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Service Category Definition - Ryan White Part B Grant
April 1, 2011 - March 31, 2012

Local Service Category:	Home Community Based Health Services (Facility-Based)
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions:	Maximum of 10% of budget for Administrative Cost
Local Service Category Definition:	<i>Home and Community-based Health Services (facility-based)</i> is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Eligible recipients for home and community based health services are HIV/AIDS infected persons residing within the Houston HIV Service Delivery Area (HSDA) who are at least 18 years of age.
Services to be Provided:	<u>Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living.</u> Services must include: Skilled Nursing: Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. Other Therapeutic Services: Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. Nutrition: Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. Education: Services to include instructional workshops of HIV related topics and life skills. Services will be provided at least Monday through Friday for a minimum of 10 hours/day.
Service Unit Definition(s):	A unit of service is defined as one (1) visit/day of care for one (1) client for a minimum of four hours. Services consist of medical health care and social services at a licensed adult day.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	HIV positive individuals at least 18 years of age residing within the Houston HSDA.
Agency Requirements:	Must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider.
Staff Requirements:	Skilled Nursing Services must be provided by a Licensed Vocational or Registered Nurse. Other Therapeutic Services are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, and LMFTA). Nutritional Services are provided by a Registered Dietician and food managers. Education Services are provided by a health educator.
Special Requirements:	Must comply with the Part B Standards of care.

Service Category Definition - Ryan White Part B Grant
 April 1, 2010 - March 31, 2011

FY 2012 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06-09-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06-02-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05-19-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #3		Date: 04-27-11
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

RYAN WHITE PART B
1112 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
COMMUNITY-BASED HEALTH SERVICES

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Services</u></p> <p>Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living. Services must include: Skilled Nursing including medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physician(s), personal care, and diagnostics testing; Other Therapeutic Services including recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation; Nutrition including evaluation and counseling, supplemental nutrition, and daily nutritious meals; and Education including instructional workshops of HIV related topics and life skills. Services will be available at least Monday through Friday for a minimum of 10 hours/day.</p>	<ul style="list-style-type: none"> • Program's Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in client files.
9.2	<p><u>Licensure</u></p> <p>Agency must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider. Agency maintains other certification for facilities and personnel, if applicable. Services are provided in accordance with Texas State regulations.</p>	<ul style="list-style-type: none"> • Documentation of license and/or certification is available at the site where services are provided to clients.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.3	<p><u>Services Requiring Licensed Personnel</u></p> <p>All services requiring licensed personnel shall be provided by Registered Nurses/Licensed Vocational Nurses or appropriate licensed personnel in accordance with State of Texas regulations. Other Therapeutic Services are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, LMFTA). Nutritional Services are provided by a Registered Dietician and food managers. Education Services are provided by a health educator.</p>	<ul style="list-style-type: none"> • Documentation of qualification in personnel file
9.4	<p><u>Staff Qualifications</u></p> <p>All personnel providing care shall have (or receive training) in the following minimum qualifications:</p> <ul style="list-style-type: none"> • Ability to work with diverse populations in a non-judgmental way • Working knowledge of: <ul style="list-style-type: none"> ➤ HIV and its diverse manifestations ➤ HIV transmission and effective methods of reducing transmission ➤ current treatment modalities for HIV and co-morbidities ➤ HIV/AIDS continuum of care ➤ diverse learning and teaching styles ➤ the impacts of mental illness and substance use on behaviors and adherence to treatment ➤ crisis intervention skills ➤ the use of individualized plans of care in the provision of services and achievement of goals • Effective crisis management skills • Effective assessment skills 	<ul style="list-style-type: none"> • Personnel Qualification on file • Documentation of orientation of file
9.5	<p><u>Comprehensive Client Assessment</u></p> <p>A comprehensive client assessment, including nursing, therapeutic, and educational is completed for each client within seven (7) days of intake and every six (6) months thereafter. A measure of client acuity will be incorporated into the assessment tool to track client's increased functioning.</p>	<ul style="list-style-type: none"> • Review of client files indicates compliance. • Acuity levels documented as part of assessment.
9.6	<p><u>Nutritional Evaluation</u></p> <p>Each client shall receive a nutritional evaluation within 15 days of initiation of care.</p>	<ul style="list-style-type: none"> • Documentation is on file.

