Santa Clara County Adult Day Services Feasibility Study

Subsidy Pilot Report — July 2018

Santa Clara County Adult Day Services Feasibility Study: Subsidy Pilot Report

COMMON REPORT ABBREVIATIONS AND TERMS	
ADLs	Activities of Daily Living: Daily self-care activities such as bathing, dressing, self-feeding, etc.
CLC	Community Living Connection: Provides for home and community-based services, or a combination of equipment and services, to support aging in place and in the community.
CMS	Centers for Medicare & Medicaid
DAAS	Santa Clara County Department of Aging and Adult Services
ED	Emergency Department
IADLs	Instrumental Activities of Daily Living: Activities that include bill paying, shopping, housekeeping, medication management, food preparation, etc.
IHSS	In-Home Supportive Services: A Medi-Cal program providing those with limited income who are disabled, blind, or over the age of 65, with in-home care services to help them remain safely at home.
Low-to-Middle Income	Individuals whose income ranges from 100 percent of the Federal Poverty Level (FPL) to middle-income, defined as two-thirds to double the U.S. median household income.
LTSS	Long-Term Services and Supports: LTSS encompasses the broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.
Medi-Cal Share of Cost	Share of cost refers to the amount an individual agrees to pay for health care before Medi-Cal starts to pay. Once the share of cost has been met, Medi-Cal pays for care for the rest of that month.
MCO	Medi-Cal Managed Care Organization
RCFE	Residential Care Facilities for the Elderly: Refers to licensed assisted living facilities and board and care homes.
SNF	Skilled Nursing Facility

LifeCourse Strategies conducted the *Santa Clara County Feasibility Study*. LifeCourse Strategies provides project management, community-based research, gap analyses, and strategic planning for health and social service organizations serving vulnerable and underserved communities. www.lifecourse-strategies.com

Executive Summary

The long-term care system refers to the broad continuum of home, community-based, and institutional services and supports that help to address the medical and non-medical needs of people with limitations. An essential component of this system is Adult Day Services (ADS). This valued community-based resource enables older adults and individuals with disabilities to age in place and their caregivers to continue providing care and stay in the workforce.

Three licensed ADS models operate in California: 1) Adult Day Program (ADP), a community-based licensed non-medical program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis; 2) Adult Day Health Care (ADHC), a community-based licensed health-facility that offers a full range of skilled health care and psychosocial services for frail elderly persons or adults with disabilities—eligible Medi-Cal beneficiaries are funded through Medi-Cal's Community-Based Adult Services (CBAS); and 3) Alzheimer's Day Care Resource Centers (ADCRC), a specialized program addressing the psychosocial, mental, cognitive, and functional needs of persons with dementia. Current ADCRC settings include ADHC centers and ADP facilities.

A 2016 study of ADS programs in Santa Clara County conducted by the Santa Clara County Senior Care Commission found that ADS are an "underfunded, underutilized, yet highly cost-effective strategy for the aging in place population" in the county. The study's chief recommendation was to conduct a follow-up study to assess the feasibility of a five-year ADS pilot subsidy program to serve annually up to 183 unserved and underserved older adults and individuals with disabilities in Santa Clara County who otherwise qualify for ADS.

In February 2018 the Santa Clara County Social Services Agency in partnership with the Santa Clara County Senior Care Commission launched the five-month *Santa Clara County Adult Day Services Feasibility Study*. The core study components included in-person and phone-based interviews with ADS providers and other key ADS stakeholders (experts, supporters), a survey disseminated to ADS program directors, an environmental scan of best-practice ADS models, an inventory of ADS services in Santa Clara County, and an ADS subsidy pilot model outline.

ADS Study Interviews	ADS Study Surveys	Environmental Scan
A total of 36 qualitative interviews were conducted with Santa Clara County ADS program directors and other key ADS stakeholders.	An online survey sent to every ADS program (20) complemented the qualitative interviews. Santa Clara County has 12 ADPs and eight ADHC/CBAS programs.	An environmental scan to search for innovative ADS models was also conducted. Three models for future consideration were identified (embedded, intergenerational, cooperative).
The focus of the interviews was to gather different perspectives on how to address the ADS needs of unserved and underserved older adults and individuals with disabilities, and their caregivers.	The survey purpose was to collect information necessary to create an inventory of ADS services (hours of operation, services, etc.) and to develop an ADS subsidy (based on ADS costs, participant needs, etc.)	

Key Findings

Several themes and subthemes emerged from the qualitative interviews addressing ADS in Santa Clara County:

- **Access:** Participant barriers to ADS include a lack of affordability, transportation challenges, and a lack of knowledge about ADS.
- **Need:** Low-income older adults and adults with disabilities with external risk factors/social determinants of health (e.g., unsafe housing, limited social support), and their caregivers, represent vulnerable populations with the greatest need for ADS.
- **Cost:** The variance between what it costs to provide ADS and many ADS programs' revenue, poses significant challenges to the delivery of this resource.

Key findings from the ADS program online surveys include:

	ADP	ADHC/CBAS
Most Populous Age Groups	▸ 75–84 years old ▸ 85–94 years old	▸ 65 –74 years old ▸ 75–84 years old
Ethnic/Racial Composition	▸ Whites: 55 percent ▸ Asians: 25 percent ▸ Latinos: 12 percent	▸ Asians: 53 percent ▸ Whites: 33 percent ▸ Latinos: 11 percent
Commonalities	▸ Participants' average length of stay: one to five-years ▸ High cost of living in Santa Clara County makes ADS staff recruitment challenging	
Difference	▸ ADPs do not receive health plan reimbursements ▸ ADPs have proportionally more unfilled slots than ADHC/CBAS programs	

An inventory of Santa Clara County ADS programs was also created from the survey.

Proposed Subsidy Pilot

An analysis of data from the Santa Clara County Senior Care Commission 2016 ADS study and the feasibility study led the ADS Workgroup to support implementation of a three-year ADP pilot model for 75 participants. The target populations are older adults and adults with disabilities who lack the financial means to participate in ADP programs, and have external risk factors/social determinants of disease that increase their risk for social isolation, exacerbated health problems, emergency department and hospital admissions, and early transition to facility-based care. Below are the framing elements of the proposed model along with proposed costs.

Pilot Goals	Pilot Objectives
▸ Increase ADP access for Santa Clara County unserved and underserved older adults and adults with disabilities ▸ Increase caregivers' access to ADP respite and opportunities to enter or stay in the workforce. ▸ Increase quality of life for ADP participants and caregivers. ▸ Assess the viability of a shared-funding ADP model with multiple partners ▸ Assess the viability of expanding the ADP pilot to other ADS programs	▸ Provide ADP services to 75 additional underserved and unserved older adults and adults with disabilities annually ▸ Reduce the number of falls, hospital, and emergency department (ED) admissions for ADP pilot participants ▸ Increase participant satisfaction ▸ Increase participant quality of life ▸ Decrease caregiver burden scores

The County will lead the subsidy pilot. Four entities—Santa Clara Family Health Plan (SCFHP), Anthem Blue Cross, Sourcewise, and Institute on Aging—have expressed an interest in partnering with the County to help fund the three-year pilot (no formal collaboration commitments have been made). ADPs would be a pilot partner cohort. ADPs without a mandated participant funding source will be invited to participate in the pilot (11 ADPs).

Pilot Costs

The following costs are proposed estimates. (Final costs to be determined.)

Total Cost of ADP Pilot Model: 75 participants x 3 days/week x $58/day x 50/weeks/year= $652,500/year x 3 years = **$1,957,500,** plus pilot administrator costs $130,000/year x 3 years = **$360,000.** Total subsidy pilot costs for three years **= $2,317,500.**

- **County Costs (*with Potential Partner Contributions*)**: 75 participants x 3 days/week x $48/day x 50/weeks/year= $540,000/year x 3 years = **$1,620,000,** plus pilot administrator costs $130,000/year x 3 years = **$360,000.**
  Total County subsidy pilot costs for three years **= $1,980,000.**

  Potential Partner Contributions:
  - SCFHP: 25 participants x 3 days/week x $10/day x 50/weeks/year= $37,500/year x 3 years = **$112,500**
  - Anthem Blue Cross: 25 participants x 3 days/week x $10/day x 50/weeks/year= $37,500/year x 3 years = **$112,5000**
  - Sourcewise: 13 participants x 3 days/week x $10/day x 50/weeks/year= $19,500/year x 3 years = **$58,500**
  - Institute on Aging: 12 participants x 3 days/week x $10/day x 50/weeks/year= $18,000/year x 3 years = **$54,000**

Recommendations

The feasibility study yielded the following priority recommendations:

1) Revise the proposed pilot subsidy model, as needed.
2) Explore opportunities to enhance public awareness about ADS programs and the three-year pilot.
3) At the conclusion of the "Phase One" pilot, develop a "Phase Two" that builds on the pilot findings to assess the potential expansion and replicability of the model, explores opportunities to integrate one or more of the profiled ADS innovation models identified through the feasibility study environmental scan, and evaluates the opportunity to develop new ADS programs in geographically underserved areas to further enhance Santa Clara County's network of ADS programs.

Through collaboration and partnership, Santa Clara County and its ADS stakeholder partners have taken an important and bold step forward to increase access to ADS for unserved and underserved older adults and individuals with disabilities. Their continued shared leadership is vital to meeting the ADS needs of these communities now and in the future.

Introduction

Midway through the 20th century, social scientists and gerontologists began highlighting the aging or "graying of America." Unsure of the full significance of this demographic shift, they began making predictions about trends, such as how long Americans will remain in the workforce, how long older adults can expect to live, how the economy will respond to retired Baby Boomers, and where and how older adults will live out their longer lives.

While some predictions have been realized, the full impact of so many people living longer may not be known for some time. The number of older adults in the United States is expected to increase dramatically between 2014 and 2030, after which time the growth rate is projected to slow down.[1] However, cities, counties, and states across the country are experiencing the effects of population changes now, and many are actively engaged in assessing the current and future needs of older adults in their communities. From these efforts, one significant trend has been identified: older adults prefer to remain in their homes and communities as they age.

Adult Day Services (ADS) is an often overlooked but essential community-based resource that enables older adults to age in place and caregivers to continue providing care and enter or stay in the workforce. Three licensed ADS models operate in California:

Adult Day Program (ADP). ADPs are the social model of ADS (i.e., non-medical) provided in a licensed community-based facility. ADPs provide care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis. At a minimum, ADPs provide the following: an individual plan of care, activity programs, dietary services, assistance with medication management, meals/snacks, personal care, supervision, and support. ADPs additionally provide critical services to caregivers including 1) respite, 2) the ability to enter or remain in the work force, and 3) information and referrals to other public/private safety-net programs and services that enable participants to continue living in their home and community for as long as medically possible

Most ADPs receive support funds from a variety of sources (e.g., local government contracts, the Older Americans Act, and donors) and charge a flat rate to participants or offer a sliding scale. ADPs with a dedicated funding source for tuition assistance offer scholarships to participants unable to pay the full rate or sliding scale charge, and many elect to waive a portion or all fees for participants with limited to no income.

Adult Day Health Care (ADHC). ADHCs are the medical-model of ADS through which a community-based licensed health-facility offers frail elderly persons or adults with disabilities, at risk for institutional placement, a full range of skilled health care and

psychosocial services provided by a multidisciplinary team. Activities include health services, therapeutic activities, and social services. ADHC participation requires a physician referral and must include the following: all the services of an ADP plus transportation, medication administration, social services, skilled nursing, physician services, mental health services, occupational therapy, physical therapy, and speech therapy. ADHCs provide caregivers respite and support, and the opportunity to enter or stay in the workforce.

In 2012, California transitioned ADHC funding for Medi-Cal beneficiaries from a Medicaid optional state plan benefit to a managed care benefit, known as "Community-Based Adult Services" (CBAS). ADHC participants not covered under CBAS pay privately, often on a sliding scale.

