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## Adult Day Services in Maine: Benefits, Challenges, and Opportunities

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# Adult Day Services *in Maine*

**BENEFITS, CHALLENGES, AND OPPORTUNITIES**

**Elizabeth Gattine, Eileen Griffin, and Kimberly Snow**

September 2022

**Catherine Cutler Institute**

*University of Southern Maine*

Prepared for the Maine Health Access Foundation

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## About

The **Catherine Cutler Institute for Health and Social Policy** at the University of Southern Maine is dedicated to developing innovative, evidence-informed, and practical approaches to pressing health and social challenges faced by individuals, families, and communities. To learn more about the Catherine Cutler Institute please visit [www.usm.maine.edu/cutler](http://www.usm.maine.edu/cutler).

## Acknowledgements

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# Contents

<b>EXECUTIVE SUMMARY</b>	<b>4</b>
Key Findings	
Opportunities	
<b>INTRODUCTION</b>	<b>6</b>
The Needs of Maine’s Older Adults	
The Role of the Family Caregiver	
Alzheimer’s Disease and Related Dementias	
The Role of Adult Day Services on Maine’s Continuum of Care	
<b>METHODOLOGY</b>	<b>12</b>
<b>MAINE POLICY CONTEXT FOR ADULT DAY PROGRAMS</b>	<b>13</b>
Adult Day Licensing Regulations	
Assisted Housing Licensing Regulations	
MaineCare and State-funded Program Regulations	
<b>ADULT DAY CENTERS IN MAINE</b>	<b>19</b>
<b>PARTICIPANT CHARACTERISTICS</b>	<b>23</b>
<b>BARRIERS TO PARTICIPANT ACCESS</b>	<b>25</b>
Affordability	
Transportation Barriers and Geographic Proximity	
Caregiver Support	
<b>OPERATIONAL CHALLENGES</b>	<b>31</b>
Financial Sustainability	
The Role of Adult Day Services in the Continuum of Care	
Public Policy and Administrative Burden	
Workforce Shortages	
<b>DISCUSSION</b>	<b>35</b>
Policy Recommendations	
<b>CONCLUSION</b>	<b>41</b>
<b>ENDNOTES</b>	<b>42</b>

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# Executive Summary

Adult day services provide a coordinated set of social and health services in a group setting which have been shown to benefit participants as well as their caregivers. They are one of the few service options outside of a residential care or nursing facility setting for people needing significant levels of supervision. Use of adult day services is consistent with overall state strategies to invest in lower-cost home and community-based services as alternatives to higher cost institutional care.

Given the projected need for long-term services and supports (LTSS) in Maine, adult day services would appear to have much to offer in a state with a growing demand for LTSS and limited capacity in its direct care workforce. In Maine and nationally, however, adult day services tend to be underfunded and underutilized compared to other types of LTSS.

In part, investment in adult day services is hampered by a lack of standardized data collection and limited research on issues of accessibility, cost-effectiveness, and the impact of adult day services on the broader health system. Lack of uniformity in state regulatory frameworks for licensing, program design, service delivery, and other administrative requirements further complicates cross-state comparisons. Considering these limitations, a key goal of this report is to provide a more detailed and comprehensive understanding of the current capacity and role of adult day services providers in Maine, the regulatory environment in which they operate, barriers and challenges to access and operations, and potential opportunities for expanding access.

## Key Findings

Maine currently has 29 licensed adult day centers, which operate as social or health models. While both models provide services such as supervision and therapeutic activities, only the health model can provide nursing and health monitoring. Most providers operate in southern and central Maine as well as the coastal region of the State. While difficulty accessing adult day services is not unique to Maine, Maine ranks lower than most the states in its use of adult day services.



### A NOTE ON TERMINOLOGY

This report uses the term “adult day services” to mean the coordinated program of services that are typically delivered in a congregate setting under a social or health model of adult day. “Adult day provider” is used to refer to the organization or agency that administers these services and “adult day center” refers to the physical location where these services are delivered.



Maine currently has 29 licensed adult day centers, mostly operating in southern and central Maine as well as the coastal region.

Based on findings from a statewide provider survey and key informant interviews, this study identified several factors influencing participant access to adult day services and a number of operational challenges for providers of adult day services:

 Factors influencing participant access	 Operational challenges for adult day providers
<ul style="list-style-type: none"> <li>▶ <b>Affordability</b> is a major barrier for those who are not eligible for a public program.</li> <li>▶ <b>Awareness</b> of adult day programs may be low among the public and health and LTSS providers.</li> <li>▶ <b>Transportation</b> to and from an adult day program can increase access, as well as increase the respite value to caregivers.</li> <li>▶ Many people who could benefit from adult day services choose not to use these services because of <b>perceived stigma</b>.</li> <li>▶ Adult day programs must take into account the <b>needs of caregivers</b>, particularly those working full-time.</li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>Participant fees appear to be insufficient</b> for sustaining adult day programs, often requiring programs to be subsidized by partner organizations or external fundraising.</li> <li>▶ Some <b>providers find it challenging to maintain a sustainable number of participants</b>. In addition to participant access issues, participants attend adult day centers with varied frequency depending in part on cost and reimbursement source.</li> <li>▶ <b>Policy and regulation do not always recognize the unique needs</b> of adult day programs and their distinct role relative to other LTSS providers.</li> <li>▶ <b>Coordinating adult day services with medical care and other services is inconsistent</b>, creating missed opportunities for improving participant health outcomes.</li> <li>▶ For participation in publicly funded programs, adult day providers have to comply with different contractual relationships and processes, adding to <b>administrative burden</b>.</li> </ul>

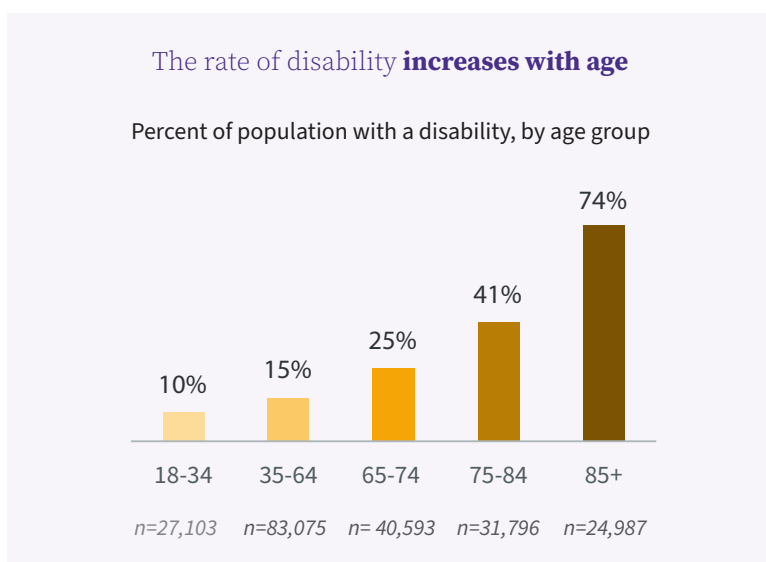
## Opportunities

Although adult day services have played a relatively small role in the LTSS continuum in Maine, the findings from this study suggest that adult day services have the capacity to provide health, social, and behavioral health benefits to participants and caregivers. Strengthening the role of adult day services depends on policy leadership that recognizes the potential value of these services and their distinct role relative to other LTSS providers. Potential strategies include exploring payment models that better reflect service costs and support program capacity; promoting greater integration of adult day services in the continuum of care; investing in data collection and research on the impacts of adult day services; and reframing the role of adult day services to enhance public awareness of their benefit.

# Introduction

## The Needs of Maine’s Older Adults

Twenty-six percent of adults of all ages have some type of disability including serious difficulties with mobility, cognition, independent living, self-care, hearing, or vision.<sup>1</sup> While not everyone who ages will develop a disabling condition, the rate of disability increases with age.



For many older adults, the onset of a disabling condition will not always be accompanied by a loss of independence. Like many younger adults with a disability, an older adult with a disability often can continue to live in their own home and maintain their friendships and activities in their own community. Some people, however, may need a high level of support to remain at home, due to a significant physical or medical need, or due to a cognitive disability that impairs judgement and decision-making ability. Older people falling into this group can find themselves socially isolated, unable to engage with friends, or participate in their community the way they had in the past. Social isolation significantly increases a person’s risk of premature death from all causes; it is also associated with an increased risk of dementia (National Academies of Sciences, 2020).

### Study Goals

- ➔ Identify the **potential benefits of adult day services** to participants and family caregivers and financial benefits to states.
- ➔ Develop a deeper understanding of the current **capacity and role** of adult day services providers in Maine, the **regulatory environment** in which they operate, as well as the **barriers and challenges** they experience.
- ➔ Assess **opportunities for better leveraging** adult day services within Maine’s continuum of care and identify possible **strategies for supporting and strengthening** adult day services in Maine.

Figure source: U.S. Census Bureau; American Community Survey, 2020 American Community Survey 5-year Estimates, Public Use Microdata Sample [CSV raw data extract]; retrieved from [data.census.gov](https://data.census.gov/mdat/); <https://data.census.gov/mdat/>.

<sup>1</sup> <https://www.cdc.gov/ncbddd/disabilityandhealth>. Vision difficulty is defined in the American Community Survey as difficulty seeing even when wearing glasses.

## To successfully remain at home, people may need some combination of the following supports:

- ▶ Physical assistance with or reminders to perform basic activities of daily living (ADLs), including bathing and grooming, dressing, using the toilet, eating, or changing position or walking
- ▶ Assistance with medications, preparing meals, managing a household, managing finances, and other important tasks
- ▶ Medical management of their chronic conditions
- ▶ Physical and other therapies
- ▶ Companionship and social interaction

In addition, individuals who are cognitively impaired may need some degree of ongoing monitoring to reduce the risk of injury to themselves or others. In this context, ongoing monitoring often involves supervision. The need for ongoing monitoring can vary in intensity depending on the needs of the individual and the characteristics of their home environment.

## The Role of the Family Caregiver

For many older adults living at home with a disability, an unpaid caregiver, often a family member, plays a critical role in meeting some or all of their needs.<sup>2</sup> Although not always acknowledged or supported in public policy, these caregivers serve as the foundation of the long-term services and supports (LTSS) continuum of care serving older adults. Unpaid caregivers provide a wide range of supports that make it possible for an individual to remain at home, including performing household tasks and errands, helping with personal care, helping to manage medical care or coordinate in-home services, and helping the individual to stay safe in the home. A 2019 caregiver survey conducted as part of a Statewide Needs Assessment to inform Maine's State Plan on Aging found that 42 percent of Maine caregivers provided over twenty hours of care per week (Edris et al., 2020). Over a quarter of all caregivers provided more than 40 hours

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Unpaid caregivers, often family members, are the backbone of the long-term services and support (LTSS) continuum of care serving older adults.

of care weekly. In particular, 31 percent of caregivers for individuals with Alzheimer's disease or other forms of dementia provided over 40 hours of care weekly. In 2019, the unpaid support provided by Maine's family caregivers was valued at \$2.2 billion (Reinhardt et al., 2019). Not captured in this number is the amount of money saved because family caregiving delayed nursing facility admission or reduced hospital admissions and readmissions.

2 In 2019 in Maine, 75% of caregivers were spouses or partners, or otherwise related by blood or marriage (Edris et al., 2020).