#	STANDARD	MEASURE
9.7	<u>Meal Plan</u> Staff will maintain signed and approved meal plans.	<ul style="list-style-type: none"> • Written documentation of plans is on file and posted in serving area.
9.8	<u>Plan of Care</u> A written plan of care is completed for each client within seven (7) days of intake and updated every six (6) months thereafter. Development of plan of care incorporates a multidisciplinary team approach.	<ul style="list-style-type: none"> • Review of client files indicates compliance
9.9	<u>Completion of Services</u> Services will end when one or more of the following takes place: <ul style="list-style-type: none"> • Client acuity indicates self-sufficiency and care plan goals completed; • Client expresses desire to discontinue services; • Client is not seen for ninety (90) days or more; and • Client has been referred on to a higher level of care (such as assisted living or skilled nursing facility) 	<ul style="list-style-type: none"> • Documentation in client chart of specific criteria indicating appropriateness of discharge

Adult day programs vary greatly from state to state. However, all adult day programs have one characteristic in common: they provide a wealth of services at a reasonable cost to individuals who would otherwise have to use facility-based care. Adult day services can provide three different models of care. A social model provides services for individuals, including those with dementia, who have no other chronic conditions. A medical model helps individuals manage their chronic conditions. A third model features both social and medical services. Some adult day providers may offer disease-specific programs for individuals with brain injury, HIV, dementia, mental illness, mental retardation or developmental disabilities.

Adult day providers offer a number of skilled services, including physical therapy, occupational therapy, speech therapy, nursing and nutrition counseling. However, the availability of these services can vary from state to state. Almost all adult day programs accept individuals who use wheelchairs and those who are incontinent. Most programs provide assistance with toileting, test participants' blood sugar, administer medications and offer case management services. About half of adult day programs provide bowel and bladder training, oxygen treatments, wound care, injections, and catheter and colostomy care. Some programs also offer tube feeding, tracheotomy care and overnight care.

Today, more than 3,500 adult day services programs serve more than 150,000 Americans each year. While this number is impressive, it is not sufficient; almost 5,500 new programs are needed to meet current demand. Thirty-nine percent of adult day programs are open 10 or more hours on weekdays, while others also hold weekend hours to meet the needs of working caregivers.

The main sources of reimbursement for adult day services are the Medicaid 1915(c) Waiver, OAA Title III and Title IV funds, Social Services Block Grants, the U. S. Department of Veterans Affairs and private payers. Expansion of Medicaid coverage and regulation since 2002 has also increased the amount of skilled and specialized services offered by adult day programs. The daily reimbursement rate for adult day, including the cost of transportation, can range from \$32 per day in Texas to \$141 per day in Vermont.

Contact: Debra Caruso DJC Communications (212) 907-0051 debra@djccommunications.com	Shalana Morris MetLife (212) 578-1115 snmorris@metlife.com	Joseph Madden MetLife (212) 578-3021 jmadden@metlife.com
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**ADULT DAY SERVICES CENTERS INCREASING NATIONWIDE, ACCORDING TO
NEW METLIFE MATURE MARKET INSTITUTE STUDY**
35% Increase in Number of Centers; Participant Number Doubles

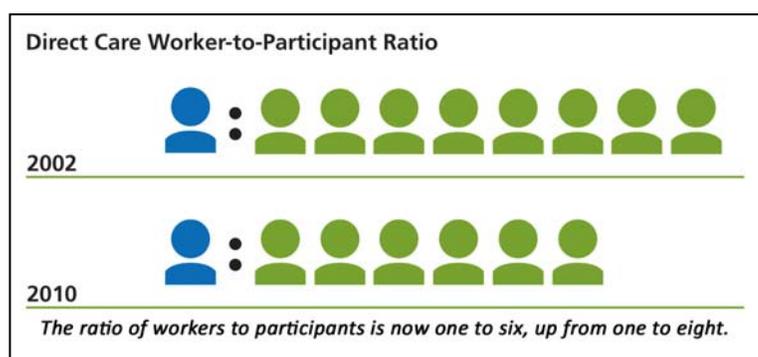
Westport, CT – October 12, 2010 –There has been significant growth in the number of Adult Day Services centers in the U.S. over the past eight years, according to a new study by the MetLife Mature Market Institute. As reported in [*“The MetLife National Study of Adult Day Services: Providing Support to Individuals and Their Family Caregivers,”*](#) there are more than 4,600 Adult Day Services (ADS) centers nationwide, a 35% increase since 2002.