Alzheimer's Day Care Resource Center (ADCRC). ADCRC is a specialized program that addresses the psychosocial, mental, functional, and cognitive needs of individuals with dementia. ADCRCs provide a range of services to assist each participant to function at her or his highest level, while providing caregiver support and respite. Like ADPs, ADCRCs receive funds from various sources and either charge a flat rate or offer a sliding scale to participants. Many also offer scholarships to participants with limited ability to pay. Current ADCRC settings include licensed Adult Day Health Care (ADHC) centers and Community Care Adult Day Program (ADP) facilities.[8]

In 2016, the Santa Clara County Senior Care Commission conducted a study of ADS programs in Santa Clara County. The study concluded that ADS are an "underfunded, underutilized, yet highly cost-effective strategy for the aging in place population."[2] In response to these findings, they recommended a follow-up study be undertaken to assess the feasibility of a five-year ADS pilot subsidy to serve annually up to 183 unserved and underserved older adults and individuals with disabilities in Santa Clara County, who otherwise qualify for ADS.

With this goal in mind, in February 2018 the Santa Clara County Senior Care Commission in partnership with the Santa Clara County Social Services Agency, launched the *Santa Clara County Adult Day Services Feasibility Study*. This report presents a summary of this study. It includes the following sections: a background on critical factors influencing ADS today, key findings from ADS qualitative interviews and ADS program surveys, an environmental scan of best-practice ADS models, a proposed subsidy pilot, and next-step recommendations.

Background

The intersection of the aging demographic shift and aging in place trend, paired with population data and qualitative research, has catalyzed new thinking and approaches to assisting older adults to live and thrive in their communities. The aging numbers are striking. In 2014, 46 million people age 65 and over lived in the United States, representing 15 percent of the total population.[1] By 2030, the older population is projected to be more than twice as large as in 2000, growing from 35 million to 74 million and representing 21 percent of the total United States population.

The older population is also expected to be increasingly diverse. In 2060, approximately 55 percent of the older population will be non-Hispanic White alone (i.e., single race), 12 percent will be non-Hispanic Black alone, and nine percent will be non-Hispanic Asian alone (compared to 78, nine, and four percent for these groups respectively in 2014). The older Hispanic group is expected to grow the fastest: In 2060, they will represent 22 percent of seniors.

Developing resources to meet the projected number of older adults in the coming decades is an urgent and challenging undertaking for many municipalities across the country. They are simultaneously charged with balancing city and county budgets, meeting a host of pressing community needs, and expanding person-centered senior services—including housing/supported community living alternatives, health and social service supports, and transportation.

The task is daunting. However, many local governments are discovering the underutilized ADS resource. ADS programs are a vital, cost-effective, person-centered component of the long-term care system that support older adults' ability to age in place, and provide respite and support for caregivers.

KEY DEFINITIONS:

- **Aging in Place** is the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.[3]
- **Person-Centered Care** is a philosophy of service provision in which 1) services are maximally responsive to each individual's unique needs, values, and preferences, and 2) the people using health and social services are seen as equal partners in planning, developing, and monitoring care to ensure it meets their needs. [4,5]
- **Long-Term Care System** refers to the continuum of home, community-based, and institutional services and supports that help to address the medical and non-medical needs of people with limitations in their ability to perform everyday functions due to chronic illness or disabilities.[6]
- **Supported Community Living** refers to housing in the community with support such as meals, case management, some assistance with medication, bathing, etc. Supported community living alternatives include: Residential Care Facilities for the Elderly (RCFE), which include licensed assisted living facilities and board and care homes; subsidized housing with in-home care (e.g., In-Home Supportive Services—or IHSS—homemaker and personal care assistance to persons living in or just above poverty).[7]

Adult Day Services Benefits for Participants and Caregivers

Person-centered care in ADS includes the individual who needs care as well as the individual's caregiver—and the benefits to both are significant. ADS participants with ADL and/or cognitive limitations are 1) able to stay in a home rather than institutional setting, which is what most participants and caregivers prefer;[9] and 2) experience less isolation, fewer falls, increased socialization, and improved health-related quality of life (the extent to which physical health or emotional problems affect functioning in or the amount of daily activities in which a person can participate).[10]

In a 2007 study of the impact of adult day services on behavioral and psychological symptoms of dementia, Femia et al. found that one benefit of ADS programs to persons with dementia was a decrease in the duration of nighttime sleep problems.[11] Study findings additionally suggested a greater decline in the occurrence of depressive symptoms and agitated behaviors on ADS days as compared with non-ADS days. The study further emphasized the importance of providing ADS to a population likely to increase over the next several decades. In 2014, 29.9 percent of ADS participants were reported to have Alzheimer's disease or other dementias.[12] Given that more than five million Americans are currently living with Alzheimer's disease and that number is expected to increase to nearly 14 million by 2050, ensuring ongoing access to ADS for this group of adults is imperative.[13]

As communities across the country prepare for an expanded older adult population, another group warrants attention: informal (unpaid) caregivers. Based on a 2014 national study of caregivers, 43.5 million adults were estimated to provide unpaid care to an adult or a child in the United States in the 12 months prior to the study; approximately 34.2 million Americans were providing unpaid care to an adult age 50 or older.[14] Over the next few decades, the number of informal caregivers is expected to increase and become more diverse. Equally important, as people live longer with serious illness and disability, informal caregivers will provide care for longer than in decades past. For this reason and because the financial, physical, and support resources necessary to provide protracted care are likely to be significant, caregivers will need greater access to information, services, and support.

Caregiving is difficult. It is associated with increased emotional stress, depressive symptoms, and poorer overall health.[14,15] ADS programs offer caregivers critically needed respite and have been shown to reduce caregiver burden, stress, and depressive symptoms. They also improve caregiver well-being and enable caregivers to remain in the work force.[16,17,18] The report, *Families Caring for an Aging America,* indicates that caregivers who cut back or leave the work force to provide care, "lose income, receive reduced Social Security and other retirement benefits, and may incur significant out-of-pocket expenses for the older adult's care."[19]

ADS Costs and Impact on Health Care Utilization

While ADS programs fundamentally support the ability of older adults and individuals with disabilities to age in place, access to this resource is an economic challenge for many individuals. In California, for example, three income groups are particularly affected.

- **Extremely low-income older adults and persons with disabilities**, many of whom are Medi-Cal beneficiaries, i.e., aged or disabled individuals whose income meets federal poverty level (FPL) qualifications for the program. (For FPL guidelines see https://www.hrsa.gov/get-health-care/affordable/hill-burton/poverty-guidelines.html.) Medi-Cal covers the cost of ADHC through the CBAS program, but does not provide a similar benefit for ADPs, leaving many eligible ADP participants unable to afford an ADP flat rate or sliding scale, or the cost of transportation.
- **The "hidden poor"** representing individuals whose income is above the FPL but below a basic standard of living, according to the Elder Economic Security Standard™ analysis (the Elder Index determines poverty based on the true costs of housing, food, transportation, and health care). For many in this group, accessing either an ADP or ADHC/CBAS program is financially prohibitive (although some of these individuals may be able to gain access to ADHC/CBAS through Medi-Cal's share of cost).[20]
- **Older adults with incomes or assets too high to qualify for public programs**, and Medi-Cal's share of cost, but who cannot afford to pay out of pocket for long-term care services without risk of falling into poverty.

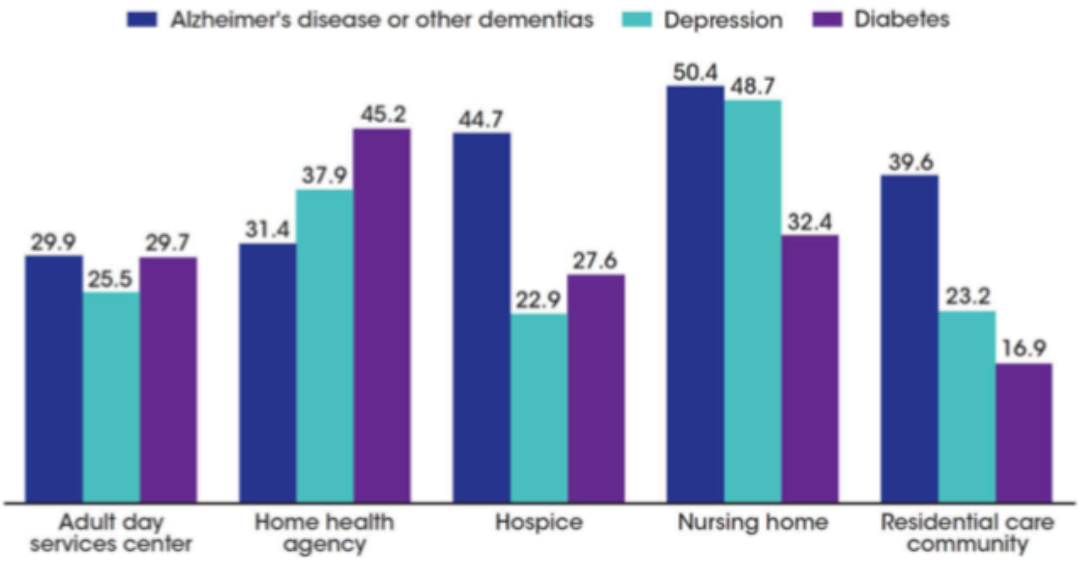
Because ADS are a viable and cost-effective alternative to institutional placements, such as Residential Care Facilities for the Elderly (RCFEs) or Skilled Nursing Facilities (SNFs), addressing access barriers to ADS for economically vulnerable older adults and individuals with disabilities is both timely and important. Figure 1 underscores the value of ADS through a comparison of average monthly cost differences between long-term care services by type for 2017.

Figure 1. Long-Term Care Monthly Costs: National and California Median (2017)[21]

	Homemaker (Caregiver) Services	Skilled Nursing Facilities (SNF)	Assisted Living Facilities (RCFE)	Adult Day Health Care
National Median	$3,994	$7,148	$3,750	$1,517
California Median	$4,767	$8,114	$4,275	$1,668

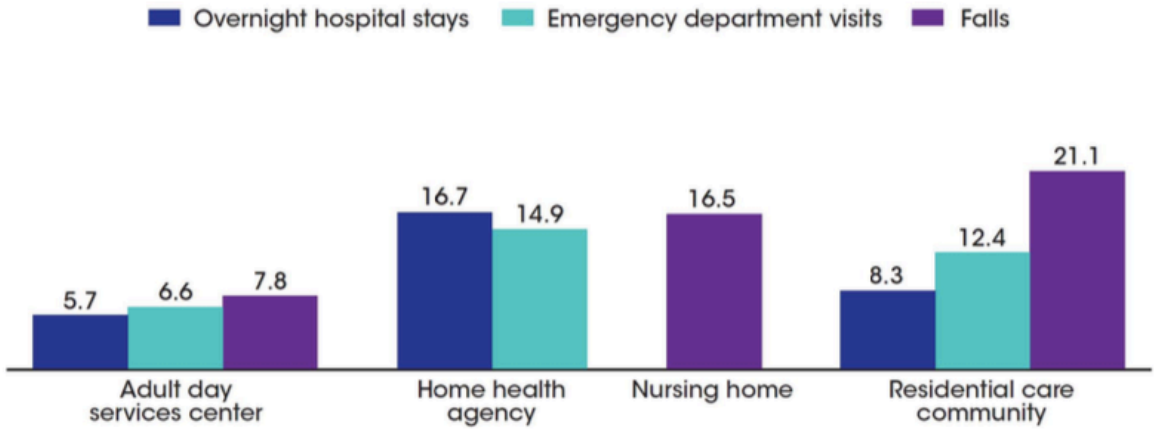
Not only are ADS programs less expensive than most other long-term care services, they provide vital services to participants with various health conditions, including Alzheimer's disease or other dementias (Figure 2). Equally important, a comparison of adverse events among long-term care services users found that ADS participants had fewer overnight hospital stays, emergency department (ED) visits, and falls than home health patients, and RCFE and SNF residents (Figure 3).[12]

Figure 2. Percentage of long-term care services users with a diagnosis of Alzheimer's disease or other dementias, depression, and diabetes, by sector: United States, 2013 and 2014



NOTES: Denominators used to calculate percentages for adult day services centers, nursing homes, and residential care communities were the number of current participants enrolled in adult day services centers, the number of current residents in nursing homes, and the number of current residents in residential care communities in 2014, respectively. Denominators used to calculate percentages for home health agencies and hospices were the number of patients who received care from Medicare-certified home health agencies at any time in 2013 and the number of patients who received care from Medicare-certified hospices at any time in 2013, respectively. See Technical Notes for more information on the data sources used for each sector. Percentages are based on the unrounded numbers.
SOURCES: CDC/NCHS, National Study of Long-Term Care Providers and Table 4 in Appendix B.

