

COVID-19 Updates

To: State Aging and Disability Directors

From: Damon Terzaghi, Senior Director, Advancing States

Re: Adult Day Services and COVID-19

Date: March 19, 2020

Background

As the COVID-19 pandemic unfolds across the nation, federal and state public health experts have recommended implementing social distancing measures to combat disease transmission. These measures are focused on reducing interpersonal contact across much of society as a way of mitigating viral spread by contagious individuals who may not know they are sick. For example, on March 16th, President Trump issued guidelines recommending that people avoid social gatherings of more than 10 people for the following 15 days.¹ Some state administrations have implemented stricter measures, particularly for the older adult populations that are especially vulnerable to COVID-19. This has included restricting visitors to long-term care facilities; recommending self-isolation for many individuals over the age of 60; and mandating closure of senior centers and adult day services (ADS) programs.²

State Strategies for Adult Day Services

Upon review of state ADS policies, several key strategies are emerging. They include:

- Repurposing ADS staff to deliver in-home services, including personal care, medication management, wound care, respite, or other individual supports;
- Using telemedicine to deliver ADS services that can be provided in this manner; and
- Closing ADS centers and utilizing other services to maintain the health and welfare of participants.

Some states also initially lifted the limits on the number of individuals that an ADS center could serve in order to alleviate service gaps due to quarantines or lack of center staff. However, as social distancing measures have become more restrictive, this strategy is less common.

¹ https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

² See, for example: <https://www2.illinois.gov/aging/coronavirus/Pages/Letter-to-ADS-Providers-3.15.2020.aspx>

Some Examples of State Policy

Pennsylvania has approached its adult day service closures by:

- 1) Allowing continuous/long-term care to be provided as a separate service in place of adult day to ensure health and safety; and
- 2) Modifying provider qualifications to expand the available staff for delivering in-home services as well as other services that will replace adult day for the duration of the closures.

In **Maryland**, the Governor ordered the closure of all ADS statewide on March 16th. The state will continue to pay the providers an administrative daily rate while also requiring them to deliver certain services telephonically to the individuals they served at the time of closure. According to the closure memorandum, the required services will be determined in conjunction with the providers.³

Colorado's policy allows for different responses based upon ADS provider and participant needs. This includes allowing providers to deliver some supports via telemedicine or to provide services in alternative settings, including those that serve fewer numbers of people. In the event that an ADS must close, Colorado's policy allows the provider to bill for services that were included in participant service plans but could not be delivered due to the COVID-19 pandemic.⁴

Considerations for Adult Day Services Retainer Payments

In instances where state COVID-19 responses have included closure of ADS centers, some states have chosen to provide "retainer payments" to support the centers and maintain a viable provider network for the time when social distancing measures are no longer needed. CMS provides this option in the 1915(c) Appendix K template;⁵ however, it is important to note several limitations to this policy. First, the Appendix K only applies to services authorized by a 1915(c) HCBS waiver. Second, the policy only applies to services authorized as "habilitation" or "personal care services." While we believe that ADS include both personal care and habilitative services, each state will need to assess its service definitions and regulatory framework to determine whether their ADS would qualify for these retainer

³ <http://www.advancingstates.org/sites/nasuad/files/u24453/03.16.2020%20COVID-19%20%232%20Adult%20Medical%20Day%20Care%20Final%20MD.pdf>

⁴ <http://www.advancingstates.org/sites/nasuad/files/u24453/HCPF%20IM%2020-017%20COVID-19%20Communication%20for%20Adult%20Day%20Day%20Habilitation%20and%20Brain%20Injury%20Day%20Treatment%20Providers%20CO.pdf>

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<http://www.advancingstates.org/sites/nasuad/files/u24453/Appendix%20K%20preprint%20for%201915%28c%29%20Waiver%20Emergency%20Preparedness%20and%20Response.pdf>

payments. In those states that deliver ADS through alternate authorities or service definitions, retainer payments would need to be provided through a different mechanism, such as an 1115 waiver.

Conclusion

During the duration of the pandemic and social distancing suggestions or mandates, states will need to balance the need to deliver services that protect the health and wellbeing of participants with the need to decentralize services to avoid congregating participants. States must also work with their ADS providers to ensure that there will be adequate services available when social distancing measures are no longer required.

Many other states have policies that mirror the PA, MD, and CO examples provided above. Additionally, we are aware of other states with policies in development that are not yet available publicly. We will provide updates when new and innovative strategies are implemented that could assist the ADvancing States membership as it works to preserve the health and wellbeing of older adults and people with disabilities as well as maintaining viable ADS supports now and in the future. We encourage all state agencies to provide us with any policies that would be helpful to your peers across the country. As always, please contact anyone on the ADvancing States team with questions, concerns, or requests for assistance.