The study, produced in collaboration with the National Adult Day Services Association (NADSA) and The Ohio State University College of Social Work, reports that these centers serve about 260,000 people, an increase of more than 100,000 since 2002. Twenty-nine percent of the centers have waiting lists. More than half of the participants (58%) are women; 30% are under age 65.

The study, accompanied by a consumer guide, [*“The Essentials: Adult Day Services,”*](#) also found that centers have significantly upgraded the level of services they provide; 80% now have a professional nursing staff and 50% have a social work professional. Half provide physical, occupational or speech therapy.

Approximately 90% of centers offer cognitive stimulation programs, while 80% have memory training. Most centers provide programs for caregivers, including education, support groups and individual counseling. The ratio of direct care worker-to-participant is now 1:6.

“We’re seeing that more and more Adult Day Services centers have become a staple in communities in recent years,” said Dr. Sandra Timmermann, director of the MetLife Mature Market Institute. “Older Americans, people with disabilities and family caregivers rely on them for the services they provide. ADS



centers make it possible for people to continue to live in their homes and receive affordable care in a supportive, professionally staffed, community-based setting. They also benefit family caregivers by enabling them to remain in the workforce or receive needed respite and support services. The passage of the Patient Protection and Affordable Care Act (the health care reform bill), and an increasing focus on managing chronic illness within the Medicare program, speaks to the importance of developing care models such as Adult Day Services to meet the needs of a growing population of older Americans.”

According to Dr. Holly Dabelko-Schoeny of The Ohio State University College of Social Work, in addition to providing needed long-term care services, Adult Day Services centers serve as an emerging provider of transitional care from the hospital to home, providing short-term rehabilitation following discharge from the hospital. “Centers are also offering disease-specific programs to address chronic conditions and meet the needs of participants who have higher levels of chronic conditions and increasing physical disability,” said Dr. Dabelko-Schoeny.

The study provides a snapshot of the typical Adult Day Services center in the U.S.:

- Most operate Mondays through Fridays from 6:30 a.m. to 6:00 p.m. in a 1,000–5,000 square foot facility. Centers are usually administered by a professional in the business/health care administration, nursing or social work field. Professional services are provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) and recreational and therapy professionals. The typical direct care worker-to-program participant ratio is 1:6.
- Fees average \$61.71 per day and typically come from a public source, including Medicaid waiver, the Veterans Administration, state/local social services or directly from a private-pay participant. Since the average daily cost of care is \$68.89 per person, centers supplement revenue with grants and donations.
- Though participants are diverse in age, ethnicity and ability, the average participant is a 65-plus-year-old, white female with dementia, hypertension or a physical disability requiring assistance with at least one activity of daily living (ADL) and medication management. She lives with an adult child or spouse, or lives alone, but primarily receives care from an adult child.
- The average length of enrollment in a program is 24 months.
- The majority of the ADS centers (86%) reported they were state-certified or licensed, a 10% increase from 2002.
- The study reports an increase in the number of for-profit ADS centers. Currently, 27% are for profit today, compared with 22% in 2002.

Methodology

[*“The MetLife National Study of Adult Day Services,”*](#) a collaborative partnership of the MetLife Mature Market Institute in conjunction with the National Adult Day Services Association (NADSA) and The Ohio State University College of Social Work, was conducted in 2010. Data was collected and analyzed from a representative sample of 557 Adult Day Services centers, focusing on the characteristics of adult day services, a profile of participants and the range of services offered. When possible the 2010 findings were compared with the findings from the first national study of adult day services conducted in 2002 by the Partners in

Caregiving program and the Wake Forest University School of Medicine.

[“The MetLife National Study of Adult Day Services”](#) and the accompanying consumer guide, *[“The Essentials: Adult Day Services,”](#)* can be downloaded from www.MatureMarketInstitute.com. It can also be ordered by e-mailing MatureMarketInstitute@metlife.com or by writing to: MetLife Mature Market Institute, 57 Greens Farms Road, Westport, CT 06880.