Figure 3. Percentage of long-term care services users with overnight hospital stays, emergency department visits, and falls, by sector: United States, 2013 and 2014



NOTES: Denominators used to calculate percentages for adult day services centers, nursing homes, and residential care communities were the number of current participants enrolled in adult day services centers, the number of current residents in nursing homes, and the number of current residents in residential care communities in 2014, respectively. The denominator used to calculate percentages for home health agencies was the number of patients whose episode of care ended at any time in 2013. For adult day services centers and residential care communities, adverse events refer to a period of 90 days prior to the survey. For home health agencies, adverse events refer to a period since the last Outcome and Assessment Information Set assessment. For nursing homes, falls refer to the period since admission or since the prior assessment, whichever is more recent. For home health agencies, data were not available for falls. For nursing homes, data were not available for emergency department visits, and hospitalizations were not included in this report because the timing of Medicare claims data did not match the other nursing home data sets used here. For hospice patients, data were not available for any adverse event. See Technical Notes for more information on the data sources used for each sector. Percentages are based on the unrounded numbers.
SOURCES: CDC/NCHS, National Study of Long-Term Care Providers and Table 4 in Appendix B.

Factors Influencing ADS Access in Santa Clara County

Santa Clara County, like many counties in California, is actively addressing the needs of two expanding populations: older adults and adults with disabilities and their caregivers. The American Community Survey estimated that Santa Clara County's total adult population in 2016 was 1.89 million. Of this population, 230,274 were age 65 and older. Within this subpopulation, 32 percent (73,000) were living with one or more disabilities, approximately 8.9 percent (20,500) were living in poverty (at or below the FPL), and 7.4 percent (17,040) were living alone (older adults living alone face increased physical health risks).[22,23]

In addition to the significant number of older adults living in poverty with a disability in the county, another population facing economic challenges is older adults living below the Elder Index and between 100% to 199% (1.00x to 1.99x) of the FPL. This group, the "hidden poor," accounted for approximately 23.6 percent of the population in 2013 (43,000) (the most recent data available for this group).[24] A final group experiencing economic vulnerability is low-to-middle income older adults, who are above the Elder Index but have little or no financial cushion to pay out of pocket for long-term care services like ADS and are ineligible for public programs. Data are not available for this group.

The economic insecurity of these three populations is substantial. When economic insecurity is paired with external risk factors such as social determinants of health, however, the human need for health and social service support becomes exponentially greater. (Social determinants of health are the conditions in which people are born, grow, live, work, and age and are shaped by the distribution of money, power, and resources—see Appendix B. Proposed Subsidy Pilot Eligibility Screening for a list of these risk factors.[25]) The intersection of economic and external risk factors directly impact ADS access for these vulnerable populations in Santa Clara County.

Caregivers represent a critical population group to address alongside older adults and adults with disabilities. Accurate data on the number of caregivers in Santa Clara County, however, is not available. California caregiver data for 2014 showed that the number of unpaid caregivers in the state was approximately nine percent of the total population (3,419,000). In their Area Plan on Aging 2016–2020, Sourcewise Community Resource Solutions estimated that the number of caregivers in the county is likely a similar percent. Based on 2016 Santa Clara County adult population data (1.89 million), the county had roughly 170,000 informal caregivers. [26,27]

Growth in the numbers of older adults and persons with disabilities who are economically and socially vulnerable and their caregivers, highlight the need for services that support community-based living. Given the dramatic increases in county housing and transportation costs, ADS programs can preserve the opportunity for seniors and persons with disabilities and their caregivers to experience improved quality of life and to thrive in their homes and communities.

Feasibility Study Methodology

The 2016 ADS study conducted by the Santa Clara County Senior Care Commission articulated the key drivers and influencing factors that support ADS in the county: growth in the senior population, the spreading "aging in place" trend, the need for more caregiver respite, and the need for cost-effective, quality-driven home and community-based services. The study recommended a follow-up analysis to assess the feasibility of a five-year pilot ADS subsidy. The purpose of the proposed pilot is to serve up to 183 unserved and underserved seniors and individuals with disabilities who otherwise qualify for ADS annually.

In response to this recommendation, an ADS workgroup, comprised of members of the Santa Clara Senior Care Commission Community Care Committee and the Government Relations Project Manager for Santa Clara County Social Services Agency, led efforts to conduct a feasibility study to assess a five-year pilot ADS subsidy program. The workgroup selected the health care consulting firm, LifeCourse Strategies, to conduct the study from February through June 2018.

To determine the need for and viability of an ADS subsidy, the study was designed to respond to the following framing questions:

1. What is the current ADS capacity in Santa Clara County?
2. What are the primary ADS needs, gaps, and barriers for Santa Clara County older adults and individuals with disabilities who are eligible but unable to access ADS?
3. What existing innovative ADS models (with stable funding) could inform the development of an effective subsidy pilot in Santa Clara County?

The core study components included in-person and phone-based interviews with ADS providers and other key ADS stakeholders (experts, supporters), a survey disseminated to ADS program directors, an environmental scan of best-practice ADS models, an inventory of ADS services in Santa Clara County, and an ADS subsidy pilot model outline. Each is briefly described below.

Interviews. Interviews were conducted with ADS program leadership and other key stakeholders in order to better understand ADS needs, challenges, and opportunities in Santa Clara County. (See Appendix A: ADS Workgroup and ADS Interviewees.)

Twelve in-person interviews were conducted with ADS program directors. Below are sample interview questions.

- If you have unfilled spaces at your ADS program, what are the difficulties you experience in filling these spaces?
- How would a subsidy be helpful to your ADS program? How much should the subsidy be and for how long should it be in operation? Which groups should receive a subsidy?

Eighteen phone-based interviews were conducted with ADS experts and supporters to gather additional perspectives on how to address the ADS needs of unserved and underserved older adults and individuals with disabilities and their caregivers, and to identify innovative ADS models. Two caregiver focus groups were also conducted. Thirteen caregivers described their ADS experiences and offered suggestions to improve services for participants and caregivers.

Two techniques were used to analyze the interview data: an analysis of words (e.g., word repetitions, key words in context) and constant comparative analysis (comparing themes, searching for connections between themes, and discovering new codes or themes).

ADS online survey. The survey purpose was twofold: to collect information necessary to create an inventory of ADS services (hours of operation, services, participant population, address, etc.) and to develop an ADS subsidy (based on ADS operational costs, funding, participant needs, service gaps and barriers). Santa Clara County has a total of 20 ADS programs: 12 ADPs and eight ADHC/CBAS (Figure 4). Thirteen ADP and ADHC/CBAS providers received an e-mail with a link to complete an online survey about the ADS services they currently provide. Four providers who head more than one program site completed additional surveys: Live Oak (four ADP sites); Catholic Charities (two ADP sites); Avenidas Rose Kleiner (one ADHC/CBAS site and one ADP site); and On Lok PACE (two ADHC sites and one CBAS site).

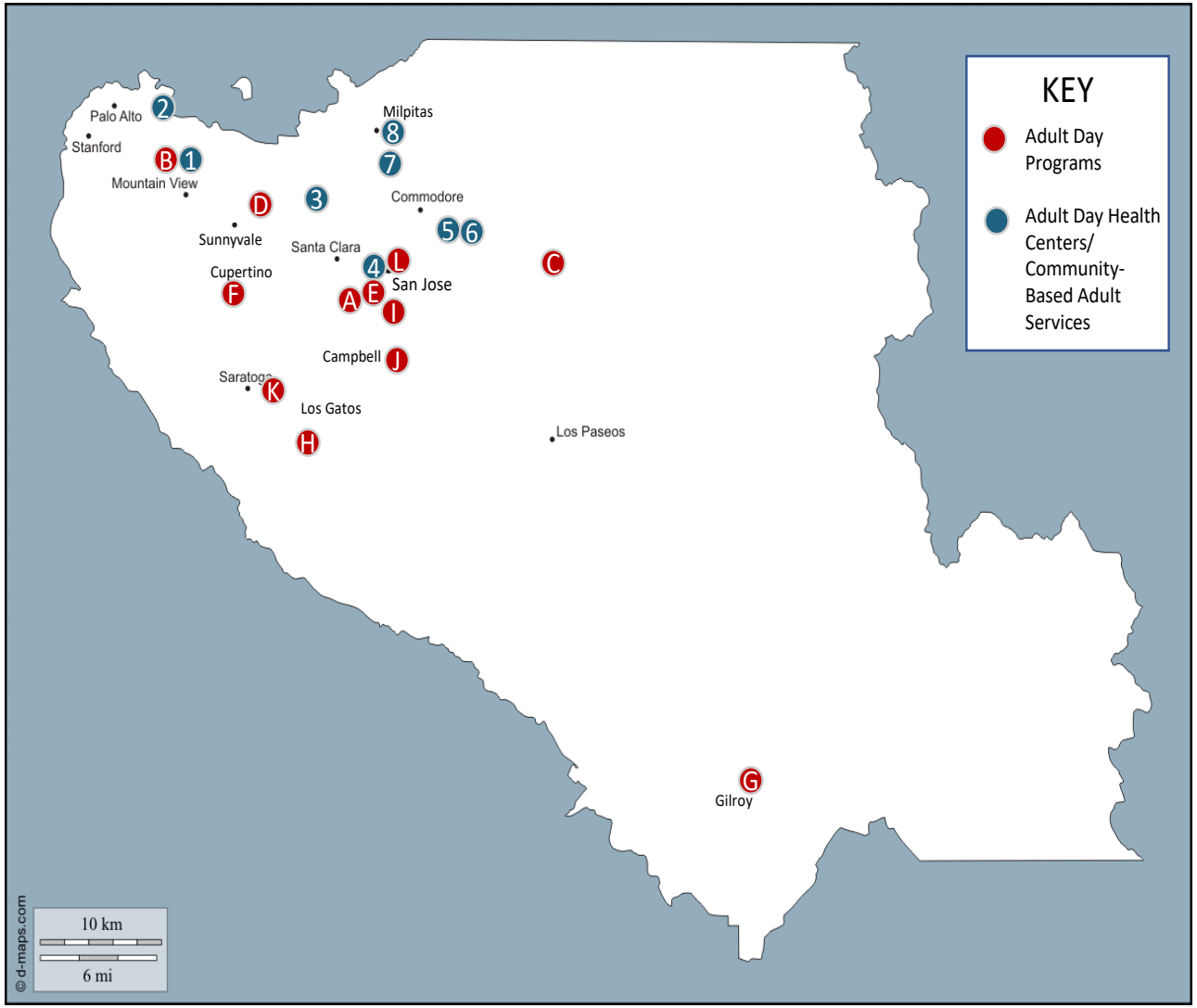
ADS inventory. A directory of Santa Clara County ADS was created from the survey to profile existing licensed ADP and ADHC/CBAS programs. The inventory is available upon request.

