and multi-purpose community based agencies and religious organizations are your best bets.
- 4. Foundations, even local ones, don't usually fund start ups or ongoing funding but there are exceptions.
- 5. Free space and utilities could get you through the first year or two. Linking with a senior center program and transportation system may be a good way to start.
- 6. Some national foundations offer grants for very specific programs and populations and you may be able to design your new program to meet the guidelines. Read National & State Funding reports for notices of these special sources. Your area agency on aging may be able to pass this information along to you. Also check with elected officials and local

planning units.

B. The Budget

1. May Include:
 - Rent
 - Utilities/Telephone
 - Salaries & Benefits
 - Food Supplies
 - Operating Supplies - paper plates, cups, napkins, office & craft supplies
 - Conference/Dues/Meetings
 - Transportation
 - Postage
 - Insurance
 - Miscellaneous
2. Establish rates within the norm of your community.

C. Sources of Funding

1. Diversification is the name of the game - present conditions make it risky to put all your eggs in one basket.
2. Look at funding parts of your program through government sources.
 - a. United States Department of Agriculture (USDA) Child and Adult Day Care Food Program reimburses a portion of your cost for meals and snacks.
 - b. Local food bank can help reduce your meal cost.
 - c. Subsidized senior employment programs may provide part-time workers in exchange for on-the-job training.
3. Look for funding for special groups of clients.
 - a. Developmentally disabled - Office of Mental Retardation and Developmentally Disabilities (OMRDD).
 - b. Alzheimer patients - special grants for family respite sometimes available.
 - c. Long Term Home Health Care Patients - Social Model Day Care is a wavered service in the program and in some areas of the state as

many as 1/3 of long term home health care patients attend social model programs.

4. Aging programs sometimes fund clients in social model programs with EISEP CSE or Older Americans Act monies. Check with your area agency on aging for availability in your area.
5. Local governments may provide space or other in-kind in public buildings. Adult Day Care can work well in sharing space in a community center with an after school youth program, a senior citizens center, nutrition site or even a child day care center.
6. Sometimes you can get a civic group to fund a scholarship for those unable to private pay.
7. Fund Raising - Monies earned from raffles, bake sales, craft sales & special events should be part of your annual budget. This could be an area where advisory councils can really make a difference.

D. Collecting Fees

1. May choose to do no billing when program is just starting out.
2. Families pay by check at time of service or end of month.
3. May choose to collect fee at beginning of month prior to service - frequent no shows in ADC.
4. Extra costs may include shower or transportation.

E. Starting Small

1. Option to open 2 or 3 days/week or 5 days/week.
2. Hours - Half day or full day. (Full day for most funders is 5 or 6 hours but if you are trying to accommodate working families you may need to be open 8 hours or more)
3. Client turnover rate is high and continuous. This impacts greatly on beginning census.

V. HOW TO RUN A PROGRAM

A. Policies/Procedures & Paper Trails

1. If you didn't write it down, it didn't happen! The Cardinal Rule of accountability, follow it and your funding sources will love you, ignore it and you could lose your credibility/funding.

2. Bare minimum service records -
 - a. Daily attendance record
 - b. Daily transportation record (if you provide)
 - c. Meal counts (as per funding source)

3. Bare minimum client files
 - a. Assessment (use whatever tool your funder requires or the standard tool your AAA case managers use) Whatever tool you use should show functioning level of client and justification for service, basic demographics (including income of client, and spouse)and social history, basic medical information and family contacts.
 - b. Doctor's statement, (physical report) which states client is fit to attend a day care program. At minimum the report should give diagnosis, medications, and physical limitations which effect service.
 - c. **Signed** emergency permission form, giving you ability to seek medical attention for client in an emergency and multiple family contact information.
 - d. Admission and discharge letters.
 - e. Case notes to document client progress, telephone calls effecting service, change in service and case conferences.
 - f. Incident/accident reports - **when in doubt fill one out and alert family/care giver.**
 - g. Individual care plans - complete after one month in program and updated at least annually. List client's strengths, needs and measurable goals for care.

4. Policy and Procedures Manual should include all forms and when they are used.

A. Bare minimum policies

1. Admission criteria and procedure
2. Discharge/termination criteria and procedure
3. Client Bill of Rights and Grievance Process
4. Confidentiality and Release of Information including HIPPA compliance
5. Emergency evacuation procedures and how frequently you will hold drills
6. Personnel policies.