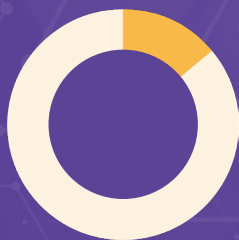
In order to provide care, **working caregivers report:**



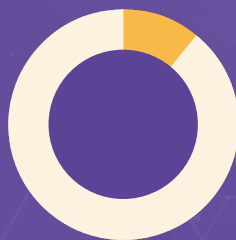
**58%**  
went to work late, left early, or took time off during the day



**21%**  
cut back hours or transitioned from full-time to part-time employment



**14%**  
took a leave of absence from work

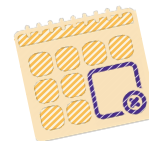


**11%**  
gave up work entirely

Source: Edris et al. (2020). Maine State Plan on Aging: Needs Assessment.

While family caregiving is generally unpaid, it is not without cost. In the 2019 caregiver survey, over half of Maine caregivers reported that **caregiving was somewhat or very much of a financial strain and impacted their employment**. The physical, emotional, and financial costs of unpaid caregiving are disproportionately borne by women, who make up the majority of unpaid caregivers.

In Maine, respite has been identified as a top need for individuals who are caregivers, particularly in rural areas where the caregiving workforce is especially limited.<sup>3</sup> In the 2019 caregiver survey, 37 percent of respondents indicated that respite services would be helpful, and a quarter of caregivers specifically identified adult day as a needed service. In a series of Listening Sessions conducted in 2019 to inform the State Plan on Aging, participants described respite and adult day services as essential for allowing the caregiver to engage in daily activities outside the home and helping reduce caregiver burden (Edris et al., 2020).



In Maine, respite has been identified as a key need for individuals who are caregivers, particularly in rural areas.

<sup>3</sup> See Findings from the Statewide Needs Assessment conducted as part of Maine's State Plan on Aging (Edris et al., 2020).

## Alzheimer’s Disease and Related Dementias

For individuals with Alzheimer’s disease and related dementias (ADRD), the need for services and the demand on caregivers can be particularly acute. People with ADRD often have complex needs and require more support services per person than people without cognitive impairment (Johnson & Wiener, 2006). In 2020, 29,000 people age 65 and older living in Maine had Alzheimer’s disease (Alzheimer’s Association, 2022a). That number is expected to increase by 20 percent by 2025.

Most people with Alzheimer’s disease live in the community, typically with spouses or other family members (Lepore, et al., 2017; Johnson & Weiner, 2006). In fact, nearly half of all family caregivers who provide help to older adults do so for someone with ADRD (Alzheimer’s Association, 2022b). In Maine, almost forty percent of respondents to the 2019 statewide caregiver survey reported caring for a person with ADRD (Edris et al., 2020). The Alzheimer’s Association estimates that there are 46,000 family caregivers in Maine providing care to people with ADRD.

Given the physical and emotional demands of caring for someone with ADRD, it is not surprising that family caregivers for people with ADRD are at greater risk for anxiety, depression, and poorer quality of life than family caregivers for people with other conditions (Centers for Disease Control and Prevention, 2019).

## The Role of Adult Day Services on Maine’s Continuum of Care

A well-developed continuum of care provides the right level of care, supports, and service at the right time that meet a person’s preferences and needs. LTSS can be provided in a variety of settings in varying intensity to serve people with different needs. These settings can include nursing, assisted living, and residential care facilities, adult family care homes, in a private home, or

in another community-based setting. Maine, like most other states, has continued to develop a broad array of home and community-based services to provide an alternative to nursing facility care. From a public policy perspective, this focus has allowed states to invest in lower-cost, less restrictive care that better meets the preferences of most adults to remain living in their homes and communities. It also accords with community integration requirements established by the Americans with Disabilities Act and under the Supreme Court’s Olmstead decision.

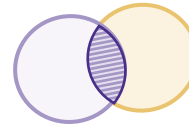
### The Olmstead Decision

Under the 1999 Olmstead decision, the U.S. Supreme Court held that the Americans with Disabilities Act requires states to provide home and community-based services to people with disabilities as an alternative to institutional services, when the services are appropriate and preferred and can be reasonably accommodated. The Olmstead decision precipitated a major transformation of Medicaid-funded LTSS programs, which traditionally favored the use of institutional services such as nursing facilities.

Over the last several decades, states have invested in a comprehensive range of services that help people to live in the most integrated setting appropriate to their needs. To support these requirements, the federal Medicaid program has continued to develop additional pathways for states to support home and community-based care and community integration.

Adult day services are part of Maine’s continuum of care. Adult day services centers provide a range of social and some health services to individuals who need supervised care. Services typically include social activities, therapeutic activities, assistance with basic activities of daily living, meals and snacks, and when licensed to do so, some health services, including health monitoring and medication administration.

Studies have found that adult day services benefit those attending adult day programs as well as their caregivers. Fields et al. (2012) found that attending an adult day program improved physical and emotional functioning and perceived well-being, with socialization and social support from other participants contributing to these improvements. For caregivers, adult day services have been found to reduce caregiver stress and caregiver burden (Field et al., 2012; Zarit et al., 2013; and Ellen et al., 2017). Significantly, “high doses” of adult day services are also associated with a reduced likelihood of long-term stays in nursing facilities. One study found that while more months of home health services were associated with earlier admission to a nursing facility, more months of adult day services delayed nursing facility admission (Kelly et al., 2016). Adult day participants were also found to have shorter lengths of stay when hospitalized, an outcome that could be linked to early identification of health problems by adult day staff (Kelly, 2017).



Adult day services benefit those attending adult day programs as well as their caregivers.

Adult day services can also play a particularly important role on Maine’s care continuum when it comes to serving the needs of people with ADRD. Adult day programs are one of the few community-based options available to people who need supervision outside of a facility setting. While respite services are covered under some of the publicly funded home care programs, supervision and companionship services are not typically covered under MaineCare and state-funded LTSS home care programs. For those requiring significant amounts of supervision, there are few affordable or available community options.



Adult day programs are one of the few community-based options available to older adults who need supervision in order to live safely at home.

### This Study

Maine’s older adult population (65 and older) is expected to grow from 297,000 to 390,000 between 2020 and 2030. With this increase Maine can also expect a growth in the number of people who need assistance. At the same time, the number of adults ages 20 to 64 per adult age 65 and older is expected to decrease from 2.6 to 1.8, impacting the workforce available to provide that assistance.<sup>4</sup>

These demographic trends suggest Maine is facing a challenging future when it comes to meeting the needs of individuals with disabilities. Maine was already experiencing a shortage of direct care workers when the onset of the COVID-19 pandemic further reduced the direct care workforce. As of March 2022, 59 percent of Maine’s

<sup>4</sup> Population projections are from Woods & Poole Economics, Inc., Washington, D.C., Copyright 2020. Woods & Poole does not guarantee the accuracy of this data. The use of this data and the conclusions drawn from it are solely the responsibility of the Cutler Institute at the University of Southern Maine.

nursing homes reported one or more staffing shortages, the third highest rate in the nation (Kaiser Family Foundation, 2022).

As Maine policymakers consider how to ensure that the LTSS continuum of care is able to meet the needs of people who rely on these services for daily support, success will depend on Maine's ability to use its resources as efficiently as possible while meeting the needs and preferences of those being served. Efficiency means strengthening the availability and effectiveness of the lower-cost services on the care continuum, to help prevent the need for higher-cost services. Given the projected shortages of direct care workers, success also depends on optimizing the use of the LTSS workforce.

Assessing whether Maine is making optimal use of adult day services is challenging, given the limitations of state and national data and research. While there is growing evidence of the beneficial impact of adult day services, research has been limited by a lack of systematic national and state data collection on the outcomes and effectiveness of adult day services (Sadarangani, 2022). A comprehensive synthesis of research activity relating to adult day services found notable gaps in findings related to the cost and cost-effectiveness of and access to adult day services, as well as their role in relationship to other health care services (Ellen et al., 2017). The National Post-acute and Long-term Care Study (NPALS), a periodic survey of LTSS providers conducted by the National Center for Health Statistics (NCHS), provides important information about adult day providers and participants, but making comparisons at the state level is limited by small state-level sample size. Additionally, survey findings are only published after a multi-year lag.<sup>5</sup>

To address some of the shortcomings of these data gaps, the Catherine Cutler Institute has conducted a study of Maine's adult day service providers to better understand the role of Maine's adult day services in Maine's continuum of care, provider capacity and program operations, opportunities for enhancing the role of adult day services, and the possibilities for expanding access. This report summarizes findings from this study.



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Maine will need to use its resources as efficiently as possible, as the number of people in Maine needing LTSS grows and the number of people available to provide assistance declines over the next decade.

5 Study results and publications from NPALS can be found at: <https://www.cdc.gov/nchs/npals/studyresults.htm>. The most recent survey results are from a 2018 survey of adult day providers. State level data from a 2015-2016 survey can be found at [https://www.cdc.gov/nchs/data/nsltcp/2016\\_CombinedNSLTCPStateTables\\_opt.pdf](https://www.cdc.gov/nchs/data/nsltcp/2016_CombinedNSLTCPStateTables_opt.pdf).

# Methodology

*This report is informed by:*

- ▶ A **review of Maine licensing regulations, state program regulations** governing adult day services financed through MaineCare (Maine’s Medicaid program) and Maine’s state-funded programs, and **federal regulations** governing Medicaid-funded home and community-based services (HCBS).
- ▶ A scan of **policy reports and data** relating to the use of adult day services at a national level.
- ▶ A **literature review of research assessing the benefit of adult day services** to participants and for their caregivers, and the **impact of adult day services** on health care and LTSS service utilization and costs.
- ▶ **Provider data** obtained from the Maine Department of Health and Human Services, including a listing of licensed providers maintained by the Division of Licensing and Certification.
- ▶ The **results of a survey** conducted by the Catherine Cutler Institute of adult day service providers licensed in the state of Maine. The survey was designed to capture information about organizational capacity, operations, and participant characteristics. Valid email addresses were obtained for all 29 licensed adult day programs in the state, and the survey was launched via email link on March 3, 2022. The survey was closed on April 22, 2022, with fourteen responses, a 48 percent response rate. One of the respondents consolidated answers from four different programs operated by the same organization. Adjusting for this consolidation results in a 59 percent overall response rate.
- ▶ **Findings from interviews** conducted by the Catherine Cutler Institute of several adult day service providers who responded to the survey and expressed their willingness to be interviewed. Interview questions focused on a more in-depth discussion of the benefits of adult day services, barriers to access, challenges, program operations, and opportunities for strengthening the role of adult days services in Maine’s continuum of care. Providers were selected with the goal of capturing perspectives from social and health models of care, in different geographic regions of the state, from urban and rural service areas, and from adult day services providers with different organizational relationships and experience. The interviews were conducted in late April and early May 2022.

## Limitations

As described in the previous section, this study is limited by the shortage of timely national and state level data and measures relating to adult day providers and participants, as well as the limited breadth and depth of research into the efficacy of adult day services. Differences in state regulatory frameworks also hinder cross-state analysis. We also recognize that findings of selected key informant interviews may not be representative of all adult day providers; however, our findings can help identify issues and concerns and provide insight into individuals’ experiences and perceptions.