Environmental scan. The environmental scan included six phone-based interviews. Three innovative ADS models were identified for future consideration in the development of Santa Clara County's ADS network of programs: the **intergenerational** model offers integrated activities for older adult and young children; the **embedded** model is an ADS program hosted in senior housing or another residential complex; and the **cooperative** model combines care partners (caregivers/volunteers) and paid staff to provide ADS services (currently designed for families facing dementia).

Proposed Subsidy Pilot. An analysis of the key informant interviews, online survey, and environmental scan findings led the ADS Workgroup to develop a proposed subsidy pilot to increase access to ADPs for 75 unserved and underserved older adults and individuals with disabilities**.** Development of the subsidy pilot was guided by clarification of 1) the problem to be addressed, 2) target populations to be served, and 3) outcomes to assess model efficacy and to promote sustainability of the model.

The remaining report sections summarize the study's key informant interview and survey findings, three innovative ADS models, a proposed subsidy pilot model, and recommendations.

Figure 4. Santa Clara County ADS Programs



ADP Providers

A. Alzheimer's Activity Center [*Alzheimer's Day Care Resource Center*] | 2380 Enborg Lane San Jose, CA 95128 | Non-profit
B. Avenidas Rose Kleiner Senior Day Health Center | 270 Escuela Avenue Mountain View, CA 94040 | Non-profit
C. Catholic Charities of Santa Clara County | 5111 San Felipe Rd. San Jose, CA 95135 | Non-profit
D. Catholic Charities of Santa Clara County | 535 Old San Francisco Rd. Sunnyvale, CA 94086 | Non-profit
E. Hope Senior Services | 1555 Parkmoor Ave. San Jose, CA 95128 | Non-profit
F. Live Oak Adult Day Services | 20920 McClellan Rd, Cupertino, CA 95014 | Non-profit
G. Live Oak Adult Day Services | 651 W. Sixth St, Ste.2 Gilroy, CA 95020 | Non-profit
H. Live Oak Adult Day Services | 111 Church Street Los Gatos, CA 95030 | Non-profit
I. Live Oak Adult Day Services | 1147 Minnesota Ave. San Jose, CA 95125 | Non-profit
J. SarahCare of Campbell | 450 Marathon Drive Campbell, CA 95008 | For-profit
K. Saratoga Adult Care Center | 19655 Allendale Ave. Saratoga, CA 95070| Non-profit
L. Yu-Ai-Kai Japanese American Community Senior Service | 588 North 4th St. San Jose, CA 95112 | Non-profit

ADHC/CBAS Providers

1. Avenidas Rose Kleiner Senior Day Health Center | 270 Escuela Avenue Mountain View, CA 94040 | Non-profit
2. Golden Castle Adult Day Health Care Center | 1137 San Antonio Road, Suite B Palo Alto, CA 94303 | For-profit
3. Grace Adult Day Health Center | 3010 Olcott St. Santa Clara, CA 95054 | For-profit
4. On Lok Senior Health Services- PACE |299 Stockton Ave. San Jose, CA 95126 | For-profit
5. On Lok Senior Health Services- PACE | 130 N Jackson Ave, San Jose, CA 95116 | For-profit
6. On Lok Senior Health Services- CBAS | 130 N Jackson Ave, San Jose, CA 95116 | For-profit
7. Prestige Adult Day Health Care | 1765 S Main St #101, Milpitas, CA 95035 | For-profit
8. Silicon Valley Adult Day Health Care Center | 631 S Milpitas Blvd. Milpitas, CA 95035 For-profit

ADS Qualitative Interviews: Key Findings

This section includes a summary of thematic findings from the ADS qualitative interviews with key informants, and a list of the most important ADS gaps, barriers, and opportunities reported by ADS program directors/providers, experts/supporters, and caregivers.

Three primary themes emerged from the qualitative interviews addressing ADS in Santa Clara County: 1) access; 2) need; and, 3) costs. Each is presented with a list of supporting subthemes (note: several supporting subthemes were found to be applicable to more than one theme).

> ***"We cannot overstate how good ADS programs are for the caregiver. We deal with the sandwich generation all the time. Half the reason we are here is for the caregiver; the other half is for the participant."***
>
> – ADS provider

1. **Access.** There are multiple access barriers to ADS ranging from lack of affordability, to transportation challenges, to lack of knowledge about ADS.
   - **Subthemes**
     - **Affordability.** Access to ADPs is restricted for individuals with severely limited incomes. These groups include older adults and people with disabilities who are: 1) extremely low-income (at or below the FPL), 2) at or just above the poverty line but below the Elder Index (hidden poor), 3) low-to-middle income but cannot afford to pay for long-term care services without risk of falling into poverty.

> ***"ADS programs need to serve all communities—so we need to be open to everyone and inclusive of everyone."***
>
> –– ADS provider
>
> ***"This program has made my wife happy and me happy. Everyone should be able to come here if they need to."***
>
> – ADS caregiver

     - For eligible ADHC/CBAS participants, Medi-Cal Managed Care Organizations (MCOs) cover CBAS for members; the Veterans Administration (VA) covers ADPs and ADHC for veterans, and some commercial insurance programs cover ADHC for their members. Individuals without these funding supports pay privately for ADHC. These funding sources often have restrictions on the amount of money that can be collected in addition to the award/grant/subsidy amount. In most cases ADS providers are prevented from charging the participant any amount in excess of the award/grant/subsidy amount.
     - **Transportation.** Affording paratransit services is a significant issue for many ADP participants. (The cost of transportation to/from an ADHC/CBAS program is covered through daily rate/fees.) While many participants are dropped off and picked up by family members or other caregivers and several ADPs provide low-cost transportation, a significant number of participants use Santa Clara Valley Transportation Authority

(VTA) Paratransit Service. With ride charges of $4 each way, however, ADPs report that some eligible ADP participants decline to enroll in the program because they cannot afford VTA's paratransit roundtrip fare.

Another transportation challenge is time spent traveling to/from an ADS.[28] Santa Clara's growing economy and population mean that participants must routinely spend extended time in transit. As traffic problems increase in the county, transportation may become an even greater ADS barrier. Additionally, some participants using paratransit reported experiencing extended travel times due to inefficiently scheduled routes.

- **Lack of awareness and understanding about ADS.** ADS interviewees repeatedly stated that ADS are not widely known or understood outside of a small group of referring medical providers and community-based organizations. The combination of lack of awareness and lack of understanding of ADS as a critical part of the long-term care system restricts use of this community-based resource.

> ***"We've learned that you can't do a public awareness campaign for ADS once; you have to do it over and over again, so people understand these programs exist and what they offer."***
>
> – ADS provider

> ***"To expand ADS, first we need to understand the root of access barriers, especially for diverse communities."***
>
> –ADS expert

> ***"Santa Clara County's high cost of living and housing translates into a lot of older adults and their caregivers who honestly can't afford ADS at all."***
>
> – ADS provider

2. **Need.** Key informants revealed that several groups of older adults and individuals with disabilities, and their caregivers, need but are unable to easily access ADS.
   - **Subthemes**
     - **Vulnerable populations.** Individuals who are extremely low-income, have incomes above the poverty level but below the Elder Index, and who are low- to middle- income and unable to afford ADS without risk of poverty have difficulty gaining access to ADS. When economic instability is paired with external risk factors (social determinants of health such as housing instability, high health care utilization such as ED and hospital admissions, and limited social supports), the need for ADS becomes even more urgent. Note: several ADPs reported serving a number of individuals in these groups who are no longer able to attend ADHC/CBAS programs, who are frail and have serious or complicated medical conditions.

- **Caregivers.** All ADS interviewees mentioned caregivers as a vulnerable group in need of ADS. Many viewed the value of ADS for caregivers as equal to the value for participants. Benefits to caregivers include respite, being able to work, peace of mind, the ability to establish a routine, and having time to pursue individual interests (e.g., attend their own medical appointments, pursue civic engagements, run errands, garden, meet friends, take care of the house, spend time with grand kids, etc.).

3. **Costs.** Many key informants cited a gap between what ADS programs receive in revenue (e.g., daily rates, fixed contract amounts, private pay, grants, donations, etc.) and what it costs to provide ADS. Several ADS program providers reported having to use limited financial reserves to help meet operating expenses.
    - **Subthemes**
        - **Impact of lower revenue.** The impact of receiving revenue below operating costs for ADPs and ADHC/CBAS programs is substantial. It makes recruiting and retaining staff, filling participant slots, and expanding program activities difficult. The cost of living in Santa Clara County further compounds the challenge of finding interested and qualified ADS staff, primarily aides, given modest staff salaries.

> ***"Keeping people in the community is a critical goal of ADS. Barriers to aging in place (finances, safe housing, transportation) make this difficult. We need to address these issues for the participant and for the caregiver"***
> – ADS provider

Most ADPs try to balance program costs by maintaining a specific number of full or near-full paying participants and participants who pay very low sliding scale rates or no rates at all. When this program objective is not met, i.e., the program has fewer full or near-full paying participants than desired to keep the program fiscally balanced, ADS programs often experience significant financial challenges.

> ***"I love the ADP program my Mom is in. It is a safe place for her. Staff are kind, attentive, and treat everybody with respect and a genuine smile."***
> – ADS caregiver

A third area substantially impacted by low-revenue is program activities. Licensed ADPs and ADHCs/CBAS follow program requirements under their respective licenses.[29,30] Several programs operating with higher costs than revenue, however, reported refraining from offering supplemental or enhanced services and activities beyond their licensed requirements, even when these activities would benefit participants.

Interviewed ADS Groups: Reported ADS Gaps, Barriers, and Opportunities

Reflecting the summary themes and subthemes from the qualitative interviews, below are the most important ADS gaps, barriers, and opportunities reported by ADS program directors/providers, experts/supporters, and caregivers.

ADS Program Directors/Providers

ADS Gaps/Barriers:

- Limited program growth and stability due to higher ADS costs than revenue
- Need more culturally and linguistically accessible services
- Access to ADS for extremely poor, hidden poor, and low-to-middle income is restricted
- Challenges hiring and retaining staff
- Limited public understanding and awareness of ADS
- Transportation barriers (cost, travel time) and ADS not available in all communities

ADS Opportunities:

- Subsidize ADS because they…
    - Increase participant quality of life and decrease social isolation
    - Provide caregiver respite and enable caregivers to remain in the workforce,
    - Delay institutionalization and decrease health care utilization for participants
- Engage more students and volunteers to work in ADS programs
- Launch ADS marketing and awareness campaigns within organizations and institutions targeting discharge planners, care coordinators, and other referral sources

ADS Experts/Supporters

ADS Gaps/Barriers:

- Equity of access for older adults and individuals with disabilities who need ADS
- No standardized financial assessment across ADP programs
- Limited ADS awareness by hospitals, health and social service providers, consumers
- Transportation (cost, geographically available, travel time barriers)
- High housing costs limit *aging in place* and the use of ADS by vulnerable communities

ADS Opportunities:

- Provide subsidies to increase ADS participation among vulnerable groups
- Coordinate ADS programs with county initiatives—e.g., Whole Person Care, etc.
- Assess program outcomes, e.g., reduced ED/hospital admissions, falls
- Use the subsidy as a springboard to further develop ADS throughout the county

ADS Caregivers

ADS Gaps/Barriers:

- Transportation difficulties (paratransit often does not follow drop-off/pick-up protocol)
- Limited knowledge about or understanding of ADS prior to enrolling loved one

ADS Opportunities:

- Provides caregivers with time to take care of themselves (e.g., socialize, work, etc.)
- Provides participants with the care they need and a safe, stimulating program

ADS Survey: Key Findings

Surveys from all 20 ADS programs in Santa Clara County (12 ADPs and eight ADHC/CBAS) were completed in May and June 2018. Responses to all the survey items were summarized by ADS type, ADP and ADHC/CBAS, in the *Adult Day Services Feasibility Study: Chart Book*. This section only presents data considered in the development of the pilot: participant age and racial/ethnic groups; participant average length of stay in ADS; participant reasons for leaving ADS; staffing challenges; ADS capacity; and, ADS average daily costs (operational) and average daily costs per participant. The "n" value in each table refers to the total number of programs that responded to the survey item or the total number of ADS participants that the item addresses.