B. Manual should be ongoing and updated as needed. **The Rule** - if you had to have a staff meeting about an issue/problem you should probably write a policy. Examples in our program include snow closing policy and procedure for alerting clients and families, defining responsibilities of drivers for seeing clients safely inside their homes each day, procedures for documenting behavior problems.

B. Staffing

1. Ratio staff to client 1:8 (better 1:6)
2. Possible staff: (Look for people who are fun, outgoing and compassionate)
 - Director - Nurse or Social Worker is the norm
 - Program Assistants (Trained per regulations to meet needs of participants)
 - Secretary
 - Drivers or Driver's Aides
 - Cleaning Crew
3. Initially, Director wears many hats, needs to help with meals, van, toileting, bookkeeping, etc.

C. Environment

1. New vs. Old facility.
2. Handicapped accessible.
3. Comply with all state & local building requirements.

4. Check NYSADSA & NADSA standards for space requirements.
5. Space to allow wandering but security on exits to prevent wanderers from leaving the building.
6. **There can never be too many toilets.**
7. **There can never be too much storage space.**

D. Transportation - without it, they won't come!

1. Considerations
 - a. Provide yourself (vans, cars or both)
 - b. Contract with others
 - c. Mixture (including family provided)
 - d. Wheelchair lift or not (but do have wheelchairs available at your program)
 - e. What geographic area will you serve
 - f. Charging for service or part of program cost
2. Daily Planning and Communication
 - a. Prepare and distribute daily transportation assignments
 - b. Make sure your receptionist has a master copy
 - c. Develop a system for updating, ie. last minute cancellations
 - d. One staff should coordinate and be aware of "the big picture"
3. Communication with drivers - cell phones, CB's, or walkie-talkies are highly recommended.
4. Cards with client medical and emergency information should be available in the vehicle.

E. Planning Program/Activities - The Philosophy

1. Start where your clients are, remember you build on their strengths not expose their weaknesses. (i.e., No memory games for participants with Dementia)
2. Activities should be **adult** but fun. Participant laughter is one of your best indicators of success.
3. Focus on what the clients have left rather than what they have lost.
4. Disguise your reality orientation in such activities as current events,

discussions, newspaper review.

5. Let the clients have control sometimes in planning and implementing activities.
6. Activities should inspire and challenge but **each participant should be able to be successful.**

F. Activities

1. Starting out with two.
 - a. Table games - cards, dominos, checkers.
 - b. Outdoor activities in good weather - lawn toss, lunch outdoors, nature walks, walk & talk.
 - c. Utilize immediate neighborhood - (within walking distance), ice cream parlor, supermarket tour, library programming.
 - d. Sing-a-longs - category sing - i.e. rain songs on rainy days, Christmas carols, etc.
 - e. Exercise - chair, taped music.
 - f. Art projects - ceramics, wall mural, sandpaper coloring.
 - g. Especially when you start out with just a few clients, can you manage field trips to local malls or restaurants.
2. How Client Base Affects Activities
 - a. Use small groups to deal with diverse functioning abilities on any given day.
 - b. Let clients have choices each day once your group gets large enough to break down in small groups. This is the "Adult" thing to do and causes fewer problems than you may think.
 - c. Read about your special group and appropriate activities and plan accordingly.
 1. Dementia clients
 2. Communication impaired clients
 3. Visually impaired
 4. High cognitive functioning but low physical functioning
 5. High physical functioning but low cognitive functioning

6. Clients with depression
7. You can borrow books and articles from other programs, libraries, and schools without having the expense of purchasing expensive materials before you can afford an activity library of your own
8. Day care providers are very pragmatic and use ideas that work in other programs regularly. Learn to "borrow" ideas from others on a regular basis.

G. Meals

1. Serve meals which you can be reimbursed (USDA- Child and Adult Care Food Program or AAA Title III meals).
2. Prepare food on site or contract out.
3. Meal preparation can also be activity with Theme Day –(ie. Italian music with meal preparation by clients)

H. Supporting the Family

1. We usually serve the needs of the family too and need to recognize they are our clients also.
2. Plan on linking families who request help with educational and support groups in your area.
3. Communicate changes in clients with their families and work to establish a good relationship which will benefit all.
4. If you don't provide case management, counseling and support groups develop referral relationships with other community based service providers and advocate for your client's families when needed.
5. Involve families in your programs when possible - the more they are involved the more they can be your supporters.
6. Let families know when they are successful and keep in mind, caregiving isn't easy.

Adult Day Care is a unique experience for staff and clients. ENJOY!

Revised Dec 2006