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# Maine Policy Context for Adult Day Programs

*Rules and regulations governing the delivery of adult day services vary by state. This section reviews the regulatory framework within which policymakers and adult day service providers operate in Maine.*

## Adult Day Licensing Regulations

As defined by Maine statute, adult day is a program of care, activities, and protection provided for payment on a regular basis in a private dwelling or other facility, for any part of a day, for three or more adult participants (19 years or older, excluding relatives).<sup>6</sup> Maine's licensing regulations for adult day programs set minimum standards for program administration, staff qualifications, staff to participant ratios, environmental safety, consumer rights, the process for providing services, and the scope of services to be provided.<sup>7</sup> An adult day provider must comply with licensing requirements regardless of the payment source for the services. Under Maine regulation an adult day program may be licensed as an adult day health program or an adult day social program.

### Services

Both health and social programs provide a minimum set of services (Table 1, page 14). All adult day programs must provide supervision, assistance with activities of daily living (ADLs), an array of social and therapeutic activities, and morning and afternoon refreshments. Access to nursing services and health monitoring are the key differences between the health and social program models.



All adult day programs must provide supervision, assistance with activities of daily living (ADLs), an array of social and therapeutic activities, and morning and afternoon refreshments.

6 22 Maine Revised Statutes §8601.

7 10-144 Code of Maine Regulations (CMR) Chapter 117.

**TABLE 1**

Required Services for Maine’s Health and Social Adult Day Service Models

SERVICE	SOCIAL	HEALTH
Supervision	✓	✓
Assistance with activities of daily living (ADLs)	✓	✓
Social, leisure, physical, therapeutic, or educational activities <sup>8</sup>	✓	✓
A morning and afternoon refreshment	✓	✓
Meals	<i>optional</i>	✓
Medication administration	<i>optional</i>	✓
Health monitoring	—	✓
Nursing Services	—	✓

Source: 10-144 Code of Maine Regulations Chapter 117, §9.

**Staffing**

Required staff ratios vary depending on the number of participants. Each adult day program must maintain a minimum of one staff member for every six participants in attendance. Programs serving 3 to 6 participants must always have an additional staff member on call for emergencies when participants are present. For each 5 participants above a census of 6, an additional staff person is required to be employed.<sup>9</sup> Volunteers may be included in the staff ratio if they comply with the same standards required of paid staff.

8 “Therapeutic activities” are restorative activities designed to maintain or improve the quality of one’s life or delay deterioration of skills. These activities include opportunities for physical fitness, creative self-expression and exploration of interests, stimulation of recent and long-term memory and participation in community outings and events.

9 If a facility serves over 60 participants, an additional staff person must be employed for each 6 participants over 60. See 10-144 CMR Chapter 117, §5.3

▶ Access to **nursing services and health monitoring** are the key differences between the health and social program models.

## Environment and Safety

Adult day providers must meet health, fire, safety, building, and sanitation standards required for operation. For those providers preparing or serving food, additional dietary and food safety rules apply.

## Assisted Housing Licensing Regulations

Maine’s assisted housing regulations allow a Level IV Residential Care Facility or Private Non-Medical Institution (PNMI) to provide adult day services in the facility to up to 2 persons residing outside of the facility upon written approval of the Maine Department of Health and Human Services.<sup>10, 11</sup> This study did not determine the use rate or available reimbursement sources for this service option.

When an adult day services program serving three or more people is physically located in an assisted living program or residential care facility, separate licenses are not required, although adult day services programs must comply with all of Maine’s adult day licensing regulations and the adult day capacity is reflected on the provider’s assisted living or residential care license.

## MaineCare and State-funded Program Regulations

**While not all adult day providers serve individuals who receive publicly funded adult day services, those that do must comply with the relevant program regulations governing that service.** Adult day is a covered service in Maine under both MaineCare and state-funded programs.<sup>12</sup> Regulations for each program define eligibility criteria for the service, the scope and limits of covered services, required staff qualifications, and other required operational elements of program delivery.

The differences between adult day services under MaineCare and under state-funded programs are largely driven by the different kinds of flexibility the State has, depending on the funding source. MaineCare is financed through a partnership with the federal government, which establishes minimum requirements for service delivery, while the standards for the state-funded program are largely shaped by the state Legislature, which allows policymakers more flexibility when it comes to setting program standards. While state-funded programs have more flexibility than MaineCare, they do not draw down a matching federal contribution.<sup>13</sup> Funding for state-funded programs is limited, depending on the amount the Legislature appropriates. As a result, state-funded programs may have wait-lists.

10 Residential care facilities and PNMI provide housing and services to residents in private or semi-private bedrooms in buildings with common living areas and dining areas. Level IV facilities are facilities with a licensed capacity of more than six (6) residents.

11 See 10-144 CMR Chapter 113, §16.5.2

12 Adult day services are also covered by the Veteran’s Administration, which has separate guidelines, reimbursement rates, and service caps. Adult day services may also be provided under the Older Americans Act (OAA) or as part of services offered through a Medicare Advantage Plan; however, utilization of these funding sources appears minimal at present. No survey respondents reported Medicare as a funding source; while the survey did not separately break out OAA funding, this was not reported as a significant reimbursement source by providers. Maine State’s Plan on Aging 2020-2024 includes as a goal expanding the provision of adult day services using OAA funds.

13 The federal government contributes toward Medicaid services at a rate calculated based on per capita income for that state. Maine receives one of the higher rates of federal matching funds (64 percent), higher than any other New England state. See <https://www.federalregister.gov/documents/2020/11/30/2020-26387/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>.



Maine offers adult day services as stand-alone programs under Section 26 of the MaineCare Benefits Manual and under Section 61 of the Office of Aging and Disability Services (OADS) Policy Manual. The former is funded as part of Maine’s Medicaid State Plan and the latter is funded by all-state dollars. The state-funded Section 61 program does not allow people to access adult day in combination with other LTSS services.<sup>14</sup> The average monthly number of people served on these two programs was just over 100 in State Fiscal Year (SFY) 2019.

<b>TABLE 2</b>		
<b>STY 2019: Adult Day Use in Maine</b>		
	<b>MAINECARE §26</b>	<b>STATE-FUNDED §61</b>
<b>Average Number of People Served/ Monthly</b>	61	50
<b>Total Expenditures</b>	\$513,359	\$254,713
<b>Average Monthly Cost Per Person</b>	\$699	\$425

Source: Office of Aging and Disability Services and Office of MaineCare Services data

Adult day services are sometimes provided as part of a broader service plan or may be allowed as a type of respite services under other programs. For example, adult day services are a covered benefit under Section 63, Maine’s state-funded Home-Based Care (HBC) program. Section 63 primarily provides in-home care as well as a menu of other services, including adult day. Table 3 (following page) highlights key elements of these programs.

**TABLE 3 ABBREVIATIONS AND NOTES**

**Notes:** Adult day services under Section 63 are provided as part of a broader package of services that may include in-home personal care, nursing, home modifications and other benefits. Section 63 does not provide adult day as a stand-alone service.

**ADL:** Activities of Daily Living.

**MED:** Medical Eligibility Determination, Maine’s assessment tool used for determining eligibility for many of Maine’s long-term services and supports.

**MAXIMUS Ascend:** DHHS vendor responsible for conducting the MED assessment.

**OADS:** Office of Aging and Disability Services

14 State-funded Section 61 requires that a participant not be eligible for MaineCare adult day services and not be receiving services under another state-funded LTSS program. See 10-149 CMR Chapter 5, §61 of the OADS Policy Manual.

TABLE 3

## Comparison of MaineCare and State-Funded Programs

ATTRIBUTES	MAINECARE	STATE-FUNDED	
	\$26 (Levels I–III)	\$61	\$63
<b>Adult Day Services Program</b>			
Health	✓	✓	✓
Social	–	✓	✓
<b>Minimum Functional Eligibility Standard</b>	<p><b>Level I:</b> person requires daily cueing for eating, toileting, bathing, and dressing; OR limited assist and 1-person physical assist with at least 2 of 7 ADLS</p> <p><b>Level II:</b> person requires extensive assist and 1-person physical assist with 2 of 5 ADLS; OR combination of cognition, behavior, and ADL needs</p> <p><b>Level III:</b> person requires nursing facility level of care</p>	Person requires cueing 7 days per week for eating, toilet use, bathing, and dressing; or limited assistance plus a one person physical assist with at least 1 of the following ADLS: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing.	Minimum threshold for Level 1 requires cueing 7 days per week for 4 ADLS; or limited assistance and 1 person physical support in 2 of 7 ADLS; or limited assist and 1 person physical support in 1 ADL and physical assistance with 2 IADLS; or certain weekly nursing needs in combination with ADL need.
<b>Eligibility Assessment</b> <i>MED assessment completed by</i>	MAXIMUS Ascend	Adult day provider	MAXIMUS Ascend
<b>Income Eligibility</b>	100 % Federal Poverty Limit	No income limit	No income limit
<b>Asset Test</b> <i>(Individual/Couple)</i>	\$2,000/1 ; \$3,000/2  <i>allows \$8,000/1 and \$12,000/2 in savings</i>	\$50,000/1 ; \$75,000/2	\$50,000/1 ; \$75,000/2
<b>Co-pay</b>	\$5/month	20% of cost of service unless waived	20% of cost of service unless waived
<b>Financial Eligibility Determination,</b> <i>Completed by</i>	DHHS Office of Financial Independence	Adult day provider with prior authorization by OADS	Statewide Service Coordination Agency
<b>Service Limits</b>	<p><b>Level I:</b> 16 hours/week</p> <p><b>Level II:</b> 24 hours/ week</p> <p><b>Level III:</b> 40 hours/week</p>	30 hours/week	As authorized in plan of care
<b>Reimbursement Rate</b>	\$3.86/15-minute unit (FY22)	\$15.00/hour unit	\$15.00/hour unit

## Administrative requirements

Providers must comply with different administrative procedures for eligibility, service delivery, and claims submission based on the reimbursement source for services. Providers participating in MaineCare enroll with the Office of MaineCare Services (OMS) and follow MaineCare's claims submission and payment processes. To participate in state-funded Section 61, providers contract annually with and submit invoices to the Office of Aging and Disability Services. Providers participating in the state-funded Section 63 Home-based Care (HBC) program contract with and submit invoices to the statewide vendor agency that administers the HBC program on behalf of the Department.

## The “HCBS Settings” Rule and Adult Day Programs

Medicaid regulations impose additional requirements on home and community-based services (HCBS). HCBS provide opportunities for people to receive services in their own home or community rather than in institutional settings. In 2014, the federal Centers for Medicare and Medicaid Services (CMS) adopted new rules that impacted home and community-based services and supports that are funded through Medicaid. This rule, sometimes referred to as the “HCBS Settings” rule, established minimum standards around Medicaid service delivery designed to ensure the settings funded as home and community-based services are truly non-institutional in nature and do not have characteristics that isolate or segregate people from the greater community.

While Maine primarily funds MaineCare adult day as a Medicaid State plan service in a way that is exempt from the HCBS Settings rule, these required standards apply to any individual receiving adult day who receives services as part of a Medicaid home and community-based program. For example, anyone receiving services under one of Maine's 1915(c) waivers can access and receive adult day services under the Medicaid State Plan benefit, but only if that adult day setting complies with the standards established in the HCBS Settings rule. Adult day providers can also serve adults with intellectual disabilities, autism, or other related conditions through the 1915(c) waiver programs designed for those population groups. As part of “community support” services, this type of adult day service must comply with the HCBS settings rule as well as the additional program standards required by these waiver programs. For example, the adult day providers providing community support services must satisfy higher staff-to-participant ratios than required by licensing standards, and services must be delivered by staff trained as Direct Support Specialists.