Figures 5 ADP Participant Age Groups

ADP Participant Age Groups (n=230 Total ADP Participants)	
	% ADP Participants*
18-54 yrs old	0.3%
55-64 yrs old	4.6%
65-74 yrs old	15.3%
75-84 yrs old	37.8%
85-94 yrs old	34.4%
95-100 yrs old	6.2%
100+ yrs old	1.1%
*These are estimated percentages. Not all survey participants provided numbers that total exactly 100%.	

Figure 6. ADHC/CBAS Participant Age Groups

ADHC/CBAS Participant Age Groups (n=644 ADHC/CBAS Participants)	
	Average %
18-54 yrs old	1.2%
55-64 yrs old	2.4%
65-74 yrs old	35.5%
75-84 yrs old	40.3%
85-94 yrs old	17.7%
95-100 yrs old	2.8%
100+ yrs old	0.2%
Total	**100%**

Figures 5 and 6 show different age group concentrations for ADPs and ADHC/CBAS. For ADPs, the most populous age groups are 75-84 years old and 85-94 years-old. For ADHCs/CBAS they are 65-74 years old and 75-84 years old.

Figures 7 and 8. ADP and ADHC/CBAS Participant Racial/Ethnic Groups

ADHC/CBAS Participant Racial/Ethnic Groups (n=644 ADHC/CBAS Participants)	
	% Participants
Asian	52.7%
White	32.5%
Latino/a	10.9%
Native Hawaiian or other Pacific Islander (NHOPI)	2.0%
African American/ Black	1.0%
Multi-ethnic	0.8%
Native American/American Indian	0.1%
Total	100%

ADP Participant Racial/ethnic Groups (n=230 Total ADP Participants)	
	% ADP Participants*
White	54.5%
Asian	24.5%
Latino/a	11.8%
Multi-ethnic	6.1%
Native Hawaiian or other Pacific Islander (NHOPI)	4.2%
African American/ Black	1.0%
Native American/American Indian	0.4%
Other	0.2%

*These are estimated percentages. Not all survey participants provided numbers that total exactly 100%.

Figures 7 and 8 present the racial and ethnic makeup of ADP and ADHC/CBAS participants. Whites represent the largest racial/ethnic group for ADPs followed by Asians and Latinos. In contrast, Asians represent the largest racial/ethnic group for ADHC/CBAS programs followed by Whites and Latinos.

Figures 9 and 10. ADP and ADHC/CBAS Average Length of Stay in Program

On average, participants remain in ADPs for 6 months to 5 years. Current participants have been in ADPs for... (n=230 Total ADP Participants)	
	% Participants
Less than 12 months	15.7%
1–2 years	40.5%
3–5 years	31.3%
More than 5 years	6.9%

*These are estimated percentages. Not all survey participants provided numbers that total exactly 100%.

On average, participants remain in ADHC/CBAS programs for 12 to 100 months. Current participants have been in ADHC/CBAS programs for... (n=644 ADHC/CBAS Participants)	
	% Participants
Less than 12 months	15.7%
1–2 years	21.2%
3–5 years	31.0%
More than 5 years	29.6%

*These are estimated percentages. Not all survey participants provided numbers that total exactly 100%.

ADPs reported 41 percent of their participants remained in the program for one to two years; 31 percent remained for three to five years (Figure 9). ADHC/CBAS programs reported 31 percent of participants remained in the program for three to five years, approximately 30 percent stayed for more than five years, and 21 percent stayed for one to two years (Figure 10).

Figures 11. Top Reasons Participants Leave ADPs

Top Reasons Participants Leave ADPs (n=10 Adult Day Programs)		
	# ADPs	% ADPs
Death	9	90%
Admitted to assisted living because family can no longer care for participant	6	60%
Admitted to skilled nursing facility because family can no longer care for participant	4	40%
Can't afford ADS Program	4	40%
Moved out of area	3	30%
Transitioned to hospice	2	20%
Admitted to hospital	2	20%
Ambulation degeneration	2	20%
Difficulty adjusting to program	1	10%

Figures 12. Top Reasons Participants Leave ADHC/CBAS

Top Reasons Participants Leave ADHC/CBAS Programs (n=8 ADHC/CBAS Programs)		
	#	%
Moved Out of Area	6	75%
Death	6	75%
Admitted to Skilled Nursing Facility*	4	50%
Admitted to Hospital	3	38%
Admitted to Assisted Living	1	13%
*Three ADHC/CBAS programs indicated that participants are admitted to skilled nursing facilities because families can no longer care for participants.		

Figures 11 and 12 capture the top reasons participants leave ADP and ADHC/CBAS programs. Death is a chief reason for both programs (90 percent for ADPs and 75 percent for ADHC/CBAS). Seventy-five percent of ADHCS/CBAS programs also reported moving out of the area as a reason for leaving. ADPs reported admission to assisted living facilities because family can no longer care for the participant as the second most common reason for leaving (60 percent).

Figures 13 and 14. ADP and ADHC/CBAS Staffing Challenges

ADP staffing ratios range from 1:4 to 1:8 (n=11 Adult Day Programs). Staffing challenges include…		
	# ADPs	% ADPs
Cost of living in Santa Clara County	11	**100%**
Difficulty finding personnel	9	**82%**
Limited funding	8	**73%**
N/A	0	**0%**

ADHC/CBAS staffing ratios range from 1:8 to 1:16 (n=8 ADHC/CBAS Programs). Staffing challenges include…		
	#	%
Cost of living in Santa Clara County	7	**88%**
Difficulty finding personnel	4	**50%**
Limited funding	3	**38%**
N/A (No staffing challenges)	1	**13%**

ADPs and ADHC/CBAS programs both reported the cost of living in Santa Clara County as the most significant staffing challenge (Figures 13 and 14). Eighty-two percent of ADPs cited difficulty finding personnel an additional major challenge; while 50 percent of ADHC/CBAS programs reported this as a challenge.

Figures 15 and 16. ADP and ADHC/CBAS Program Capacity

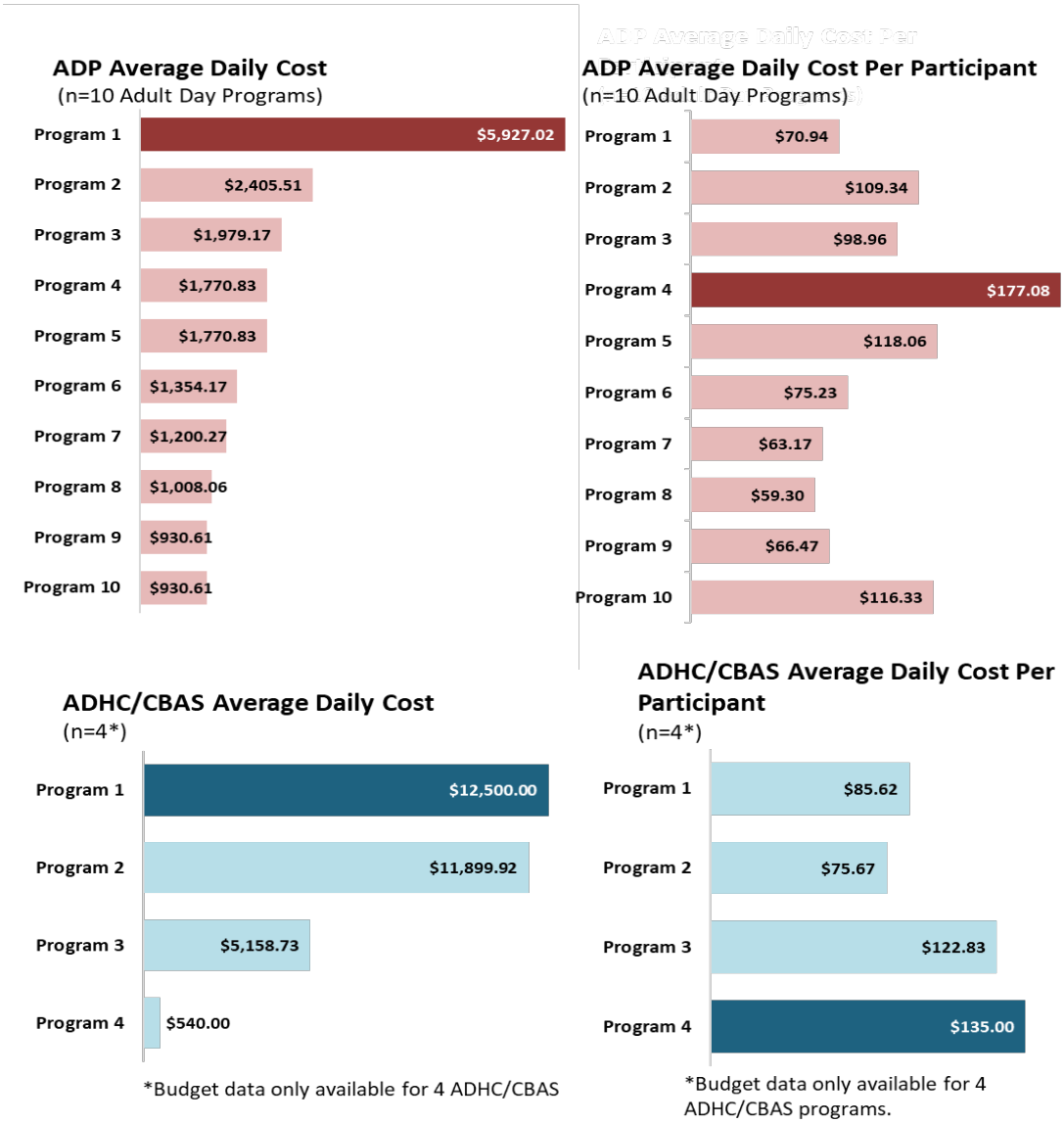
ADP Capacity (n=11 Adult Day Programs)		ADHC/CBAS Capacity (n=7 ADHC/CBAS Programs)	
	Total		Total
Licensed Capacity	373	Licensed Capacity	980
Ideal Capacity	324	Ideal Capacity	618
Average Daily Attendance	230	Average Daily Attendance	644
Unfilled Slots (Based on Licensed Capacity)	144	Unfilled Slots (Based on Licensed Capacity)	336
Unfilled Slots (Based on Ideal Capacity)	95	Unfilled Slots (Based on Ideal Capacity)	175

Note: 100% of licensed ADP capacity is 373; 75% of licensed capacity is 280. Current average daily attendance is 230. To raise this number to 280 would require an additional 50 participants attending the ADP five days/week, or 75 attending three days/week.

Aggregate capacity for ADPs and ADHC/CBAS is represented in Figures 15 and 16. Ideal capacity refers to the ideal number of ADS participants based on staffing and services. For ADPs combined, the number of unfilled slots is 144, but the number of unfilled slots based on ideal capacity is 95. Similarly, for ADHC/CBAS programs combined, the number of unfilled slots is 336, but the number of unfilled slots based on ideal capacity is 175.

Assessing average daily cost and average daily cost per participant was a central focus of the ADS survey. Figures 17 and 18 present this data for *individual* ADP and ADHC/CBAS programs in fiscal year (FY) 2017. To provide confidentiality for providers, numbers are used in place of program names—the number given to each program (i.e., 1, 2, 3) is the same across the two charts to track average daily cost and average daily cost per participant figures. Average daily costs for ADPs ranges from $931 to $5,927 per day, and average daily cost per participant ranges from $59 to $177 per day. Average daily costs for ADHC/CBAS ranges from $540 to $12,500 per day, and average daily cost per participant ranges from $76 to $135 per day.