National Adult Day Services Association

The National Adult Day Services Association (NADSA) is a membership organization developed for the purpose of advancing the success of its members through advocacy, education, technical assistance, research, and communication services. It serves as the leading voice for the diverse Adult Day Services community. www.nadsa.org

The Ohio State University College of Social Work

The Ohio State University is one of the largest and most comprehensive institutions of higher education and consistently ranks in the top 20 public universities in the U.S. First accredited in 1919, The Ohio State University College of Social Work is the oldest continuously accredited public social work program in the country. Dr. Holly Dabelko-Schoeny and Dr. Keith A. Anderson served as co-principal investigators for the study. Dr. Dabelko-Schoeny’s practice and research interests focus on improving the delivery of community-based services for older adults and their caregivers through collaboration with community agencies. Dr. Anderson’s practice and research centers on well-being and quality of life for older adults and their caregivers across the long-term care spectrum. csw.osu.edu

The MetLife Mature Market Institute®

Established in 1997, the Mature Market Institute (MMI) is MetLife’s research organization and a recognized thought leader on the multi-dimensional and multi-generational issues of aging and longevity. MMI’s groundbreaking research, gerontology expertise, national partnerships, and educational materials work to expand the knowledge and choices for those in, approaching, or caring for those in the mature market.

MMI supports MetLife’s long-standing commitment to identifying emerging issues and innovative solutions for the challenges of life. MetLife, Inc. (NYSE: MET), through its subsidiaries and affiliates, is a leading provider of insurance, employee benefits and financial services with operations throughout the United States and the Latin American, Europe and Asia Pacific regions.

For more information about the MMI, please visit: www.MatureMarketInstitute.com.

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The New York Times

The New Old Age

Caring and Coping

MAY 14, 2010, 11:27 AM

New Funding Proposed for Adult Day Centers

By *PAULA SPAN*

Allison Joyce for The New York Times Seniors at an adult day center in the Bronx in 2008.

I wrote recently about the way [adult day centers can provide health monitoring, social contact, meals and activities](#) for older people who don't thrive alone at home, while allowing participants to return to familiar surroundings at the end of the day.

Families whose relatives use these centers often become staunch fans. "The program is key to her social life and well-being, and key to helping me keep my job," commented Eleanor, a reader from Silver Spring, Md., whose mother attends an adult day center. "Don't let them wither away!" agreed John from Brooklyn.

I wouldn't say the centers — close to 4,000 operate around the country — are withering away, but they're definitely short of cash as states hack away at Medicaid budgets and other financing even as private donations shrink. Some centers have had to cut hours or days or enrollment; a few have closed altogether.

So federal legislation that would permit Medicare funds now designated for home visits or rehab centers also to be used for adult day programs seems a sensible move. Yet it's been stalled in Congress, despite having attracted 80 co-sponsors from 30 states in the House of Representatives, for nearly a year.

Here's how the Medicare Adult Day Services Act would work:

After a Medicare participant has spent three days in a hospital, she's eligible to receive "post-acute care," meaning that Medicare will reimburse either for a stay in a rehab facility or nursing home, or for home care visits. This care doesn't last long — no more than 100 days a year — but it's crucial for someone who's well enough to leave a hospital but not recovered enough to resume her prehospital routine.

"We want to provide a third option," said Morgan Gable, a policy analyst at the [American Association of Homes and Services for the Aging](#), which has been spearheading the effort to pass this bill. It would reimburse a properly certified adult day health center to care for these post-acute folks, including transporting them from their homes to the center and providing physical and occupational therapy and access to social workers. Not everyone just out of a hospital would opt for this approach, but many might.

Who would benefit?

- Seniors who would otherwise be isolated at home, even if a home health aide stopped by once a day for an hour or so, or who would have to spend time in nursing homes.

- Family members who'd worry about either of those possibilities but are also trying to hang on to their jobs.
- The federal budget, because the bill sets reimbursement at 98 percent of the Medicare home health rate. "That's a 2 percent savings right off the top," said Ms. Gable — and of course participants get more hours of care than home health aides provide and avoid the expense of nursing homes.
- Struggling adult day programs, which would acquire a new revenue stream. Possibly, Medicare reimbursement would even help new centers ones open.

Virtually every advocacy group for caregivers, including the [National Adult Day Services Association](#), supports this plan, which could help reduce costly hospital readmissions. Even home health agencies and nursing homes, which might be expected to object to competitors for Medicare dollars, favor its passage, Ms. Gable said. Agencies could become subcontractors to adult day programs, and nursing homes are branching out and have begun to offer adult day programs themselves.