Promoting compliance by adult day providers with the HCBS Settings rule not only increases the ability of Medicaid recipients to participate in adult day services but also allows the State to consider other HCBS funding authorities for adult day services, some of which provide greater flexibility in financial eligibility criteria than the current Medicaid State plan option for adult day services in Maine.

# Adult Day Centers in Maine

Currently Maine has 29 licensed adult day centers. The size of the centers varies, with **most (13) licensed to serve between 11 to 20 participants**. Three are licensed to serve more than 30 participants.

TABLE 4

Adult Day Centers in Maine by size

# Participants	# Centers licensed
41+	2
31-41	1
21-30	7
11-20	13
5-10	6

**There appears to be excess capacity in many programs that responded to the survey.** Prior to March 2020, ten of the fourteen responding programs served fewer participants on a weekly basis than their licensed capacity. For example, one program was licensed to serve 26 to 30 participants at a given time, but on a weekly basis the program had 5 to 10 participants. The weekly number of participants decreased in eight of the responding programs after the pandemic, creating a larger gap between capacity and participants.

Adult day centers can specialize in serving different population groups, including people with ADRD or people with intellectual disabilities. Of the 17 adult day centers represented in the survey responses,<sup>15</sup> eight of the centers said they specialized in Alzheimer’s disease and other dementias, while one described having a specific focus on individuals who required nursing facility level of care.

15 This represents the number of adult day sites included in the survey responses; this differs from the number of survey responses as one provider submitted a survey response covering more than one site.

## Key Findings

- Some providers in Maine suspended operations because of COVID-19 while others remained open; overall participation in adult day programs declined following the onset of the COVID-19 pandemic.
- Most providers operate in southern and central Maine as well as the coastal region of the State.
- Over half of the providers are licensed to serve between 11-20 participants.

## AT A GLANCE

# Adult Day Services in Maine

### SIZE AND CAPACITY



Maine has **29 adult day centers licensed to serve a total of 673 participants** at any one time

However, survey data suggests that adult day providers **typically serve fewer than their licensed maximum.**

### SERVICES



**18 health model\***  
**11 social model\***

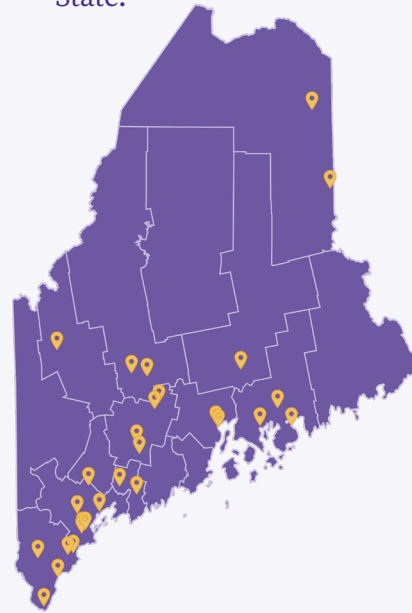
Most adult day providers serve older adults, and many **specialize in serving persons with Alzheimer's disease or other types of dementia.** In addition, some specialize in serving individuals with an intellectual or another type of developmental disability.

*\*Source: Provider responses and DHHS licensing data*

### GEOGRAPHY



**Most providers** operate in **southern and central Maine** as well as the **coastal region** of the State.



## Ownership and Affiliation

The majority of centers responding to the survey (11) were owned or managed by or affiliated with another organization.

The types of organizations associated with adult day programs include social service organizations, nursing facilities, a hospital, or home health agency, as well as a faith-based organization, a municipality, and a non-profit organization. Some providers reported that organizational relationships can create certain synergies for sharing resources and connecting participants and

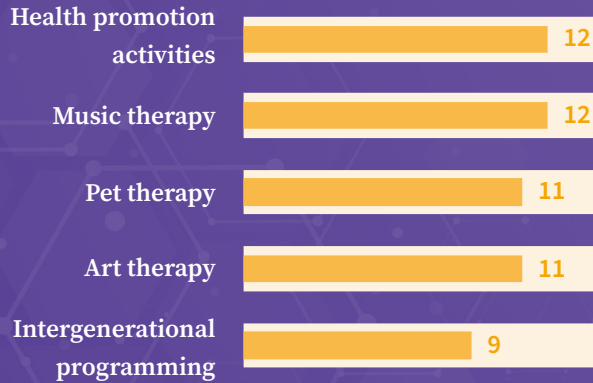
caregivers to other needed services. (read more in [Operational Challenges, page 31](#))

Nine survey respondents identified their program as a private non-profit, three were private for-profit, and two were owned by a public organization.

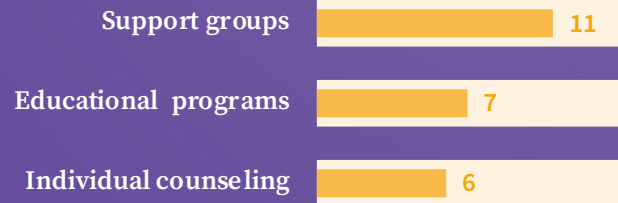
Three adult day centers responding to the survey were co-located with a nursing home or skilled nursing facility. Two others were co-located with an assisted living or residential care facility.

In addition to license-required services, prior to March 2020 **many of the 14 health model providers** participating in the survey **reported providing:**

### Therapeutic program activities



### Caregiver-focused activities



■ # of centers providing activity

## Services

In addition to the license-required services like health monitoring, medication administration, and meals, some health model providers reported providing, prior to the COVID-19 pandemic, counseling, Medicaid-covered therapies (physical, occupational, and speech), and skilled nursing services. Although not required for the social model license, one social program reported providing meals prior to the pandemic. Six health model providers (and no social model programs) reported providing transportation for medical or social activities, and five of these also provided transportation to and from the center prior to the pandemic.

The types of therapeutic services provided prior to the pandemic were fairly consistent across the adult day providers responding to the survey, with health promotion activities, music therapy and art therapy being the most common. Some programs also offer intergenerational programming and pet therapy. Support groups were the most common type of caregiver support offered, with educational programming and individual counseling offered by some. Services are primarily provided onsite. However, one responding program is currently serving both onsite and at the participant’s place of residence.



“You want to sit down with the caregiver and the person who’s coming and ask them...‘What do they like? What excites them? What did they used to do in their life that we could maybe bring back to them?’ A lot of the men... like to work with their hands. So we would build birdhouses. If you’re a gardener, we have raised beds...to get your hands in the soil....”

MAINE ADULT DAY PROVIDER

In the wake of the COVID-19 pandemic, some adult day providers reduced the range of services they provide, especially therapeutic and caregiver-focused activities, presumably because the services could not be provided safely or because lower enrollment or staffing shortages made delivery impracticable. Two survey respondents reported that their programs were temporarily closed due to the COVID-19 pandemic.<sup>16</sup>

### Staffing

Of the thirteen providers responding to the survey, two have fewer registered nurses or licensed practical nurses on staff compared to what they had prior to March 2020; six have fewer certified nursing assistants (CNAs), personal support specialists (PSSs), or direct support professionals (DSPs), and three have reduced their activity director and staffing.



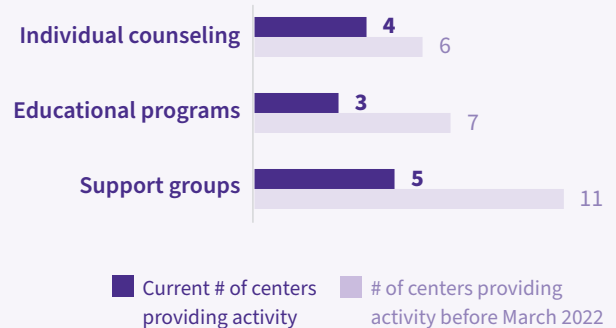
## ADULT DAY CENTERS Covid-19 Pandemic



Overall **participation in adult day programs declined** following the onset of the COVID-19 pandemic



During the pandemic, some adult day providers **reduced the range of services they provide**, especially **caregiver-focused activities**



<sup>16</sup> Although this study does not include the total number of providers who suspended operations during COVID-19, an additional two providers notified the Catherine Cutler Institute that they did not complete the survey because they had suspended programming and had not yet resumed operations, and several provider websites indicated temporary suspension of operations.

# Participant Characteristics

Thirteen out of the fourteen survey respondents reported that at least half of their participants are female.<sup>17</sup> Five of these reported that women make up at least 75 percent of their participants.

**Most adult day providers serve at least some participants who have a need for assistance with one or more activity of daily living,** although survey respondents reported a wide variation in the percentage of participants needing assistance. For example, one provider reported between 3 and 5 percent of its participants had various ADL needs, whereas four providers reported at least 50 percent of participants needed assistance in three ADLs. Assistance with toileting was the most prevalent need, with seven providers reporting at least 50 percent of their participants requiring help with this ADL; one provider reported 70 percent and two providers reported 100 percent of their participants require help with this ADL.

**TABLE 5**

Adult Day providers reported serving participants with a variety of ADL needs

ADL Need	# of Adult Day Providers with at least 50% participants requiring assistance
Toileting	7
Bathing or Showering	5
Eating	5
Locomotion or Walking	4
Dressing	3
Transferring in and out of a chair	3

Respondents reported their participants span a range of ages. **The most common age range is between 65 and 84**

<sup>17</sup> The survey asked providers to estimate the percentage of their participants who were female, male, nonbinary, or not listed/unknown.

## Key Findings

- ➔ The most common age range for participants was between 65 and 84 years old, with all but one provider reporting this range making up at least half of their participants.
- ➔ Adult day providers reported serving participants with a variety of ADL needs.
- ➔ Twelve of the 14 responding adult day providers reported that 95 to 100 percent of their participants live in a private residence.
- ➔ Ten of the 14 responding adult day providers reported an average length of stay (ALOS) of 12 or more months prior to March 2020.

▶ **Assistance with toileting** was the most prevalent ADL need reported by providers.



**years old, with all but one provider reporting this range making up at least half of their participants.**

Five centers said at least 40 percent of their participants are between 65 and 74. Seven centers said at least half of their participants are between 75 and 84 years old.

“I’ve heard so many spouses say ‘I can’t get her or him out of bed in the morning. But when I say... it’s [an adult day] center day, then they’re out of bed and they want to get in the shower.’”



#### MAINE ADULT DAY PROVIDER

Ten survey respondents reported an **average length of stay (ALOS) of 12 or more months prior to March 2020 and the onset of the pandemic.** One provider reported that some participants stay for a number of years, including one who participated for 10 years. Two providers reported an ALOS between 6 and 12 months, and two reported an ALOS of less than 6 months. Current reported ALOSs in the survey are shorter, but because some adult day centers closed during the pandemic, it is possible the shorter length may reflect service interruptions and turnover in program participants rather than a true shift in ALOS.

Twelve providers reported **at least 95 percent of their participants live in a private residence.** Providers reported these participants most commonly live with relatives such as a spouse, partner, adult child including son or daughter-in-law, or other family member. Some providers reported small percentages of their participants live alone or with non-relatives.