Figures 17 and 18. ADP and ADHC/CBAS Average Daily Costs for FY 2017



Figures 17 and 18 data should 1) be interpreted as estimates calculated by different programs differently, and 2) additionally understood as numbers influenced by a range of unreported factors. Note: average daily cost per participant is based on the number of actual participants attending ADPs and ADHC/CBAS in FY 2017.

Proposed Subsidy Pilot Model

The 2016 study underscored the urgency to increase access to ADS for unserved and underserved populations in Santa Clara County. Key findings from the feasibility study provided additional information about ADS access barriers, target populations, and revenue and expenses variances. They also illuminated the substantial benefits of ADS programs to both participants and caregivers. The most viable pilot model that emerged was a three-year ADP subsidy program targeting older adults and persons with disabilities with limited financial means and one or more external risk factors/social determinants of disease. The three-year pilot period (instead of five) was selected as a more appropriate and cost-effective length of time to assess pilot outcomes. Below are the framing elements of the proposed subsidy model, followed by a detailed table of the pilot core components and estimated costs.

Problem to be Addressed: The subsidy pilot model addresses the critical issue of restricted access to ADP services for eligible older adults and individuals with disabilities, who lack the financial means to participate in ADP programs. Without access to this resource, these individuals have an increased risk of social isolation, exacerbated health problems, emergency department and hospital admissions, and early transition to facility-based care. Equally important, caregivers of these individuals do not receive the support or respite they need to maintain their loved one in the home and remain in the workforce, if that is their need or preference.

Target Populations: Older adults and persons with disabilities identified as high- to medium-risk, based on financial eligibility and external risk factors/social determinants of health.

Framing the Pilot:

Pilot Goals	Pilot Objectives
▸ Increase ADP access for Santa Clara County unserved and underserved older adults and adults with disabilities ▸ Increase caregivers' access to ADP respite and opportunities to enter or stay in the workforce. ▸ Increase quality of life for ADP participants and caregivers. ▸ Assess the viability of a shared-funding ADP model with multiple partners ▸ Assess the viability of expanding the ADP pilot to other ADS programs	▸ Provide ADP services to 75 additional underserved and unserved older adults and adults with disabilities annually ▸ Reduce the number of falls, hospital, and emergency department (ED) admissions for ADP pilot participants ▸ Increase participant satisfaction ▸ Increase participant quality of life ▸ Decrease caregiver burden scores

Proposed Pilot Number of Participants. The target number of 75 was identified as an appropriate number because it allows ADPs to operate close to 75% of capacity (see explanatory note with Figure 15). This makes participation in the pilot cost effective for ADPs. The pilot number 75 is also large enough to generate meaningful outcomes.

Three-Year Adult Day Program Subsidy Model for Santa Clara County: 2019-2021

Purpose	Goals	Objectives	Target Populations	Funding
To implement a three-year Adult Day Services (ADS) subsidy pilot in Santa Clara County for eligible Adult Day Program (ADP) participants. 2019—2021. The pilot **purpose** is twofold: ▸ Increase access to and use of ADPs by older adults and persons with disabilities, who experience barriers to this service. ▸ Maintain Santa Clara County's status as an "Age-Friendly County."	▸ Increase ADP access for Santa Clara County unserved and underserved older adults and adults with disabilities. ▸ Increase caregivers' access to ADP respite and provide them with opportunities to enter or stay in the workforce. ▸ Increase quality of life for ADP participants and caregivers. ▸ Assess the viability of a shared-funding ADP model with multiple partners. ▸ Assess the viability of expanding the ADP pilot to other ADS programs.	▸ Increase the number of underserved and unserved older adults and adults with disabilities using ADP services annually by **75.** ▸ Reduce the number of falls, hospital, and ED admissions for ADP pilot participants (non-MCO participants will have baseline and follow-up scores compared; MCO member participants will be compared to MCO controls). ▸ Increase participant satisfaction (compare baseline and follow-up satisfaction scores). ▸ Increase participant quality of life (QOL) (compare baseline and follow-up QOL scores). ▸ Decrease caregiver burden scores (compare baseline and follow-up caregiver burden scores).	Target participants will be assessed as high or medium-risk based on financial eligibility (see target financial groups below) and the presence of one or more external risk factors.* (See Appendix B: Sample Subsidy Pilot Eligibility Screening Tool.) **Financial Groups** ▸ Extremely Low-Income (at or below the FPL) ▸ Hidden Poor (below the Elder Index and between 1.00–1.99x FPL) ▸ Low-to-middle income, at risk of falling into poverty **Number of Participant Subsidies=75.** Seventy-five is based on the number of unfilled ADP slots and a targeted project goal of a 75% occupancy rate for all ADPs. ** Subsidy participants will not be charged any funds to participate in the pilot.*	**ADP Subsidy Model** $58 day, 3 days/week, 3 years for **75** participants. **County Subsidy Funds:** County to contribute $48/day per person; 3 days/week for 3 years. **Medi-Cal Managed Care Organization (MCOs)** -Santa Clara Family Health Plan and Anthem Blue Cross each to pay $10/day 3 days/week for 3 years for 25 members without Medi-Cal share of cost. **Sourcewise** to pay $10/day 3 days/week for 3 years for 13 non-MCO members **Institute on Aging (IOA)** to pay $10/day 3 days/week for 3 years for 12 non-MCO members Note: MCOs, Sourcewise, and IOA are interested in exploring partnering with the County on the subsidy, however, no formal commitments have been made to date.

Key Partners	Administrator	Eligibility	Structure	Outcome Measures
▸ Santa Clara County Social Services Agency ▸ Sant Clara County Department of Aging and Adult Services ▸ Santa Clara Family Health Plan (SCFHP) ▸ Anthem Blue Cross ▸ Institute on Aging ▸ Santa Clara County Adult Day Programs ▸ Sourcewise ▸ All 11 ADPs without a mandated source of revenue (note: Hope Senior Services is ineligible for the pilot because it receives Regional Center funding for all of its participants).	▸ County to develop a Request for Proposal (RFP) for the pilot administrator. ▸ Pilot administrator to receive annual funds to develop, implement, and monitor the 3-year pilot: ▸ Develop project requirements (participant/caregiver conditions of participation; timeline, implementation plan; final eligibility screening tool, VTA transportation guidelines, participant /caregiver survey, etc.). ▸ Create a viable referral process with pilot partners and ADPs (e.g., how referrals will be submitted, processed, and monitored to ensure all ADPs are meeting pilot requirements). ▸ Manage survey collection process. ▸ Meet quarterly with DAAS to discuss pilot progress; submit semi-annual progress reports to DAAS. ▸ Assist DAAS with final pilot evaluation.	▸ Participants must be assessed as high or medium-risk for pilot. (See Appendix B. Sample Subsidy Pilot Eligibility Screening Tool.) ▸ All pilot partners to use pilot eligibility screening tool; partners may use additional screening/ referral processes. ▸ Participants and caregivers must consent to complete the pilot survey upon admission and every six months, as a condition of participation. ▸ Pilot administrator to establish pilot eligibility entry and exit guidelines, e.g., waitlists, and reentry protocols, if participant has to withdraw for specified period of time, etc.	▸ Subsidy participants will attend ADP 3 days/week—additional days and extended hours not included in the subsidy. ▸ Administrator to determine on a case-by-case basis, ADP services for participants unable to attend three days/week. ▸ Pilot referral process to be developed by administrator in consultation with the County, pilot funding partners, and ADPs—to include how referrals will be accepted, processed, and tracked.	**Participant (6-month metric)** ▸ Number of Falls ▸ Number of ED/hospital admissions ▸ Quality of life question ▸ Satisfaction questions **Caregiver (6-month metric)** ▸ Burden **Participant/Caregiver Survey Structure:** ▸ Participant/caregiver survey will be administered upon participant enrollment and every six months thereafter, and at exit. ▸ ADP staff to collect surveys from participants/caregivers-in-person or electronically. ▸ Administrator to determine the process for ADPs submitting survey data to the administrator (e.g., every six months). (See Appendix C: Sample Subsidy Pilot Participant and Caregiver Survey.)

Transportation	ADP Subsidy Responsibilities	Pilot: Anticipated Benefits	Pilot: Anticipated Challenges
Transportation is a substantial barrier to ADS programs. To ensure the viability of the pilot, and to address the significant issue of transportation access (as reported by ADPs, many eligible ADP participants are unable to cover the cost of public transportation): ▸ The proposed pilot subsidy of $58/day includes the cost of VTA's Paratransit Service roundtrip fare ($8 roundtrip). ▸ ADPs will be responsible for covering VTA's Paratransit Service costs through the subsidy for eligible participants, if necessary.	▸ ADPs will receive the full subsidy amount of $58/day for 3 days/week for each subsidy participant referred and accepted into their program. ▸ ADPs will have the ability to use the subsidies for all program-related costs including, but not limited to, program operations such as staff, meals, materials, and overhead. As noted, ADPs will cover VTA's Paratransit Service costs through the subsidy for eligible participants, if necessary. ▸ ADPs will comply with all program requirements, e.g., coordinating referrals with administering organization, ensuring participant/caregiver survey completion.	▸ Pilot model initiated and guided by members of the Senior Care Commission, Community Care Committee, in response to a critical ADP access issue for underserved and unserved older adults and adults with disabilities. ▸ Pilot will increase access to services that enable unserved and underserved older adults and adults with disabilities to age in place. ▸ Pilot model is a unique partnership between multiple partners. ▸ Pilot outcomes will inform scalability and expansion of program to other ADS programs, developing ADS programs in underserved areas, etc.	**Planning Phase:** ▸ Establishing contracts with county, fund partners, and ADPs in a timely manner. ▸ Timely selection of and establishing a contract with the pilot administrator. ▸ Administrator capacity to quickly develop viable pilot requirements and referral placement, and monitoring processes. **Implementation Phase:** ▸ Ensuring the program is serving the pilot participant number (75) at all times. ▸ Ability to problem-solve emerging pilot challenges and setbacks quickly and efficiently, so the pilot is not disrupted or suspended. For example, addressing: ▪ Referral challenges from pilot partners or ADPs ▪ ADP concerns or problems with implementing the pilot ▪ Transportation barriers **Evaluation Phase:** ▸ Conducting formal pilot evaluation to assess pilot outcomes. ▸ Timely summary of pilot efficiencies and cost-effectiveness. ▸ Assessing opportunity for pilot replication, expansion, integration of innovative ADS models, development of ADS in underserved geographic areas, etc.

