



A Dozen Talking (and letter-writing) Points Relative to CMS Additional Guidance for Non-Residential Home and Community-Based Settings

- (1) The National Adult Day Services Association (NADSA) and its members commend the Centers for Medicare and Medicaid Services (CMS) for its efforts to improve and assure access to true home and community based services for Medicaid Waiver eligible consumers, based upon their personal strengths, choice, and specific needs.
- (2) NADSA also commend CMS for recognizing that the Final Rule published on January 19, 2014, which focuses primarily upon residential settings, requires “additional guidance” for non-residential Home and Community-Based (HCB) settings, particularly in further defining and interpreting the quality requirement of ***“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community...”*** (Sec. 444.710 (a)(1)(i))
- (3) We are excited about this opportunity because the National Adult Day Services Association has long held that **Adult Day Services (ADS) is the model that promotes community integration and deinstitutionalization better than any other because it offers to all Medicaid and non-Medicaid consumers comprehensive services and quality settings that already meet the HCB goals CMS has set forth in the new Rule**
- (4) **NADSA member providers collaborate with the states to provide services to Medicaid Waiver consumers in exactly the same way non-Waiver consumers in the greater community are able to access and receive these services.**
- (5) **As Home and Community Based providers, Adult Day Service centers are located in the residential and commercial sections of the community.**
- (6) **Both Waiver supported consumers and others arrive at an ADS center by family conveyance, public transportation, car pool, or private conveyance. They leave to go home the same way.**
- (7) **All ADS consumers may attend an ADS center for a few hours per day or the entire day. They may participate in center activities one day or several days per week. The number of days and hours is dependent upon the individual’s personal care plan and their consumer choice.**

- (8) Consumers are served at Adult Day Service centers with **intergenerational settings and interdisciplinary requirements**, when and where possible. **State licensing requirements most often determine if this is possible.** In some states, for example, ADS centers are licensed to serve senior consumers age sixty and above as well as consumers with physical impairments at age eighteen and above.
- (9) Recognizing the **continuum of care flexibility families need** as their loved one may be entering early stage dementia, some states have urged community senior centers and adult day centers to co-locate. This provides both Medicaid and non-Medicaid consumers with the ability to participate in senior center activities on days when they are able to do so and to participate in ADS center activities on those days when they require more personal assistance, in accordance with the individual consumer's strengths, preferences, and specific needs.
- (10) Consumers are served by over 5200 Adult Day Centers nationwide. Most are free standing. All are non-Residential although, particularly in the sparsely populated rural areas of the states, some are affiliated or attached to larger residential facilities out of pure economic necessity. Without that support there would not be any adult day service center in those areas.
- (11) In keeping with Home and Community-Based principles, **consumers and their families are viewed as a composite unit by Adult Day providers.** Recognizing that many caregivers are adult children of the consumer, **ADS works to keep the entire family active and integrated into the greater community** by providing person centered choices and services to the consumer that **allow the family caregivers to continue working and keeping their loved one at home.**
- (12) NADSA members look forward to working with CMS and the states to be able to assure that Medicaid eligible consumers have access and person centered choice to HCB Waiver services **and respectfully suggest, in formulating its additional guidance for non-residential HCB settings, CMS presume these settings to meet the new HCB quality requirements absent reason to believe otherwise.**