#### AT A GLANCE

### Participant Characteristics

#### DEMOGRAPHICS

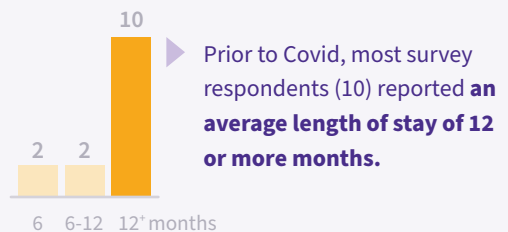


The most common age range is **65-84 years old**, and participants **tend to be female**

#### LENGTH OF STAY



Participants tend to **use adult day services for long periods of time**, sometimes for years



#### RESIDENCY



Most participants **live in a private residence, most commonly with family members**



**12 of the 14** responding adult day providers reported that **95-100% of their participants live in a private residence.**

# Barriers to Participant Access

This section reviews the primary barriers preventing many older adults and caregivers from accessing adult day services and receiving the potential benefits of participating in an adult day program. Adult day providers surveyed and interviewed for this report cited a number of ways that adult day services (depending on their license) are able to support participants and caregivers, including:

- ▶ Providing a second set of eyes on participants' health, attending to wound care, administering medications, and helping with the activities of daily living, including bathing
- ▶ Slowing the progression of dementia through social interaction afforded by adult day attendance
- ▶ Providing caregivers with a reliable and consistent service and staff
- ▶ Providing interim services for people on waiting lists for in-home care or a nursing facility placement
- ▶ Giving caregivers an opportunity to take time for themselves, run errands, go to work, spend time with friends or otherwise take a break from their caregiver responsibilities
- ▶ Helping families keep their family member at home for as long as possible
- ▶ Physical and emotional benefits to participants and caregivers, including reduced stress at home and improved sleep patterns

As discussed in the remainder of this section, however, a number of barriers, including financial barriers, transportation barriers, and a lack of public awareness, have limited the extent to which Maine's older adults and caregivers are able to leverage these benefits.

## Key Findings

- ➔ Affordability is a major barrier for those who are not eligible for a public program.
- ➔ Many people who could benefit from adult day services do not want to be stigmatized as frail or cognitively impaired.
- ➔ Awareness of adult day programs may be low among the public and health and LTSS providers.
- ➔ Transportation to and from an adult day program can increase access, as well as increase the respite value to caregivers.
- ➔ Particularly in the wake of COVID-19, many adult day programs find it difficult to offer services that fully meet the needs of caregivers with full time jobs.
- ➔ Prior to COVID-19, 3 centers responding to the survey reported offering weekend hours; none of the providers reported offering weekend hours at the time of the survey.

## Affordability

Adult day providers indicate that many people who could benefit from adult day services cannot afford to pay out of their own resources. In fact, the annual cost of 20 hours per week of adult day services at an average cost of \$15 per hour would be \$15,600, over a quarter of the median household income for Maine.<sup>18</sup> The cost would be more than a third of median household income in Aroostook, Piscataquis, Somerset, and Washington counties, where the median income ranges from \$40,000 to \$45,000 (U.S. Census Bureau Quickfacts, 2021). Some providers report that some individuals use just a few hours of services per week – as many as they can afford – when they could benefit from more.

As discussed in [Maine Policy Context for Adult Day Programs \(page 13\)](#), adult day services are covered benefits under MaineCare, Maine’s Medicaid program, and under Maine’s state-funded programs. However, there are many people who cannot afford to pay for services out-of-pocket but still have too many resources to qualify for these programs. The eligibility criteria for MaineCare’s Section 26 adult day benefit are set at income up to 100% of the Federal Poverty Level (FPL) — a total of \$13,590 for a one-person household and \$18,310 for a two-person household — with countable asset limits of \$2,000 for an individual and \$3,000 for a household.<sup>19</sup> The financial eligibility requirements for state-funded adult day services are not as restrictive as MaineCare. There are no limits on income and beneficiaries may maintain a higher share of their assets, up to \$50,000 for an individual and \$75,000 for a couple. Unless waived, participants have a cost share, or co-payment, equal to 20 percent of the cost of services.

One provider noted that functional eligibility criteria can also be a barrier to access. In particular, this provider

noted that some people who experience some degree of cognitive impairment but do not meet the State’s eligibility criteria for cognitive impairment could still benefit from adult day services. This provider noted that for some people in this group, their cognitive impairment negatively impacts their ability to care for themselves, with potential consequences for their health. Others are eligible for too few service hours based on tiered eligibility, relative to the potential benefits for both participants and caregivers if more hours could be accessed earlier in the disease progression.

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Not all adult day providers participate in publicly funded programs, further restricting access to an already limited pool of providers.

Importantly, not all providers choose to participate in publicly funded programs, especially state-funded adult day services, further restricting access to an already limited pool of providers. As of June 2022, ten adult day providers participated in the state-funded Section 61 program, and seventeen participated in the state-funded Section 63 program. Twenty licensed providers in Maine were enrolled as MaineCare providers.<sup>20</sup> This factor further limits geographic access for individuals relying on those funding sources for services. Depending on the funding sources a provider accepts, a participant may not be able to access services or continue at a center if their funding source changes (for example a person who becomes ineligible for MaineCare and transitions to a State-funded program).

18 Median income for all households.

19 MaineCare members eligible for a 1915(c) waiver are eligible for Section 26 services based on their waiver eligibility. See [Table 3](#) for 1915(c) waiver eligibility criteria.

20 This count includes one provider of adult day services in New Hampshire that is enrolled as a MaineCare provider and represents most adult day providers licensed under the health model, a requirement of Section 26 Medicaid adult day services.

# Transportation Barriers and Geographic Proximity

## Transportation Barriers

Access to transportation is often cited as a challenge for older adults, particularly for people without the resources or capacity to maintain and drive their own car, and people living in rural areas who need to drive long distances to access needed services.

Not surprisingly, transportation presents a significant barrier to accessing adult day services. Most older adults who could benefit from adult day services must rely on others for transportation. Family caregivers are often the primary source of transportation services. However, if the family is driving long distances back and forth from an adult day program, the time used for transportation reduces the value of adult day services to the caregiver, by cutting into the time available for respite, errands, their job, or other obligations.

Participants receiving publicly funded services may have some transportation support, either through Medicaid-funded transportation services or reimbursable mileage, but these options may not always meet the needs of the participant for reliable and supervised transportation. While some providers offer transportation to and from their center, providers must find funding to buy and maintain an accessible vehicle. One provider noted that, in addition to a driver, they must provide additional staff to support participants while in transit.

## Geographic Proximity

People living in many Maine communities do not have easy access to adult day services, and the distance to be traveled is likely a factor for some in choosing adult day as a service option. Maine has 29 adult day centers, with all but seven located in southern and coastal Maine.<sup>21</sup> The seven adult day centers serving interior and northern Maine are located in Somerset, Franklin, Aroostook, and Penobscot counties. Six counties have no licensed adult day centers, and together, these counties account for nearly one-quarter of Maine's population aged 65 and older. In addition, the type of center available in a given area may not meet people's needs for service. For example three counties have only social model centers which cannot provide health monitoring or nursing services. (See Table 2, page 16.)



Transportation presents a significant barrier to accessing adult day services.

### AT A GLANCE

## Geographic Proximity

People living in many Maine communities **do not have easy access to adult day services**

Of the **7 adult day centers** serving all of interior and northern Maine, **only 2 are health models**



21 Covering service areas in York, Cumberland, Androscoggin, Kennebec, Sagadahoc, Waldo, Lincoln, and Hancock counties.

**TABLE 6**

Population size and geographic location of providers

COUNTY	# OF PROVIDERS	65+ POPULATION
Cumberland	7	52,133
York	5	40,625
Kennebec	3	23,645
Hancock	3	13,129
Somerset	3	10,445
Aroostook	2	15,881
Waldo	2	8,613
Sagadahoc	2	7,728
Penobscot	1	27,349
Franklin	1	6,437
Androscoggin	–	18,603
Knox	–	9,647
Lincoln	–	9,263
Oxford	–	12,229
Piscataquis	–	4,359
Washington	–	7,482
<b>TOTAL</b>	<b>29</b>	<b>267,568</b>

▶ Together, the counties with 0 providers, **make up nearly one-quarter of Maine’s population aged 65+** (61,583 people).

Source: Maine Division of Licensing and Certification; U.S. Census Bureau, 2019 5-Year American Community Survey, Table SO1010, retrieved July 19, 2022, from <https://data.census.gov>

At the same time, adult day providers in some rural counties have more licensed capacity relative to the number of older adults in those counties when compared to their more urban counterparts. It is important to note that licensed capacity is an imperfect measure of access since many adult day providers do not operate at their full licensed capacity. In addition, some adult day services providers limit the number of people accepted based on the payment source because of the reimbursement rate (e.g., MaineCare or state-funded programs). Some providers also choose to not accept people based on payment source. For example, at least one provider does not accept the Veterans Administration (VA) as a payment source because of failure to pay. Other providers participate in only certain programs.

## Awareness and Attitudes

Adult day services hold a relatively small place on the continuum of care, accounting for only seven percent of LTSS providers nationally (National Center for Health Statistics, 2014). It is not surprising, then, that adult day providers have identified public awareness as a major barrier to access. The public is not always aware of these services, and adult day providers that were interviewed stressed the importance of receiving referrals from the health system and other community providers. Some adult day providers reported that health care and other providers often fail to refer their patients to adult day services, despite numerous outreach efforts aimed at increasing their awareness.



Adult day providers have identified public awareness as a major barrier to access.

For those individuals who are aware of adult day services, some may resist using them. Providers report that, in a culture where many devalue individuals with disabilities and older adults, some people do not want to participate in an adult day program because they do not see themselves or want to be seen as part of a group devalued because its members are frail or cognitively impaired. As a result, often people in the early stages of dementia do not consider adult day services as an option and are admitted only after the dementia has progressed and adult day services are the last stopgap before facility admission. At that stage, providers report their ability to slow the progression of the dementia, and delay facility admission, is more limited. Even though language has shifted away from the term “adult day care,” the perception of adult day as infantilizing remains and adds to perceived stigma associated with using these services.

## Caregiver Support

### Helping a Family Member to Transition to Adult Day Services

Providers report that caregivers may not know how to help a family member become comfortable with the idea of attending an adult day program. Often, the caregiver is reluctant to go against their family member’s resistance, feeling guilty about not meeting the family member’s needs on their own. Providers indicated that, with the proper support and approaches that have proven successful over time, it is possible to win over people who are opposed to participating in adult day initially. These strategies might include having the family member attend the program as a visitor, so they can see for themselves that they would enjoy attending.

### Publicly Funded Adult Day Benefit Design

The benefit design for adult day services typically ties the number of hours of services an individual may access to their assessed level of need, rather than a caregiver’s needs. For example, under MaineCare, a person requiring cuing seven days per week for eating, toileting, bathing, and dressing is at the lowest level of care need, Level I, and services are capped at 16 hours of adult day services per week. For state-funded Section 61, services are tied to the needs of the individual and are capped at 30 hours per week, based on the availability of funds. See [Table 3 \(page 17\)](#) for more detail on eligibility and service limits.

