



Public Policy Agenda 2014

Public policy challenges continue to confront the consumers who need Adult Day Services and our members' ability to provide these services. NADSA's public policy committee

and member volunteers in every state are working with our public policy advisor to resolve challenges in the following policy areas.

Facilitate Access to Adult Day Services

Adult day centers service more than 260,000 participants and their family caregivers, in more than 5,000 centers across the United States, and are leaders in community-based care for individuals with Alzheimer's disease and other dementias (Dabelko-Schoeny & Anderson, 2010). People living with chronic conditions and diseases such as hypertension, physical disability, cardiovascular disease, diabetes, mental illness and developmental disability need better access to adult day centers so they can receive the care they want and need while living in their own homes and communities. Nearly 80% of adult day centers have a nursing professional on staff, approximately 60% offer case management services, and nearly 50% have a social work professional on staff. NADSA is particularly concerned with developing policies that ensure effective and accessible long term services and supports for older adults and individuals with disabilities. We will track and offer comments upon implementation of the Affordable Care Act particularly as it relates to hospital readmissions, accountable care organizations and state Medicaid policies.

Ensure access to Adult Day Services is included in long term care services and supports.

Modernize Medicare to Achieve Cost Avoidance

During the past half-century, Medicare services have been expanded but the system itself has not been modernized to take advantage of less expensive delivery of those services to the consumer. Adult Day Centers (ADC) have modernized to provide quality, cost-effective nursing services, physical therapy, occupational therapy, and social work services. Congress and the Centers for Medicare and Medicaid Services (CMS) need to modernize Medicare to achieve future cost avoidance of institutional costs by allowing consumers to choose to receive the same services provided through an ADC. NADSA encourages CMS to infuse health care funding with consumer choice for cost-effective Home and Community-Based services provided by ADC for consumers with chronic diseases, enrolled in Medicare Advantage plans, care transitions, care coordination, dual-eligible programs, and other innovations.

Support H.R. 3334 The Medicare Adult Day Services Act to ensure consumer choice and cost avoidance as a Medicare option.

Protect Medicaid for ADS Consumers

Congress and the Administration remain focused upon trying to contain Medicaid costs. Some of the proposals, such as a blended matching rate to states, rolling Medicaid into block grants to states, and imposing per-capita caps on spending by states, NADSA believes would have a negative impact upon providing necessary services to seniors with chronic conditions and persons with disabilities. NADSA supports policies that continue to focus upon eliminating waste, fraud, and abuse. NADSA also urges the President, Congress, and the Centers for Medicare and Medicaid Services (CMS) to focus more intently upon rebalancing LTCSS to Home and Community-Based Services, for which ADS provides a comprehensive, cost-saving, model.

Protect Medicaid funding, focus upon rebalancing to HCB, encourage innovation by providers to eliminate waste, fraud and abuse.

Protect Consumer Access to Adult Day Services

Of great concern to NADSA, the National Association of States United for Aging and Disabilities (NASUAD), and the National Federation of Independent Businesses (NFIB) is language in a Rule published by the Centers for Medicare and Medicaid Services (CMS) published on January 16, 2014. This Rule indicates that consumer selected non-residential programs will no longer be eligible for Medicaid HCBS (Home and Community-Based Services) funding “if such settings have the effect of isolating or segregating those receiving Medicaid HCBS from the broader community.” Narrowly interpreted, this language essentially would close Adult Day Centers serving the Medicaid eligible senior population and individuals diagnosed with dementia, forcing these individuals into the very institutions everyone wants to avoid.

Protect consumer access to ADS by urging CMS and Congress to presume that non-residential centers meet the January 16th Rule standards to remain Medicaid HCBS providers, absent evidence to the contrary.

Reauthorize the Older Americans Act (OAA)

Bi-Partisan legislation has been introduced in both the House and Senate. The bills most likely to be considered for final passage are S. 1562 and H.R. 4122. Initially enacted in 1965 together with Medicare and Medicaid, the OAA was the first attempt by the federal government to provide comprehensive assistance to seniors. With 10,000 baby boomers turning 65 every day and with a sluggish, downturned economy, states depend upon OAA funds for senior programs. A portion of the OAA funds provide access for consumers to choose home and community-based (HCB Adult Day Services to help them to remain in their homes with their families.

Reauthorize the Older Americans Act to provide consumer choice for HCB Adult Day Services to avoid more costly institutional placement.