However, the act, introduced in the House by Representative Linda Sanchez, Democrat of California, may not come up for a vote this session. With Capitol Hill preoccupied for months by health care reform, H.R. 3043 still hasn't been "scored" by the Congressional Budget Office, which will determine whether the legislation would cost or save money or is budget-neutral. And the Senate currently is grappling with financial reform legislation and, now, a Supreme Court nomination.

But Ms. Gable has the sort of optimism that's probably necessary to get anything passed by Congress. Though variants of this bill have been around for 10 long years, "it's never had this much support," she said. "So we're still pushing."

Its backers hope that families who use adult day will nudge their Congressional representatives to move H.R. 3043 along. Nothing it proposes is particularly revolutionary, but advocates for the elderly believe it's the sort of common-sense shift that could help a lot of older people and their families through stressful times and, as a bonus, help keep adult day centers solvent and functioning.

You can learn more about the bill [from the A.A.H.S.A.](#) and [from the adult day services association](#).

Paula Span is the author of "When the Time Comes: Families With Aging Parents Share Their Struggles and Solutions."

When Culture Change Meets Home and Community-Based Services

by Morgan Gable

Several culture change models are well-established in skilled nursing, but how can they be adapted to home and community-based services?

Here is a look at how providers are putting culture change to work for their clients, with a special emphasis on building engagement and fighting isolation for clients still living in their own homes.

The culture change movement is usually associated with modifying the environment of nursing homes. Various culture change programs have emerged, including the Pioneer Network, the Eden Alternative, Green Houses and the Planetree movement. The Pioneer Network was developed in 1997 to change the way long-term care services and supports are delivered

environment that has the atmosphere of a true home.

As receiving care and services at home and in the community is becoming more popular and desirable, culture change ideas are creeping into home and community-based services (HCBS). Although we have become better at providing care at home or in a community-based setting, there is still a danger that a client may no longer feel like a valuable member of society if his or her days are filled with receiving medical care, taking medicine and arranging doctor's visits, even if it is in his or her own home.

Providers are asking, "How can we provide care and services for older adults in their own homes and communities without creating 'institutions' within the walls they call home or within the programs they attend?"

The Value of Person-Centered Care in Adult Day Settings

Adult day programs offer a great way to keep older adults in the community while solving problems of isolation. Adult day programs are also one area where the culture change concepts described above are spilling over into home and community-based services.

For Beth Meyer-Arnold, director, adult day services for Luther Manor, Milwaukee, Wis., and chair of the National Adult Day Services Association (NADSA), the decision to make a significant change came in 2002. At the center of her dissatisfaction was a "pacing wall" that was included in the original design of the adult day facility in the late 1980s, when best practices for patients with dementia included an area for pacing, which was thought to reduce the anxiety and restlessness many dementia patients exhibit.



Luther Manor

Luther Manor participants Bernard Waller (left) and Henry McCabe stay sharp with a game of chess. A better understanding of what clients really want has led to some creative new activities that promote greater participation.

throughout the country. The Planetree movement dates back to 1978 and has been mostly associated with creating a person-centered environment within an acute care setting. The Eden Alternative also focuses on the transformation of nursing homes, and Green Houses have been developed to downsize larger facilities to provide a more intimate caring

Luther Manor started working with Lyn Geboy, a student in the University of Wisconsin's School of Architecture at the time. Dr. Geboy, now an architectural and organizational change planner in Milwaukee, helped Luther Manor figure out how to transform the lackluster adult day space into an inviting and engaging area for participants to take part in activities that promoted their autonomy and fostered interaction. With Geboy's advice and the work of Lisa Collins, an interior designer for Living Design LLC, and architect Andrew Alden of Engberg Anderson Design Partnership, Luther Manor's adult day program underwent a transformation.

Although the program was attracting 50 people per day (12 to 15 per day in the dementia program), Meyer-Arnold believed participants were bored and that her staff was in a rut. At the same time the physical environment was receiving a facelift, the adult day services program decided to transition to "person-centered care," one of the main tenets of culture change.