Because adult day services are tied to the needs of the beneficiary exclusively, the number of hours covered may not meet the caregiver’s need for respite or support their ability to keep their job. The caregiver may perceive adult day services as limited in value relative to the cost and level of effort attached to accessing services, especially if there are challenges associated with getting the beneficiary to and from the program.

## Hours of Operation

**For caregivers who work, ideally the hours of operation for adult day centers would align with the caregiver's working day and provide additional hours on weekends for respite.** Not all adult day providers are able to meet that need, with weekends being particularly difficult to staff.<sup>22</sup>

Prior to March 2020, six adult day centers were open Monday-Friday at least 8.5 hours per day, allowing time for caregivers to work a full eight-hour day and commute to and from work. Twelve of the 14 providers were open for at least 6.5 hours Monday through Friday. Three had weekend hours as well, two of which were open for at least 8 hours each day.

Based on survey responses, COVID-19 has negatively impacted the hours of operation for Maine's adult day service providers with seven of the programs reporting having curtailed their hours of operation. One provider noted that there is demand for the expanded hours, but they have had trouble returning to their pre-COVID hours because of COVID-19 outbreaks and staffing challenges.

### AT A GLANCE

## Hours of Operation

*of the survey respondents...*

### CAREGIVER WORKDAY



Prior to March 2020, **6 adult day centers were open Monday-Friday at least 8.5 hours per day**

Allowing time for caregivers to **work a full eight-hour day AND commute to and from work.**

### CAREGIVER RESPITE



Currently, **none of the adult day centers are open on weekends**

The **3 providers offering weekend hours prior to March 2020** no longer provide those services.

<sup>22</sup> While Maine's licensing regulations provider allow for a nighttime adult day program between the hours of 5 PM and 7 AM to serve participants who are often awake for those hours, this programming is not currently offered by adult day providers in Maine.

# Operational Challenges

*Maine's adult day providers identified several operational challenges to establishing and sustaining an adult day center.*

## Financial Sustainability

### Revenue

According to 2014 data, the percentage of participant fees paid by Medicaid in Maine (25 percent) is much lower than the national average of 52 percent (National Center for Health Statistics, 2015). Most other New England states rely more heavily on Medicaid to fund adult day services than does Maine. This difference may be attributed to differences in each state's LTSS program design, including the role of state-funded adult day services, the use of Medicaid waivers, and state-by-state differences in Medicaid eligibility requirements.

Adult day providers are typically paid based on participant attendance. That means that when participants do not attend, possibly because of illness, a doctor's appointment, or a transportation issue, the provider is not paid. Adult day providers noted that unreliable transportation services are particularly problematic, as the adult day provider holds a place for a participant but then may be unable to bill when the transportation service is late or does not arrive.

For those providers serving people with high levels of need for support, including people who would otherwise qualify for care in a nursing home, reimbursement rates do not account for the extra resources required to provide that higher level of service. MaineCare pays the same rate regardless of the eligibility level or service need. For state-funded programs, providers are paid the same rate whether they deliver services under a social or health model.

## Key Findings

- ➔ Participant fees appear to be insufficient for sustaining adult day programs, often requiring programs to be subsidized by partner organizations or external fundraising.
- ➔ Adult day providers described a lack of visibility and specialized focus on adult day services as opposed to other LTSS provider types, citing the lack of guidance tailored to their needs during the pandemic as an example.
- ➔ For MaineCare and the two state-funded adult day programs, providers have three different contractual relationships and are required to comply with three different processes for administering their programs and billing for services.



Providers also have limited ability to set the private pay rate at a level that could help offset or balance costs; as discussed above, the private pay rate is constrained by what people can afford to pay. (See [Affordability](#), page 26.) The highest hourly rate charged by a center responding to the survey was \$20; the average across all respondents was \$15.67 an hour.

### Costs

Like any other business, adult day programs have both fixed and variable costs, with some of those costs increasing over time. Workforce shortages, as well as disruptions to the supply chain resulting from the pandemic and other external factors have had an inflationary impact on wages, food, gasoline, and other expenses and put greater pressure on providers' financial condition.

### Shared Resources

Several providers noted the difficulty of managing an adult day center that was not supported or affiliated in some way with another organization to share resources or provide supplemental funding. As discussed previously in [Adult Day Centers in Maine](#) (page 19) 11 of the adult day programs responding to the survey were owned or managed by or affiliated with another organization. Three of those 11 share direct service staff with the parent or affiliate organization. One of the programs noted that during the COVID-19 public health emergency its adult day staff had been able to work in the parent residential program, which alleviated the need to lose staff members who might then be difficult to re-hire as operations normalized.

It was more common among the owned or affiliated organizations to share administrative capacity or resources with 10 of the 11 owned or affiliated organizations sharing resources such as the same building, information technology systems and phones, administrative functions (human resources, finance, payroll, billing) and oversight. Based on key informant interviews, having a relationship to a partner



“It’s really tough on the staff. It’s tough on everybody. ... When people come in, they have this need, and it would be a perfect fit, but they’re being compensated at \$13 an hour... We can’t do that..”

MAINE ADULT DAY PROVIDER

organization is essential for the survival of the adult day program. Revenue generated from paid fees is insufficient to cover program costs. Of the four providers interviewed, all were owned by or affiliated with another organization that subsidized the adult day program, reflecting a commitment to adult day as a service meeting an important community need.

### Maintaining a Sustainable Number of Participants

Some providers find it challenging to maintain enough participants to be financially sustainable. Providers cited many of the barriers to participant access as key factors, including lack of public awareness, public perception, and transportation barriers. (See [Barriers to Participant Access](#), page 25.) One adult day provider in a rural part of Maine described the challenges of expanding the number of adult day centers to shorten travel distances while still assuring a large enough census to be financially sustainable. Participants also attend adult day centers with different frequency, depending in part on cost and reimbursement source.

For some providers, sustainability depends on maintaining the right mix of participants, based on payer source. One provider reported limiting the share of MaineCare-funded participants because MaineCare reimbursement is low relative to the cost of services. One provider also described the benefits of serving a diverse

group of participants, including adults with intellectual disabilities. The provider noted higher MaineCare reimbursement rates under the 1915(c) waivers that serve adults with intellectual disabilities but found that the required staffing ratios (1 staff for 3 members) and the need to have staff meet different job qualifications and training was not financially sustainable.

## The Role of Adult Day Services in the Continuum of Care

Some providers described a lack of visibility or specialized focus on adult day services and provided several examples. In Maine, although adult day providers are licensed separately from other providers and must meet standards specific to adult day programs, they also fall under the regulatory framework of assisted housing services for some purposes. For example, one provider noted that during the pandemic, the State provided adult day programs with regulatory guidance on safety practices tailored to the needs of assisted housing providers rather than adult day programs, resulting in uncertainty and confusion among adult day providers.<sup>23</sup> One provider also felt that adult day programs were largely overlooked when it came to the COVID-19 relief funding and other supports received by other LTSS providers.

While some centers are attached to or on the grounds of a facility, many are not. Characterizing adult day programs as being related to assisted housing can create the impression that adult day services are facility-based, rather than community-based care, which has conceptual and practical implications. Within the continuum of LTSS care, adult day services are typically considered community-based services, and they predominantly serve individuals living in private

homes and community settings. The characteristics of the setting can determine whether Medicaid funding is allowable. (See [The “HCBS Settings” Rule and Adult Day Programs, page 18.](#))

Within the health and LTSS systems, providers identified opportunities for adult day programs to play an expanded role. For example, one provider believes it needs to focus more on earlier intervention, encouraging earlier enrollment so that the adult day program can have a greater impact on positive outcomes for the participant and the caregiver. Some providers reported better success than others in receiving referrals from primary care and in creating linkages between adult day and other health care services. In particular, one provider described being part of a large foundation grant that made it possible to take the time to develop relationships in its service area. This provider reported a relatively high level of integration with other types of health and service providers. However, other adult day providers described the ongoing challenge of collaborating with other providers across the continuum. For example, one adult day center receives few referrals and described these challenges as reflective of larger systems issues around the integration of medical and LTSS services despite on-going outreach to health care providers.

One adult day provider reported that it is expanding its role in the LTSS system out of necessity, in response to gaps created by waiting lists and facility closures in their service area. With the closure of a nursing facility nearby, as well as staffing shortages across the LTSS system, waiting lists for services have increased with some people turning to adult day services while they wait.

<sup>23</sup> As another example, to search for adult day providers in Maine on the state licensing website, an individual must search under assisted housing to find those providers.

## Public Policy and Administrative Burden

Adult day providers who participate in publicly funded programs must comply with several different sets of contractual requirements, which may include contracting directly with the Office of Aging and Disability Services, enrolling as a MaineCare provider through the Office of MaineCare Services, or subcontracting with the State’s vendor responsible for managing the state-funded Section 63 home-based care program. All have different eligibility criteria, different service caps, and different reimbursement processes.

Providers also described billing and timely payment issues that have contributed to financial challenges, citing MaineCare and the VA as the payers associated with the most problems. A few providers noted that receiving timely payments from the VA was particularly problematic; because of these difficulties, one provider no longer accepts participants covered by the VA.

One provider noted the added administrative burden created by the need for different training to serve people with an intellectual disability. In addition to higher staffing ratios, staff serving individuals with intellectual disabilities needed to complete training and certification as direct support professionals (DSPs), even though there were significant overlaps in the competencies and skills for staff already certified as personal support specialists (PSSs).

## Workforce Shortages

Like many other Maine employers, adult day providers report challenges with recruiting and retaining staff. One provider reported that the problem applies across LTSS providers, creating competition for a small supply of workers, including nurses and direct care workers. This provider noted that low reimbursement rates for adult day services makes it difficult to compete with nursing facilities and other providers based on wage rates for direct care workers. This provider has offered sign-on bonuses, but with limited success. In some cases, once the worker meets the minimum requirements (e.g., working a minimum number of months) they receive their bonus and give their notice. At the same time, other providers find that they have been able to retain a core group of loyal workers who prefer working in an adult day setting to other LTSS settings.



“The health care system is ready to collapse at any moment. ... We can’t find staff, the home health agencies can’t find staff, the nursing homes can’t find staff”

MAINE ADULT DAY PROVIDER

One adult day provider reported that prior to the pandemic, they had plans to convert their social model program to a health model. Doing so requires access to a nurse to perform and oversee the health-related tasks required of a health model. However, because of the shortage of nurses and the cost of nursing services, they were unable to successfully recruit and hire a nurse. A subsequent effort to contract with a home health agency for this service was upended by the pandemic.

# Discussion

The findings from this study suggest that Maine’s adult day providers face a number of challenges when it comes to maintaining their operations and many older adults and their caregivers face significant barriers to accessing adult day services. Most notably:

- ▶ Maine’s adult day providers are unable to cover their operational costs based only on participant fees and reimbursement from third-party payers.
- ▶ Many people who could benefit from adult day services cannot afford them but are not eligible for public programs that could cover their cost.
- ▶ People living in inner and northern Maine have limited access to adult day services and even less access for those needing a health model of adult day. In many areas of Maine, a lack of transportation to and from an adult day program also limits access.
- ▶ Particularly in the wake of the COVID-19 pandemic, adult day providers have found it difficult to meet the need for hours of operation that can accommodate a caregiver’s eight-hour workday, or the need for relief on a weekend.
- ▶ Coordinating adult day services with medical care and other services is inconsistent, creating missed opportunities for improving participant health outcomes.
- ▶ Public awareness of and public attitudes about adult day services negatively impact demand for services. While physician approval and support might help to increase awareness or counter these attitudes, referrals from physicians are rare in some parts of the state.