Pilot Costs and Potential Contributing Funding Partners

PROPOSAL	NUMBER OF PARTICIPANTS NUMBER OF DAYS PER WEEK COST PER DAY WEEKS PER YEAR	CHARGES FOR ONE YEAR	CHARGES FOR FULL PILOT (THREE YEARS)
ADP Pilot Model Proposed Costs	75 participants x 3 days/week x $58/day x 50/weeks/year	$652,500/year	**$1,957,500/3 years**
	Proposed Pilot Funds for Pilot Administrator	$130,000/year	**$360,000/3 years**
TOTAL PILOT COSTS $1,957,500 + $360,000 = $2,317,500			
Proposed County Contributions	75 participants x 3 days/week x $48/day x 50/weeks/year	$540,000/year	**$1,620,000/3 years**
	Proposed Pilot Funds for Pilot Administrator	$130,000/year	**$360,000/3 years**
TOTAL COUNTY COSTS $1,620,000 + $360,000 = $1,980,000			
Proposed Santa Clara Family Health Plan Contributions	25 participants x 3 days/week x $10/day x 50/weeks/year	$37,500/year	**$112,500/3 years**
Proposed Anthem Blue Cross Contributions	25 participants x 3 days/week x $10/day x 50/weeks/year	$37,500/year	**$112,500/3 years**
Proposed Sourcewise Contributions	13 participants x 3 days/week x $10/day x 50/weeks/year	$19,500/year	**$58,500/3 years**
Proposed Institute on Aging Contributions	12 participants x 3 days/week x $10/day x 50/weeks/year	$18,000/year	**$54,000/3 years**

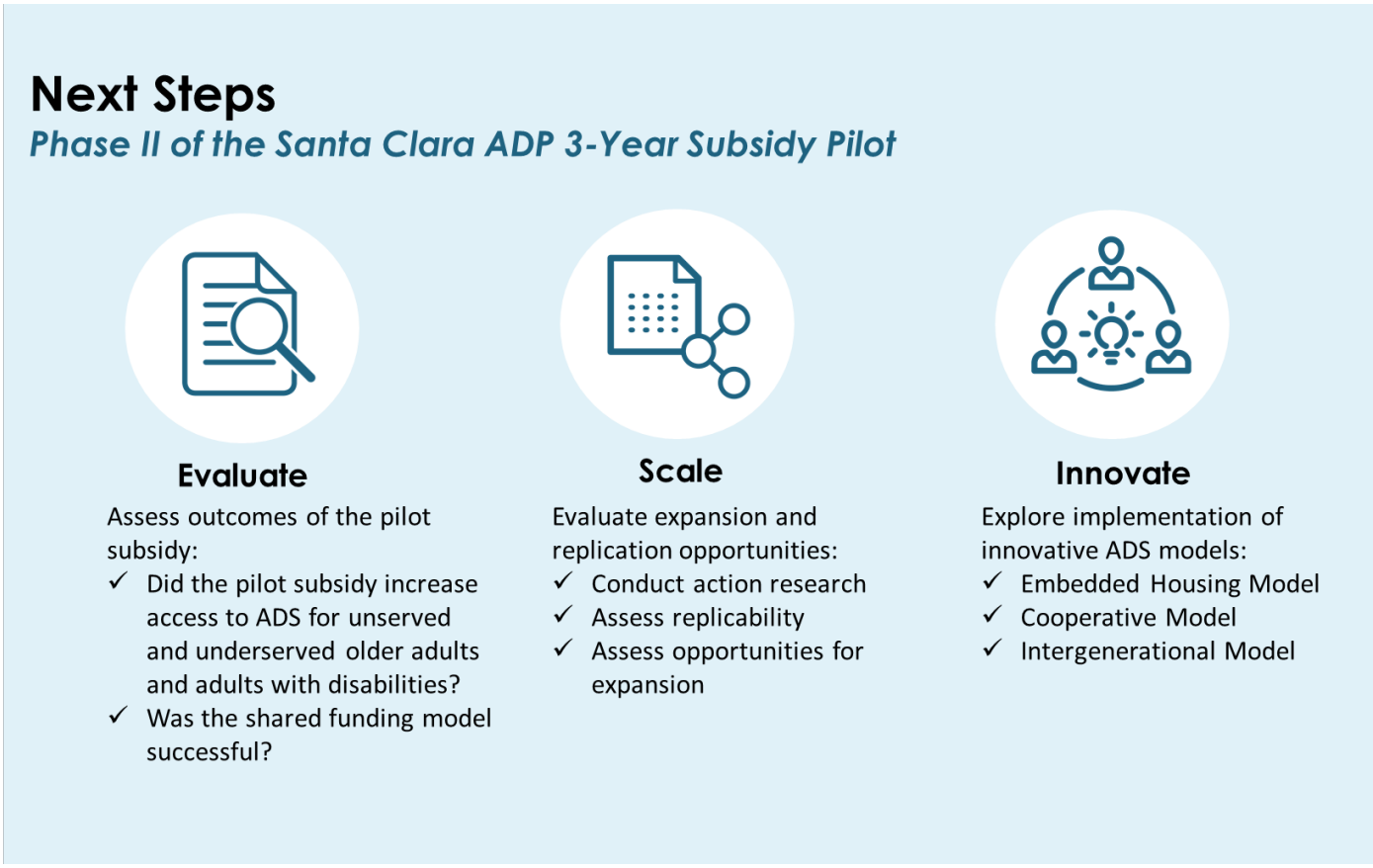
Pilot Costs Notes

1. **Total Subsidy Cost per Day.** The total subsidy cost per day of $58 includes the $8 daily cost of roundtrip transportation ($4 each way). ADPs will be responsible for covering VTA's Paratransit Service costs through the subsidy for eligible participants, if necessary.
2. **Total Subsidy Weeks per Year.** The total number of subsidy weeks per year, 50, reflects the number of working weeks in a year.
3. **Total Number of Subsidy Participants.** The number 75 was selected for the subsidy based on the number of unfilled ADP slots and a targeted project goal of a 75% occupancy rate for all ADPs. (Note: 100% of licensed ADP capacity is 373 and 75% of licensed capacity is 280. Current average daily attendance for ADPs is 230. To raise this number to 280 would require an additional 50 participants attending the ADP five days/week, or 75 attending three days/week.)
4. **MCOs Proposed Funding Commitment.** In light of potential funding/regulation complexities for Santa Clara Family Health Plan and Anthem Blue Cross providing ADP funds to members with a Medi-Cal share of cost, for this pilot, the MCOs would each fund 25 members without Medi-Cal share of cost to attend an ADP x 3 days/week at $10/day for 50/weeks/year.

Innovative Adult Day Services Models: Environmental Scan

An environmental scan was conducted as a complement to the feasibility study, to explore innovative ADS service delivery models in California and other states. Following a state and national search, three promising models emerged: embedded, intergenerational, and cooperative. Each if these models is profiled in this section. Choosing a modest stepwise approach to implementing and testing a subsidy pilot, the ADS workgroup elected not to use any of these models in the proposed ADP subsidy, but suggested they be considered in the future. Figure 19 highlights this opportunity and other next steps for Phase II of the ADP pilot.

Figure 19. ADP Subsidy Pilot Next Steps



Embedded ADS Model

Program and Location: Institute on Aging (IOA), San Francisco

Overview: Institute on Aging (IOA) in partnership with Bridge Housing runs an embedded Program of All-Inclusive Care for the Elderly (PACE) in a housing program in San Francisco. The PACE program provides comprehensive medical and social services (including an ADHC) to seniors 55+ who need a nursing home-level of care. Bridge Housing offers 53 neighboring housing units to IOA PACE participants. To learn more, visit https://www.ioaging.org/wp-content/uploads/2015/03/ICAA-IOASeniorCampusAgeWave_0911.pdf

Population/Access:

- Participants are generally referred to the program by social workers.
- Participants must have an income under $24,000/year, be age 55+, and must be able to live independently. Participants undergo an in-depth background check as part of the application process (a reported barrier for some applicants).
- Some potential participants hesitate to join the program because they have to leave their current medical providers (required under PACE), and because of safety concerns, (e.g., some program participants have a history of addiction and/or mental illness).
- Participants often come to the program for an affordable housing option but remain in the program because they have access to care and they develop trust in the community.

Cost Issues

- Housing and PACE funds are separate. PACE is funded through Medi-Cal and Medicare. Client housing is funded through various sources, e.g., Supplemental Security Income.
- Bridge Housing charges one-third of clients' income for rent.

Other Considerations

- It is important for PACE and housing to be truly embedded. IOA ensures residents participate in both programs by encouraging them to first visit the shared program.
- The embedded PACE program sees higher utilization among participants than the non-embedded PACE, because of its on-site care, attention, monitoring, and services.
- Offering on-site housing is cost-effective, as costs are lowered or eliminated for transportation, delivery of supplies, travel for home care workers, delivery of care.
- Challenges of the embedded model include preventing overutilization of healthcare services and setting client boundaries.

Ensuring Success: Insights and Recommendations

- Establish strong attendance and visitor policies, and set firm client boundaries.
- ADS and housing programs interested in the embedded model should know the regulations governing each but should work together to promote care coordination.
- Be clear with participants that the program is for those who can live independently. Participants should also be informed that they may have to move if they lose their independence.

Additional Programs of Interest: Stepping Stone, San Francisco

Intergenerational ADS Model

Program and Location: St. Ann Center for Intergenerational Care, Milwaukee

Overview: St. Ann's adult and child day services program provides specialized activities for older adults and children, as well as opportunities for the two to participate in joint intergenerational educational and creative programs three times a week. Activities are developed and offered according to the interests of the participants. Activities include music therapy, joint art sessions, and wheelchair volleyball with balloons. Adult and child care are held in the same building, with approximately 150 adults and 100 children in each of two locations. To learn more, visit https://stanncenter.org/

Population/Access:

- Adult participants are referred to the program by rehabilitation centers and clinics.
- The adult day program target population is seniors experiencing frailty, and adults of all ages with disabilities. The child day services program is for children six weeks to four-years-old; St Anne Center also has programs for children ages 5–18.
- To qualify for the adult day program, participants must have a specified level of independence, which includes independent toileting, ability to eat, etc.

Cost Issues

- Cost can be a barrier to those interested in St. Ann Center programs.
- St. Ann Center offers a sliding fee scale based on need.
- St. Ann Center is a nonprofit receiving funding from city, state, and food programs.

Other Considerations

- A significant barrier to receiving funding for intergenerational programs is the lack of available research on these programs, e.g., data-driven outcomes, benefits, challenges.
- It can be challenging to develop activities that are inclusive of all levels of acuity.
- Slowly introducing youth and seniors to one another is important for building trust so they are comfortable interacting with each other.
- Strategic planning is necessary to handle the challenges of an intergenerational program. Program improvement requires evaluation, adjustments, and time.
- Staff must buy into the intergenerational model, rather than viewing adult and children's programs as separate.

Ensuring Success: Insights and Recommendations

- Intergenerational programming offers the opportunity for adults and children to build social connections—critical for those with limited access to socialization.
- Staff report accelerated maturity and higher acceptance of the diversity of others among children participating in intergenerational activities.
- Children and adults form bonds with each other. It is often children who encourage adults to participate in activities with them.

Additional Programs of Interest: OneGeneration, San Fernando Valley; Alzheimer's Activity Center & Rosa Elena Childcare Center, San Jose

Cooperative ADS Model

Program and Location: Community Cooperative Adult Day Program (CCADP), San Francisco

Overview: The CCADP network plans to implement the Cooperative program in a Bay Area ADHC in Fall 2018. The model invites caregivers of individuals with cognitive impairment, "care partners," to undergo a period of training with professional facilitators to provide cognitively impaired loved ones with engaging activities, support and care. After the required initial training, which includes training on mindfulness practices, care partners will assist professional facilitators in the program on a rotating, part-time basis. Programming will be inspired by a Montessori based approach to dementia care, inviting participants to drive the programs that will be offered. To learn more, visit http://www.presencecareproject.com/programs/

Population/Access:

- The program will serve "people in the very early stages of cognitive impairment all the way through the later stages of dementia." *
- The participant intake process covers "diagnosis, stage of decline, physical ability, interests, hobbies, and ability to afford the fees." After the care partner undergoes training, the participant and caregiver can enroll in program activities. Ideally, care partners volunteer at least 50 percent of the time their loved one participates in the program. Every six to eight weeks, the CCADP will invite people to sign up for activities for the coming period, choosing from an online menu or in person at the facility.
- CCADP's three-tier model facilitates care for all stages of cognitive impairment/ dementia. Tier 1 provides "memory friendly" programming for people and their partners in early stages of neurocognitive decline. Tier 2 provides programming for people with dementia who need guidance and supervision, and Tier 3 serves persons with more severe cases of dementia.

Cost Issues

- CCADP will be able to charge lower fees than ADPs due to lower need for paid staff: care partners volunteer their time to facilitate the program in partnership with staff.
- Funding has not yet been established.

Other Considerations

- This model will serve people with dementia while their care partners will receive education and training on 1) caring for people with dementia and 2) how to do self-care. "The presence and engagement of the care partner will provide encouragement to the person with cognitive impairment. Early engagement in the program, ideally in the very mild stages will support the development of connections between participants. It will also support participants' mood and brain health. Finally, it will build the capacity of care partners so they can flexibly adjust to the changes their loved ones undergo as dementia develops."

