

Advancing Accreditation in Social Adult Day Care: Fostering Quality and Community Integration

Testimony Provided by

Yvonne Ward

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I appreciate the opportunity to address the Assembly Aging Committee today. With a background as a former Vice President of Policy for the New York State Adult Day Services Association (NYSADSA) and a certification in health care compliance, I have been working with home and community-based programs in New York since 2009. My journey has provided me with a deep understanding of the multifaceted challenges faced by our health care system, particularly in the realm of Social Adult Day Care (SADC).

It is within my capacity to delve deeply into the intricacies of the rampant anti-kickback schemes plaguing the realm of SADC, a menace that unfortunately extends beyond this sphere, forming a complex web of fraud intertwining Medicaid and Medicare providers. Unscrupulously leveraging SADC programs as a fertile ground for enticing individuals into a nexus of kickbacks, unscrupulous entities have mired the sanctity of care, with incentives exceeding \$1,000 per month being offered to participants for not just attending SADCs, but also for transitioning to different pharmacies, home care providers, acupuncturists, and more. This malpractice has become so ingrained and normalized that many participants are under the misguided belief that these monetary offers are state-sanctioned. The level of deceit intertwines a devious financial incentive with a breach of trust that is nothing short of disgraceful.

However, the core intent of my testimony today is not to linger on the problem, but to pave a path towards a viable solution, at least in part. I stand before you to advocate for the enhancement and fortification of SADC services in New York, an essential cornerstone for the well-being and community integration of our older adults and individuals with cognitive or physical disabilities.

In light of the recent Surgeon General Advisory on the escalating public health crisis of loneliness and isolation, SADC services emerge as a critical part of the solution. They provide a supportive environment, rooted in person-centered care and community integration, where individuals can socialize, engage in enriching activities, and receive necessary personal care and supervision, while also benefiting from structured programming tailored to meet their unique needs and preferences. As delineated in NYSADSA's priority objectives, quality Adult Day Services offer a multi-dimensional approach to care. They alleviate caregiver burnout, tackle staffing crises by offering a favorable caregiver-to-participant ratio, and present a cost-effective solution compared to other long-term care options.

However, the landscape of SADC in New York has been tarnished by unregulated operations and allegations of Medicaid fraud, stemming in part from aggressive contracting practices by some Medicaid Managed Long Term Care (MLTC) plans. These discrepancies, if left unaddressed, jeopardize the integrity and effectiveness of SADC services. Aggressive Medicaid MLTC Adult Day Services contracting to increase membership and inadequate credentialing of Adult Day Services providers, compounded by the lack of effective compliance programs, must be addressed. The persistent issues of anti-kickback schemes and participant inducements demand urgent rectification to preserve and enhance the quality of care provided.

Towards this end, NYSADSA proposes a statewide accreditation process for Adult Day Services as a step in the right direction. A third-party accreditation program, akin to the vetting process Medicare providers undergo prior to contracting with Medicare, emerges as the optimal solution to establish uniform operating and oversight standards for SADC program providers, alleviating the burden on the State or a singular agency like the New York State Office for the Aging (NYSOFA), and ensuring a standardized, quality-driven landscape for service delivery. Accreditation will not only raise uniform standards of operation, but also promote compliance and quality across the board. In the absence of state licensures or comprehensive oversight, accreditation emerges as a vital tool to foster a culture of excellence and adherence to quality guidelines within the sector.

Additionally, it is pertinent to highlight a glaring loophole in the operational dynamics between SADCs and Medicaid MLTC plans. Currently, an SADC aspiring to provide services to MLTC members can commence operations only upon securing a contract with a plan. Given the absence of a licensing protocol, this scenario has bred a malpractice where new SADCs reportedly incentivize individuals from other providers to switch to their program, merely to present a list of clientele to plans for contract acquisition. This is often driven by the business development agendas of the plans where the thrust for growth overshadows the imperative of ensuring a safe and quality-controlled environment for care.

This misalignment not only compromises the integrity of care delivery, but also underscores a pressing need for a third-party accreditation mechanism. Through accreditation, a basic yet fundamental standard of operation can be established, mandating SADCs to fulfill certain criteria that ensure quality, safety, and ethical operations before being eligible to contract with any MLTC plan. While it cannot curb the practice of client inducements for contract gains, it can ensure that the safety and well-being of the program participants are held paramount. Moreover, it instills a layer of accountability and transparency, ensuring that every SADC operates within a defined framework of standards, thus elevating the quality of care and, by extension, the quality of life for the beneficiaries.

It is concerning, yet vital to acknowledge, that certain MLTC plans are hesitant to terminate contracts with non-compliant or potentially fraudulent SADC providers out of apprehension that other, less ethical plans will eagerly absorb those members and maintain contracts with such compromised SADC programs. This dynamic not only perpetuates a culture of non-compliance, but also compromises the quality and safety of care provided to our vulnerable populations. Implementing an independent accreditation process can significantly shift this narrative. If an SADC risks losing its accreditation due to non-compliance or unethical practices, it acts as a powerful deterrent against such behavior. An accreditation seal becomes more than just a stamp of approval; it represents a commitment to adhering to stringent quality standards and ethical practices. By making accreditation a prerequisite for contracts, MLTC plans can collectively ensure that they partner only with SADCs that truly prioritize the well-being and care of their participants, thereby elevating the quality of service across the board.

An accredited SADC will align with the principles laid out in the National Strategy to Advance Social Connection, as put forth by the Surgeon General. By fostering a structured and quality-assured environment, SADCs can significantly contribute to mitigating the adversities of loneliness and isolation among our elderly and disabled populations, ultimately improving their mental, physical, and societal health.

Community integration is at the heart of SADC services. By facilitating interactions, promoting social engagements, and providing essential care, SADCs play an invaluable role in enriching the lives of participants. A statewide accreditation process will further propel this mission by ensuring that the services provided meet stringent quality benchmarks, thereby enriching the community integration experience for all involved.

Moreover, a harmonized accreditation process will allow for a unified approach to addressing the challenges that currently plague the sector, ensuring that the governing authorities, MLTC plans, and service providers are aligned in promoting ethical practices, transparency, and accountability.

In conclusion, I urge the Assembly Aging Committee to seriously consider the implementation of a statewide accreditation process for Adult Day Services, to ensure the continued delivery of high-quality, ethical, and effective care that our older adults and individuals with disabilities rightly deserve. By doing so, we take a decisive step towards combating the scourge of loneliness and isolation, while significantly enhancing the life quality of some of our most vulnerable populations. I am open to any questions or discussions the Committee may have concerning this critical topic.