## Policy Recommendations

- ➔ Improve the sustainability of adult day services by exploring payment models that reflect service costs and better support program capacity.
- ➔ Expand access to adult day services through strategies that expand eligibility and modify service caps to allow more individuals to access these services and allow those with more moderate needs to access more hours of service.
- ➔ Promote better integration of adult day services into the continuum of care to promote improved health and well-being outcomes for participants and explore opportunities for expanding the role of adult day services on the continuum of care.
- ➔ Invest in greater data collection and research regarding the impact of adult day services on participant well-being, caregiver well-being, and health care utilization.
- ➔ Explore opportunities for redesigning and reframing the role of adult day services in the community, to minimize negative perceptions associated with attending.

While COVID-19 has exacerbated these challenges, they are not new nor necessarily unique to Maine. For example, a 2006 study of providers from five different states, found that none of the providers were able to cover their costs based only on fees and reimbursement, relying instead on in-kind contributions, volunteers, and subsidies from parent or charitable organizations (O’Keeffe and Siebenaler, 2006). Transportation barriers, misconceptions about the nature of adult day services, and lack of public awareness are commonly cited barriers. National surveys of LTSS indicate that adult day services remain underutilized and underfunded relative to other forms of LTSS (Sadarangani et al., 2021).

In part, underinvestment in adult day services reflects a historical bias in favor of higher cost, more intensive, late-stage interventions (such as hospital or nursing facility care) rather than lower cost services designed to reduce the need for more intensive care. Better financed and more highly regulated institutional providers are also better able to collect and use data to demonstrate their value, while the adult day industry has limited access to data, performance measures, and research demonstrating its efficacy and value. In addition, the critical role caregivers play is often overlooked in LTSS policies that do not recognize the need for services that can promote the emotional, physical, and financial well-being caregivers need to sustain that role.

Although adult day services have played a relatively small role in the LTSS care continuum in Maine, the findings from this study suggest that Maine has adult day providers with the capacity to provide health, social, psychological, and behavioral benefits to participants and caregivers. Maine’s adult day providers offer a range of therapeutic program activities, including intergenerational programming, music and art therapy, and health promotion activities. For some people, adult day providers may be the only non-facility setting able to provide supervision. In addition, several Maine adult day programs offer caregiver-focused activities, such as support groups and individual counseling.

Because adult day programs provide congregate services, they can deliver beneficial services to multiple adult day participants at the same time, including personal care, health monitoring and other services. These efficiencies are particularly important as Maine faces an increasingly dire shortage of workers. Adult day providers reported that they sometimes serve older adults waiting for a nursing facility placement or in-home services delayed because of a worker shortage.

Adult day services also provide an efficient mechanism for health monitoring and could play a larger role in improving health outcomes, with better integration and coordination across providers. For example, the California Association of Adult Day Services used the adult day infrastructure to serve as a community-based health home to improve outcomes for medically complex vulnerable adults. An evaluation of this model found that 12 months participation in the health home, which included assessment and care coordination by a registered nurse navigator, was associated with significant reductions in loneliness, depression, nutritional risk, and emergency department utilization (Sadarangani, et al., 2019).

Because adult day programming can positively impact both participant and caregiver outcomes, while optimizing the efficient use of direct care workers, it would appear to have much to offer in a state with a growing demand for LTSS and a shrinking supply of direct care workers. However, based on 2016 data, the use of adult day services in Maine is relatively low. At a national level, four of every 1000 adults age 65 and older participated in adult day services, while only one of every 1000 participated in Maine (Rome & Lendon, 2018). In New England, Maine and New Hampshire were the only states where the use of adult day services for this group was significantly lower than the national rate (Table 7, page 37). In 2020, Maine ranked 40<sup>th</sup> in its use of adult day services for people age 65 and older (AARP, The Commonwealth Fund, The SCAN Foundation, 2020).

While some differences in Maine’s use of adult day services may be attributed to factors such as geography or demography, a closer look at state-level policy differences is merited. For example, a 2014 regulatory review of adult day services identified variation in staffing ratios, training requirements, and mandatory and optional services (O’Keefe et al., 2014) that may contribute to differences in use across states. Similarly, differences in state-level reimbursement policy are likely to play a role in shaping the sustainability of (and access to) adult day services. A 2015 review of state-level Medicaid reimbursement policy identified states that reimbursed based on 15-minute increments (as Maine does), using hourly rates, on a half or full time per diem basis, or for longer periods of time (Leading Age, 2015). Some states also set rate tiers based on the acuity of the participant’s needs or the geographical location of the adult day center (Leading Age, 2015).

Differences in Medicaid policy are also likely to explain some of the differences in adult day use rates. As with other types of LTSS, paying privately for services is out of reach for many people and public financing plays a critical role in ensuring affordability and access to needed services. Based on a 2014 survey, nationally more than half of adult day revenue came from Medicaid, while Medicaid accounted for only one-quarter of adult day revenue in Maine. Almost three quarters of adult day revenue in both Vermont and Massachusetts came from Medicaid.

While it is important to note that Maine also provides adult day services through state-funded (non-Medicaid) programs, its Medicaid policy differs from most other states. For example, Maine is one of only a few states that primarily offer adult day services as part of its Medicaid State plan rather than as a home and community-based waiver service under Section 1915(c) of the Social Security Act (O’Keefe et al., 2014).<sup>24</sup> The majority of

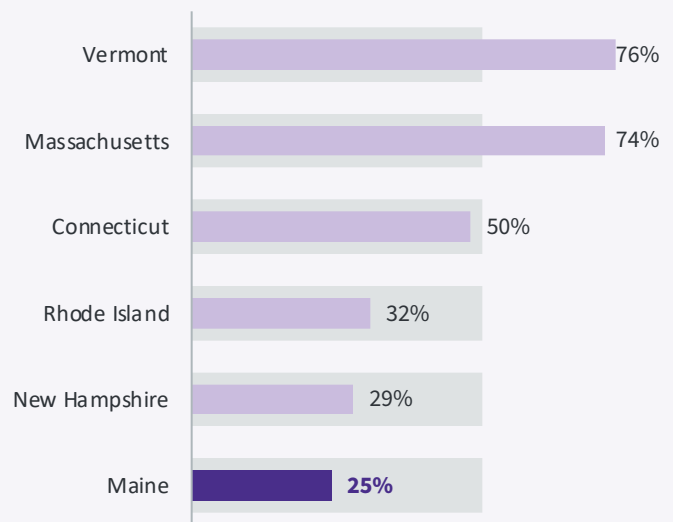
24 Although some states have changed the Medicaid authorities they use for providing adult day services since this 2014 survey, a scan of [Medicaid waivers](#) and [state plan amendments](#) confirms that the number of changes have been relatively few and do not suggest a major shift in state policy choices.

**TABLE 7**  
Adult Day service use rates in Maine, compared to New England and the national rate

STATE	Users of adult day services per 1,000 persons 65+, 2016
Massachusetts	10
Rhode Island	6
Vermont	6
Connecticut	4
Nationwide	4
New Hampshire	2
Maine	1

Source: Rome & Lendon (2018), National Study of Long-Term Care Providers, 2016

While **Medicaid accounted for only 25% of adult day revenue in Maine, nationally 52% of adult day revenue** came from Medicaid



Source: National Center for Health Statistics (2015), National Study of Long-Term Care Providers, 2014

states rely on Section 1915(c) Medicaid-funded home and community-based services (HCBS) waivers to cover adult day services (O’Keeffe et al., 2014), both as part of a larger bundle of services or as a standalone service.<sup>31</sup>

Maine Medicaid policy may be limiting access to adult day services to those who are either very poor or who meet nursing home level of care. As presented in [Table 3 \(page 17\)](#), income and asset eligibility for the Medicaid State plan benefit is stringent. While individuals who are on a 1915(c) waiver can access Medicaid state plan adult day services by virtue of their 1915(c) waiver eligibility, the waiver offers a relatively narrow path for accessing adult day services.<sup>25</sup> Although financial eligibility criteria for the waiver are not as restrictive as the financial eligibility for Medicaid state plan services, the functional eligibility criteria are tied to Maine’s standard for a nursing facility level of care. As a mechanism for minimizing the unnecessary use of nursing facility services, Maine has set a relatively high bar for determining when someone requires a nursing facility level of care. As a result, access to Medicaid state plan adult day services through a Section 1915(c) waiver is limited to those meeting this high level of care.

In addition to Section 1915(c) authority, some states have chosen to cover adult day services under Section 1915(i) of the Social Security Act, a relatively new option for providing home and community-based services. While 1915(i) has some limitations,<sup>26</sup> it offers some advantages over Section 1915(c). States are not required to demonstrate that home and community-based services are cost-neutral relative to what the cost would be for nursing facility services. In addition, under Section 1915(i), states are not required to limit eligibility to people who would otherwise be eligible for a nursing facility level of care. Section 1915(i) can be used to offer a bundle of services as well as standalone services.

Rate methodology and LTSS system design represent a few of the state-level policy factors that might influence rates of adult day services use and which tie to sustainability, increased access, and opportunities for quality improvement. A deeper inquiry into different ways states approach adult day services could inform future efforts to strengthen adult day services in Maine, including approaches to better integrate care and strengthen the role and visibility of adult day services as part of the LTSS continuum of care.

25 While Section 26 services do not count towards a person’s waiver cap/limit, it also results in adult day services not being provided as part of the coordinated menu of waiver services.

26 Compared to Section 1915(c), a state has less control over utilization (and associated expenditures) under Section 1915(i). While a Section 1915(c) waiver allows a state to cap the number of beneficiaries accessing Section 1915(c) services, Section 1915(i) does not. However, states can limit access by tightening the eligibility criteria for Section 1915(i) services.

## Policy Recommendations

Based on the findings from this study, this section discusses potential options for improving the delivery of adult day programs, increasing access for adults and their caregivers, promoting better integration of adult day programs with other LTSS and health providers on the continuum of care, and developing strategies for reshaping public awareness and perceptions of adult day services.<sup>27</sup> Strengthening the role of adult day services depends on state-level policy leadership that recognizes the current and potential value of these services and focuses on their financial viability, quality, and efficacy, as well as opportunities for expanding their role within the continuum of care. In addition, state policy and supports should recognize the unique needs of adult day programs and their distinct role relative to other LTSS providers.

### ➔ Improve the Sustainability of Adult Day Services

Currently Maine has relatively few providers of adult day; even fewer participate in the publicly funded programs. To support increased access, Maine needs to ensure that its model of delivery is sustainable and adequate to support quality services and programming. In recognition of this need, the Legislature in 2018 directed a rate study for adult day services.<sup>28</sup> Conducting this rate study will provide transparency around costs and could inform state policy decisions about the possibility of:

- ▶ Creating tiered rates that reflect the different models and/or are based on acuity and intensity of services; this might include developing a third model of care for those programs choosing to provide services for people who are eligible for a nursing facility level of care
- ▶ Developing a payment methodology that better supports program capacity
- ▶ Considering strategies that support future development of incentive-based payments to improve programming and service delivery

To encourage greater participation of adult day providers in Maine's publicly funded programs, administrative requirements across programs should be evaluated for consistency and opportunities to streamline and reduce the administrative complexity of program participation, resulting from different contracting and reimbursement requirements for each program.