Additional Programs of Interest: Silver Club Day Programs, Ann Arbor.

*All quotes are from Ofra Paz, DayBreak Adult Care Centers.

Recommendations

The feasibility study yielded three priority recommendations: 1) revise the proposed pilot subsidy model, as needed, 2) explore opportunities to enhance public awareness about ADS programs and the three-year pilot, and 3) identify a next phase for the subsidy pilot that would include expanding and/or replicating the pilot to other ADS programs and integrating one or more of the three ADS innovation models discovered through the environmental scan.

1. Revise the Proposed Subsidy Pilot Model

Moving the proposed subsidy pilot from its current conception/design stage to implementation will require a revision process. This is necessary to ensure that the pilot is consistent with County project and funding requirements and that the proposed shared funding partners (Santa Clara Family Health Plan, Anthem Blue Cross, Sourcewise, and the Institute on Aging) agree to the terms of the pilot and a funding commitment. During this revision period, the County and subsidy pilot stakeholders may also choose to explore engaging additional funding partners (e.g., private businesses, foundations, and others).

2. Explore Opportunities to Increase Public Awareness about ADS Programs

Increasing public awareness about ADS programs in Santa Clara County was consistently identified by project interviewees as essential to increasing ADS participation for older adults and adults with disabilities in Santa Clara County and ensuring the success of the pilot. Marketing suggestions include hosting ADS educational meetings or information seminars with older adults and adults with disabilities, and profiling ADS on billboards and in flyers. Since several caregivers who participated in the ADP caregiver focus groups said they learned about ADS from their participant's physician or hospital social worker, developing an ongoing plan to educate these providers should be included in any public awareness campaign.

3. Implement a Next Phase for ADS Development in Santa Clara County

The ADP subsidy pilot meets the exigency of increasing access to ADS for unserved and underserved older adults and adults with disabilities. Yet, with an aging demographic in Santa Clara County and a growing number of individuals with multiple external risk factors/social determinants of health, the pilot should be considered "Phase One" of ADS development in Santa Clara County. Phase Two should build on the pilot findings to assess the potential expansion and replicability of the model. It should also review opportunities to integrate one or more of the profiled ADS innovation models, identified through the feasibility study environmental scan, and develop new ADS programs in geographically underserved areas to further enhance the ADS network of programs.

Conclusion

Santa Clara County faces multiple ADS challenges. They include economic and cost difficulties for participants and providers, transportation barriers, limited public awareness and understanding about ADS, and unmet caregiver needs. The Santa Clara County Adult Day Services Feasibility Study underscored that solutions to these challenges can be addressed. The proposed subsidy pilot model represents a pioneering approach to increasing access to ADPs for unserved and underserved Santa Clara County older adults and adults with disabilities.

Through collaboration and partnership, Santa Clara County and its ADS stakeholder partners have taken an important and bold step forward to expanding ADS access for vulnerable populations in the county. Their continued shared leadership is vital to meeting the ADS needs of these communities now and in the future.

Appendix A: ADS Workgroup Members and Study Interviewees

ADS Workgroup:

- Colleen Hudgen, Executive Director, Live Oak Adult Day Services
- Tylor Taylor, Executive Director, Saratoga Area Senior Coordinating Council
- Pamela Bancroft, Commissioner, Santa Clara County Senior Care Commission
- Tim Dupic, President and CEO, SarahCare
- Frank Motta, Project Manager, Government Relations, Social Services Agency, Santa Clara County

ADS Program Interviewees:

- Alzheimer's Activity Center, Maria Nicolacoudis, Executive Director
- Avenidas Rose Kleiner, John Sink, Vice President Programs; Kristina Lugo, Program Director
- Catholic Charities, Milton Cadena, Program Director, Older Adult Services; Hien Nguyen, Program Supervisor, Senior Activity Centers
- Golden Castle, Oleg Kinder, President and CEO; Tatyana Kheyfets, Program Director
- Hope Services, Juan Guel, Manager, Senior Center
- Live Oak, Colleen Hudgen, Executive Director; Cheryl Hugenor, Program Director, Gilroy Center
- On Lok PACE, Anni Zacanti
- Prestige Adult Day Health Care, Hanh Giang, Program Director
- SarahCare, Tim Dupic, President and CEO; Beena Kumar, Director
- Saratoga Adult Care Center, Tylor Taylor, Executive Director; Renee Hampton, Adult Care Division Program Manager
- Silicon Valley Adult Day Health Care, Eva Lee, Director
- Yu Ai Kai, Maria Solis, Social Services Administrator

ADS Experts and Supporters:

- Lori Andersen, Operations Director, Long Term Services and Supports, Health Services, Santa Clara Family Health Plan
- Bob Brownstein, Strategic Advisor, Working Partnerships USA
- Diane Cooper Puckett, Executive Director, Peg Taylor Center for Adult Day Health Care
- Ymke Dioquino, Chief Operating Officer, Presence Care Project
- Susan Fent Frazer, Regional Director Community Living Services, Institute on Aging
- Marah Gebala, Manager, Care Management Department, Santa Clara Valley Medical Center
- Beau Henneman, Director Special Programs, Anthem Blue Cross
- Michelle Lew, Chief Executive Officer, Health Trust with Todd Hansen, Chief Operating Officer, Health Trust and Sonali Parnami, Program Manager, Healthy Aging, Health Trust
- Dawn Meyers Purkey, Program Manager, Yolo Adult Day Health Center
- Lydia Missaelides, Executive Director, California Association for Adult Day Services
- Frank Motta, Project Manager, Government Relations, Social Services Agency, Santa Clara County
- Sonali Parnami, Program Manager, Healthy Aging, Health Trust
- Ofra Paz, Executive Director, DayBreak Adult Care Centers

- Jim Ramoni, Director, Department of Aging and Adult Services, Santa Clara County; Susan Chang, Department of Aging and Adult Services, Santa Clara County
- Celine Regalia, Director of Operations, Collabria Care
- Cara Sansonia, Sansonia Law Firm
- Steve Schmoll, Chief Executive Director, Sourcewise
- Dr. Gary Steinke, Geriatric Specialist, Santa Clara Valley Medical Center

ADS Environmental Scan Interviewees

- Kari Creed, Social Worker, St. Ann Center for Intergenerational Care
- Kristina Lugo, Program Director, Avenidas Rose Kleiner
- Maria Nicolacoudis, Executive Director, Respite & Research for Alzheimer's Disease
- Micheal Pope, Chief Executive Director, Alzheimer's Services of the East Bay
- Sharon Raver-Villanueva, Senior Director, Institute on Aging
- Shanness Williams, Vice President of Activities and Intergenerational Development, St. Ann Center for Intergenerational Care

Appendix B: Sample Subsidy Pilot Eligibility Screening

Name of ADP: _____

Name of Potential ADP Pilot Participant: _____

Date: _____

All potential ADP pilot participants, must be assessed in the following domains and assigned a risk status for pilot eligibility.

Participant Monthly Income Sources

Participant Social Security Payments_____	Participant General Assistance _____
Participant SSI Payments _____	Gross Income $_____
Participant Pensions or Retirement _____	Ability to Pay ADP $_____

Based on participant responses above, participant is financially eligible for a subsidy (participant is either a Medi-Cal beneficiary without share of cost or unable to pay for ADP): **Yes__ No__**
IF YES, please assess participant for ***External Risk Factors/Social Determinants of Health*** *(below):*

Education/ Communication	Economic Stability	Health & Health Care	Housing	Caregiver and Social Support
☐ Limited Health Literacy	☐ Financial Insecurity/ Poverty/Lack of Resources	☐ Emergency Department Visit – Past 30 Days	☐ Lives Alone ☐ At Risk When Home Alone	☐ Limited or No Social Supports/ Family
☐ Language/ Communication Barriers	☐ Food Insecurity	☐ Hospitalization (unplanned) within 60 days	☐ Unstable or Unsafe Housing	☐ IHSS (In-Home Supportive Services) Inconsistency
	☐ Lack of Transportation to Necessary Appointments	☐ Social Isolation/ Loneliness	☐ At Risk of Homelessness/ History of Homelessness	☐ Caregivers Stress/ Inconsistency
Total number in column Total_____	*Total number in column* Total_____	*Total number in column* Total_____	*Total number in column* Total_____	*Total number in column* Total_____

Providers please assign a risk status for participant (below) based on this screening tool and your ADP intake. Refer high and medium-risk participants to the subsidy pilot administrator.

Please circle the risk status for this participant :

- High-Risk: Financially eligible for subsidy and has 3+ social determinants of health
- Medium-Risk: Financially eligible for subsidy a co-pay and has 1-2 social determinants of health
- Low-Risk: Financially eligible for subsidy co-pay and has 0 social determinants of health

Appendix C: Sample Subsidy Pilot Participant/Caregiver Survey

Participants and their caregivers participating in the Adult Day Program (ADP) subsidy pilot are asked to complete the following survey when participants enter the ADP and at six-month intervals. The surveys are a central part of the three-year pilot model (2019–2021) evaluation effort. Information from the surveys will help inform the County and its partners about the quality, efficiency, and cost-effectiveness of the pilot. Collected data will remain confidential and will be presented without personal identifiers.

The first part of this survey is designed for participants, and the second for caregivers. Caregivers, please assist your participant if she/he needs help completing the participant section. Thank you for completing this survey!

Adult Day Program Participant Questions

1. In the past six months, have you fallen?
   - ☐ No
   - ☐ If yes, please specify the number_____

2. In the past six months, have you gone to the Emergency Room?
   - ☐ No
   - ☐ If yes, please specify the number_____

3. In the past six months, have you been hospitalized?
   - ☐ No
   - ☐ If yes, please specify the number_____

4. During the past six months to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?[1]
   ☐Not at all ☐Slightly ☐Moderately ☐Quite a bit ☐Extremely ❑Not Sure

5. Rate how well this center meets your choices and preferences.
   ❑Very Good ❑Good ❑Neutral ❑Fair ❑Needs Improvement ❑Not Sure

6. Rate how well this center provides activities that help maintain or improve your abilities.
   ❑Very Good ❑Good ❑Neutral ❑Fair ❑Needs Improvement ❑Not Sure

7. How would you rate the staff's care and concern for you?
   ❑Very Good ❑Good ❑Neutral ❑Fair ❑Needs Improvement ❑Not Sure

8. How would you rate your overall satisfaction with this center?
   ❑Very Good ❑Good ❑Neutral ❑Fair ❑Needs Improvement ❑Not Sure

[1] Rand 36-Item Health Form Survey Instrument (Short Form-36) Question #20 (*adapted to reflect 6 month time period*) reflects quality of life question.

Adult Day Program Caregiver Questions[2]

	"Rarely" (1)	"Sometimes" (2)	"Quite frequently" (3)	"Nearly always" (4)
Do you feel…?				
That because of the time you spend with your relative that you don't have enough time for yourself?				
Stressed between caring for your relative and trying to meet other responsibilities (work/family)?				
Angry when you are around your relative?				
That your relative currently affects your relationship with family members or friends in a negative way?				
Strained when you are around your relative?				
That your health has suffered because of your involvement with your relative?				
That you don't have as much privacy as you would like because of your relative?				
That your social life has suffered because you are caring for your relative?				
That you have lost control of your life since your relative's illness?				
Uncertain about what to do about your relative?				
You should be doing more for your relative?				
You could do a better job in caring for your relative?				

Total Score: _____

Participant Signature: _____

Caregiver Signature: _____

Date: _____

[2] Michel Bédard, PhD et al. The Zarit Burden Interview: A New Short Version and Screening Version. *The Gerontologist*, Volume 41, Issue 5, 1 October 2001, Pages 652–657. Scoring for the caregiver survey: 0-10 no to mild burden; 10-20 mild to moderate burden; >20 high burden

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