Person-centered care can be achieved in many different ways depending on the strengths and resources of an organization. For Luther Manor, person-centered care is a change in values and philosophy achieved by introducing and utilizing new language (for instance, not talking about feeding tables or dementia areas, or labeling people only as diabetics). Luther Manor developed a whole new set of techniques, including design techniques such as only having small groups and constantly moving furniture around so participants can actually talk to one another. Geboy developed "Person-Centered Care: Ten Design Principles for Adult Day Center Staff," a list of suggestions that includes: outfitting the room with "accessories" that are meant to be picked up, looked at or used during the day; avoiding "activity circle" or "theater-style" furniture arrangements; and adapting the space to meet changing needs.

Luther Manor also began to involve participants in every activity: If you go pick up ice for ice water, take somebody with you; if you are setting the table and sorting silverware, ask for help so people have meaningful things to do. Staff created a new assessment tool called "20

Questions" that veered away from the traditional program-entry questions and included questions like, "I always dreamed I could be ..." and "Something I'd like to learn is ..."

Another activity built into the daily schedule was the creation of "participant partners." This pairing of staff and participants began right at enrollment, and each pair sat down with the 20 Questions and started to develop a meaningful relationship. The knowledge that came about from these discussions led to the creation of new activities based on participants' interests. For example, based on mutual interests, there are now a naval history group, Polish lessons, a math club and a cooking crew. The latter involves picking out recipes, going to the grocery store, preparing the items and serving the food to other participants.

Luther Manor's culture change efforts also include using research to evaluate and assess the changes. Geboy says, "Preliminary findings of the person-centered changes since 2002 indicate increased levels of engagement and interaction, the ability to maintain small group size (average size of 3.5 people per group), and a decrease in disengagement and nonsocial engagement." Another evaluation is currently underway to assess the level of staff satisfaction and staff attitude toward culture change. Geboy notes that, "Anecdotal evidence from staff indicates that they are happier with their jobs now than they were before the changes."

Luther Manor has been able to break away from nonflexible routines to promote another principle of culture change, that a lack of diverse activities—a failure to permit spontaneity and variety in daily life—can allow even a person's home or a day center to become institution-like. Staff used to stop an activity abruptly for snack time, even if a participant was still engaged in the activity or did not want to stop, in order to adhere to the regimented schedule. The organization now has piloted a café-style dining program that allows participants to pick when they would like to have a snack or eat lunch by providing a two-hour window of time. The café has been opened in the morning to give participants the freedom to participate in normal morning activities.

Both Meyer-Arnold and Geboy stress that there were three main aspects to their culture change efforts: changes to the program (policies, procedures, activities), changes to the people (staff roles, training, job descriptions) and changes to the physical environment. They agree that the most important principle of culture change is to involve all staff. Change cannot be a "top-down thing," and if all staff are involved, it is easier to make changes that empower participants.

Incorporating Low-Cost Culture Change and Tapping Participants' Strengths

Most people agree that bettering the way we provide care is a good thing, but how do we do it in tough economic times? Fairport Baptist Homes, Fairport, N.Y., has adopted four major components of culture change:

- Know each person
- Relationships are the fundamental building block of a transformed culture
- Defeat the three plagues: loneliness, helplessness and boredom
- Even a home can be an institution if the care receivers are not empowered

With shrinking budgets and programs facing cuts across the country, Fairport Baptist Homes' home and community-based services program, Senior Options for Independence (SOFI), which serves residents of Fairport and Perinton, N.Y., carries a caseload of more than 400 people and serves over 1,000 people a year. SOFI assists all of these people with a modest budget by encouraging the use of existing relationships and fostering new ones between participants. SOFI's main goal is to help older adults (60 and over) and younger adults with disabilities to remain independent as long as they can safely do so. SOFI provides in-home assessments and serves as an information and referral source.

Another main component of culture change is the idea that older adults are not only care recipients—they have potential to contribute greatly to a program or organization. According to Ellen O'Connor, NNORC (Neighborhood Naturally Occurring Retirement Community) coordinator and resource

specialist at Fairport Baptist Homes, you have to “create the opportunity for people to help one another, especially when they are receiving help. ... You have to create a balancing position.” O’Connor cites the example of an individual who was receiving temporary transportation services, then shifted roles and started picking up and delivering lunch to a person who was temporarily homebound. The new arrangement was possible because a social worker got to know the individual in the transportation program and when the need arose, that person was able to help someone else. According to Jeanne Read, care management services coordinator for SOFI, about 90 percent of their clients also assist others by providing volunteer services.