27 These recommendations are primarily focused on policy levers at the state and provider level, although there is potential at the federal level to improve access to services reimbursed through the Veteran's Administration as well as through Medicare.

28 Public Law Chapter 460, Part B, Section B-2(3).



## ➔ Expand Access to Adult Day Services

The cost of adult day services, like other LTSS, can be out of reach for many people who must pay privately. The State may also want to explore the feasibility of providing adult day services under funding authorities that might offer more expansive financial eligibility, particularly Medicaid which provides federal matching dollars.

Other strategies to explore that could also benefit caregivers include:

- ▶ Modifying eligibility and service caps for publicly funded programs to allow individuals with more moderate needs to access more hours of services
- ▶ Addressing transportation needs for beneficiaries to optimize the benefit of adult day services for caregivers
- ▶ Supporting adult day provider capacity to offer hours compatible with the working day for caregivers and additional respite hours on evenings and weekends
- ▶ Increasing caregiver awareness of adult day services, including educational materials and programming

## ➔ Promote Better Integration of Adult Day Programs in the Continuum of Care

Better integration requires an investment in developing relationships and partnerships among health and LTSS providers to increase referrals and coordinate care. Integration also requires an investment in provider capacity, both in terms of staff time and training. Policymakers might consider evaluating strategies to better leverage and expand the health monitoring and assessment activities provided as part of adult day and explore how adult day could support individuals during transitions across care settings. Ideally, this should include investment in better data collection and reporting focused on measuring the impact adult day services have on health outcomes and health care utilization.

Unlike other types of providers, adult day service providers do not have a statewide adult day association advocating on their behalf or raising their visibility among state policy makers, health care and community-based providers, and the public. The role of adult day programs would be strengthened with broader recognition of the role adult day services can play in improving health outcomes for participants and caregivers and in delaying or avoiding facility-based care.

## ➔ Invest in Research and Data Collection

Invest in greater data collection, evaluation, and research regarding the impact of adult day services on participant well-being, caregiver well-being, and health care utilization to better support the value of adult day services.

## ➔ Explore Opportunities for Reframing the Role of Adult Day Programs

There are no easy strategies for overcoming the stigma that adult day services have in the eyes of many who could benefit from their services. These attitudes likely reflect internalized ageism and ableism reinforced by the negative messages about age that pervade our culture. It is unlikely that attitudes about adult day programs will change without a fundamental shift in attitudes about aging and disabilities. While addressing strategies to combat ageism is beyond the scope of this report, potential strategies for reducing the “otherness” specific to adult day participants might include:

- ▶ Increasing the visibility of adult day programs by co-locating and integrating community programming and community activities with adult day programs
- ▶ Increasing the diversity of adult day participants in terms of age and range of disability
- ▶ Exploring how language used to describe adult day services could be reframed to reduce stigma

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# Conclusion

Despite the growing evidence of the beneficial impact of adult day services, adult day tends to be underutilized. Even though increasing access to adult day services is consistent with increased investment in home and community based services, these services are not fully integrated into the larger LTSS continuum of care. While barriers and challenges in Maine reflect national findings overall, Maine ranks lower than most other states in its use of adult day. Although this study primarily focused on administrative and operational characteristics of service delivery, additional data from participants and caregivers is critical to assess adult day services and the extent to which these services meet their needs. To better understand the low use rates of adult day services, it will also be important to seek feedback from diverse groups of individuals and caregivers who have chosen not to use those services.

# Endnotes

- AARP, The Commonwealth Fund, & The SCAN Foundation. (2020). *Maine: Long-term services and supports state scorecard*. AARP. Retrieved July 13, 2022, from <https://www.longtermscorecard.org/databystate/state?state=ME>
- Alzheimer's Association. (2022a). *Maine Alzheimer's statistics*. Alzheimer's Association. Retrieved July 13, 2022, from <https://www.alz.org/media/Documents/maine-alzheimers-facts-figures-2022.pdf>
- Alzheimer's Association. (2022b). *2022 Alzheimer's disease facts and figures*. Alzheimer's Association. Retrieved July 13, 2022, from <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>
- Centers for Disease Control and Prevention. (2019, October 30). *Caregiving for a person with Alzheimer's disease or a related dementia*. Centers for Disease Control and Prevention. Retrieved July 13, 2022, from <https://www.cdc.gov/aging/caregiving/alzheimer.htm>
- Edris, N., Gattine, E., Ciolfi, M. L., Leighton, A., Dumont, R., Olsen, L., Pratt, J., & Snow, K. (2020). *Maine state plan on aging: Needs assessment*. University of Southern Maine, Muskie School of Public Service. [https://www.maine.gov/dhhs/sites/maine.gov/dhhs/files/inline-files/2020-2024\\_Maine\\_State\\_Plan\\_on\\_Aging\\_Needs\\_Assessment\\_Report.pdf](https://www.maine.gov/dhhs/sites/maine.gov/dhhs/files/inline-files/2020-2024_Maine_State_Plan_on_Aging_Needs_Assessment_Report.pdf)
- Ellen, M., Demaio, P., Lange, A., & Wilson, M.G. (2017). Adult day center programs and their associated outcomes on clients, caregivers, and the health system: A scoping review. *The Gerontologist*, 57(6), e85–e94. <https://doi.org/10.1093/geront/gnw165>
- Fields, N.L., Anderson, K.A., & Dabelko-Schoeny, H. (2012). The effectiveness of adult day services for older adults: A review of the literature from 2000 to 2011. *Journal of Applied Gerontology*, 33(2), 130-163. <https://doi.org/10.1177/0733464812443308>
- Johnson, R. & Wiener, J.M. (2006, March 1). *A profile of frail older Americans and their caregivers*. Urban Institute. <https://www.urban.org/research/publication/profile-frail-older-americans-and-their-caregivers>
- Kelly, R., Puurveen, G., & Gill, R. (2016). The effect of adult day services on delay to institutional placement. *Journal of Applied Gerontology*, 35(8), 814–835. <https://doi.org/10.1177/0733464814521319>
- Kelly, R. (2017). The effect of adult day program attendance on emergency room registrations, hospital admissions, and days in hospital: A propensity-matching study. *The Gerontologist* 57(3), 552–562. <https://doi.org/10.1093/geront/gnv145>
- Leading Age. (2015, August 6). *Adult day services/adult day health: Reimbursement and scope of services provided under Medicaid and Medicaid waivers*. Leading Age. Retrieved July 17, 2022, from <https://www.leadingage.org/sites/default/files/Adult%20Day%20Services-Adult%20Day%20Health%20Medicaid%20Reimbursement%202015%20Report.pdf>
- Lendon, J.P., Rome, V., Sengupta, M., & Harris-Kojetin, L. (2018). *Long-term care services use-rates in the United States—US maps supplement, 2015-2016*. National Center for Health Statistics, Centers for Disease Control and Prevention. [https://www.cdc.gov/nchs/nsltcp/nsltcp\\_webtables.htm](https://www.cdc.gov/nchs/nsltcp/nsltcp_webtables.htm)
- Lepore, M., Shuman, S., Wiener, J., & Gould, E. (2017, February 28). *Challenges in involving people with dementia as study participants in research on care and services*. ASPE, U.S. Department of Health and Human Services. Retrieved July 13, 2022, from <https://aspe.hhs.gov/reports/challenges-involving-people-dementia-study-participants-research-care-services-0>

National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: opportunities for the health care system*. The National Academies Press. <https://doi.org/10.17226/25663>

National Center for Health Statistics, Long-Term Care Statistics Branch. (2015). *2014 National Study of Long-Term Care Providers web tables of state estimates about adult day services centers (Supplement to NCHS data brief no. 224)*. NCHS. Retrieved from: [https://www.cdc.gov/nchs/data/nsltcp/State\\_estimates\\_for\\_NCHS\\_Data\\_Brief\\_224.pdf](https://www.cdc.gov/nchs/data/nsltcp/State_estimates_for_NCHS_Data_Brief_224.pdf)

Ochieng, N., Chidambaram, P., & Musumeci, M. B. (2022, April 4). *Nursing facility staffing shortages during the COVID-19 pandemic*. KFF. Retrieved July 20, 2022, from <https://www.kff.org/coronavirus-covid-19/issue-brief/nursing-facility-staffing-shortages-during-the-covid-19-pandemic/>

O’Keeffe, J., & Seibenaler, K. (2006, July). *Adult day services: A key community service for older adults*. ASPE, U.S. Department of Health and Human Services. Retrieved July 20, 2022, from <https://aspe.hhs.gov/sites/default/files/private/pdf/74721/keyADS.pdf>

Reinhardt, S.C., Feinberg, L.F., Houser, A., Choula, R. & Evans, M. (2019, November 14). *Valuing the invaluable: 2019 update*. AARP Public Policy Institute. Retrieved May 13, 2022, from <https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html>

Rome, V. (2016, September 21-23). *Resources from the National Study of Long-Term Care Providers – information for adult day services providers for internal planning and advocacy* [Conference presentation]. National Adult Day Services Association Conference, 2016. [https://www.cdc.gov/nchs/data/nsltcp/NADSA16\\_NCHS.pdf](https://www.cdc.gov/nchs/data/nsltcp/NADSA16_NCHS.pdf)

Rome, V. & Lendon, J. (2018). *National Study of Long-Term Care Providers: An essential resource for effective advocacy of adult day services* [Conference presentation]. National Adult Day Services Association Conference, 2018. [https://www.cdc.gov/nchs/data/nsltcp/NADSA2018\\_NCHS.pdf](https://www.cdc.gov/nchs/data/nsltcp/NADSA2018_NCHS.pdf)

Sadarangani, T., Anderson K., Vora P., Missaelides, L. & Zagorski, W. (2022). A national survey of data currently being collected by adult day service centers across the United States. *Journal of Applied Gerontology*, 41(3), 727-735. <https://doi.org/10.1177/07334648211013974>

Sadarangani, T., Missaelides, L., & Jaganathan, H. (2019). A mixed-methods evaluation of a nurse-led community-based health home for ethnically diverse older adults with multimorbidity in the adult day health setting. *Policy, Politics, & Nursing Practice*, 20(3), 131-144. <https://doi.org/10.1177/1527154419864301>

Snow, K.I., Jimenez, F., Gressani, T., Olsen, L. (2018). *Adults using long term services and supports: Population and service use trends in Maine, SFY 2016*. University of Southern Maine, Muskie School of Public Service.

U.S. Census Bureau QuickFacts. (2021). *2020 5-Year ACS Survey*. U.S. Census Bureau. Retrieved July 13, 2022, from <https://www.census.gov/quickfacts/fact/table/washingtoncountymaine,oxfordcountymaine,somersetcountymaine,arostookcountymaine,ME/INC110220>

Zarit, S. H., Kim, K., Femia, E. E., Almeida, D. M., & Klein, L. C. (2013). The effects of adult day services on family caregivers’ daily stress, affect, and health: Outcomes from the Daily Stress and Health (DASH) study. *The Gerontologist*, 54(4), 570–579. <https://doi.org/10.1093/geront/gnt045>



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