Relationship Building: Fundamental to a Transformed Culture

O’Connor and Read have witnessed many benefits of building relationships not only between staff and participants, but also between volunteers and participants. In one instance, a volunteer was able to build a lifelong relationship with a man who initially only needed transportation to the dentist. After some small talk, the volunteer discovered the man had done some woodworking for the volunteer’s church. This discovery sparked a long and mutually beneficial relationship. In another instance, an older volunteer visited a younger man who “watched too much television.” After building a rapport with the young man, she was able to introduce him to her love of painting and inspired him to engage in stimulating activities. In turn, after the staff learned about the volunteer’s artistic abilities, they were able to use her skills to make invitations for a Fairport Baptist Homes event.

O’Connor says, “We look for ways to be the catalyst—where we can get things going, and then step out and move to another location. Resources are shrinking, so we must learn to do more with less and do it better. We promote people taking care of each other and we create the opportunities for this to occur.”

Changing the “Sick” Culture

It’s said that if you treat a person like a patient, he or she becomes a patient, but

how can you change the “sick” culture in a hospice program? Too often, those receiving home and community-based care get lost amid the never-ending emphasis on their medical needs. To shift this way of thinking, Presbyterian Communities and Services’ Faith Presbyterian Hospice in Irving, Texas, has developed innovative programs that focus on an individual’s life, not on his or her stage in the dying process. President and CEO Godwin Dixon, along with a dedicated staff, focuses on helping people “finish well” and stresses that each moment matters.



Luther Manor

Luther Manor participant Vera Hansen, right, shares a moment with volunteer Laura Popp. Luther Manor has brought person-centered care to adult day programs by eliminating inflexible routines and encouraging spontaneity and variety in daily activities.

Through its Faithful Wishes and Faithful Presence programs, Faith Presbyterian Hospice focuses on a person’s abilities rather than disabilities, diagnoses and prognoses. The Faithful Wishes program is similar to the Make-A-Wish program for children. For one man who had worked 40 years as a pilot, a wish to fly one more time came true. One couple wanted to renew their wedding vows on the beach; though a trip to the beach was not possible, staff brought in sand and fake palm trees to help them achieve their wish. Participants can also videotape messages for family members, to be played as they reach certain milestones. Dixon says these milestones encompass a variety of occasions, ranging from major life events such as a marriage or bar mitzvah to lesser achievements such as obtaining a driver’s license.

Dixon explains that the Faithful Presence program “gives family members the

opportunity to come into a recording studio to record great memories of your dad, or spouse, and share great stories, tell your family member why you respect them, or to just simply say ‘I love you.’” These memories are then compiled onto a CD and given to the client. Otherwise-reluctant family members and friends can say things in a studio that they would have had trouble saying in person. Not only is this a great gift for the elder, it is also a way to share a legacy with younger family members. Dixon states, “For some it’s a wish, for some it’s closure, for some it’s a legacy.” No matter what it is, this redirecting of efforts from an emphasis on sickness to an emphasis on life aligns perfectly with culture change efforts across the continuum.

Not every component of culture change will fit every organization. However, the benefits of focusing on individuals and escaping the doldrums of ordinary routines far outweigh any difficulties. In home and community-based services, culture change efforts are aimed at helping older adults remain active and engaged members of the community, which can only reinforce the goal of helping people stay in their own homes. **W**

Morgan Gable is home and community-based services policy analyst for AAHSA.

Resources

Luther Manor, Wauwatosa, Wis.

Contact: Beth Meyer-Arnold, R.N., M.S., director, adult day services, bmeyerarnold@luthermanor.org or (414) 464-3888.

Fairport Baptist Homes Caring Ministries, Fairport, N.Y.

Contacts: Ellen O’Connor, NNORC coordinator and resource specialist, eoconnor@fbhcm.org or (585) 388-2304; Jeanne Read, care management services coordinator, Senior Options for Independence, jread@fbhcm.org or (585) 377-7830.

Presbyterian Communities and Services, Dallas, Texas

Contact: Godwin Dixon, president and CEO, gdixon@prescs.org or (214) 413-4100.

Lyn Geboy, Ph.D., architectural and organizational change planner, Milwaukee, Wis.

slgeboy@sbcglobal.net or (414) 540-0234.