



Advocacy Position Statement

Adult Day Services (ADS) are vital to the health and independence of more than 63 million aging Americans with cognitive, intellectual and/or physical disabilities as the primary alternative to institutional care. Prioritizing the Adult Day Services industry as a long-term care delivery system is critical to the health and well-being of its participants and caregivers nationwide.

NADSA Mission Statement

To advance the national development, recognition and use of Adult Day Services.

Definition of Adult Day Services

Adult Day Services is a system of professionally delivered, integrated, home- and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community.

About NADSA

The National Adult Day Services Association (NADSA) represents the Adult Day Services (ADS) industry as the national focal point for ADS providers. Our members include Adult Day Services providers, state associations representing ADS providers, corporations, academic institutions, government and non-government organizations which support ADS.

NADSA provides professional development opportunities virtually and in person at its annual national conference. Additionally, the association advocates for Adult Day Services at the federal and state levels and equips members with the tools and strategies for implementing effective advocacy efforts that elevate the role of Adult Day Services.

History

The National Adult Day Services Association formed at the National Council on the Aging's (NCOA) 28th Annual Conference in St. Louis, MO, in 1978. During the conference, a resolution was advanced for NCOA to serve as a focal point for the Adult Day Services industry.

A National Task Force on Adult Day Care was named and work began. The National Institute on Adult Daycare (NIAD) was formally organized as an NCOA unit in 1979. NIAD changed its name to the National Adult Day Services Association (NADSA) in 1995 to better reflect the trends of



the rapidly growing industry to focus on day services. The name was also more inclusive of centers providing day care, day health and/or respite.

Models of Adult Day Centers

There are three general models of Adult Day Services:

- **Social Model** – provides social and recreational activities, may provide meals and some health-related services.
- **Medical/Health Model** – provides social and recreational activities, meals and more intensive health and therapeutic services.
- **Specialized Model** – provides services to specific care recipients, such as those with diagnosed dementias, developmental disabilities, and culturally-specific programming.

The Benefits of Adult Day Services

- **Cost-Effective Care:** ADS is the most cost-effective way to deliver professional care. On average, ADS is one-third the cost of home care assisted living and less than one-fourth the cost of a skilled nursing home representing a **cost-savings** of \$45,000-\$85,000 per person.
- **Delaying or Preventing Institutionalization:** ADS supports seniors and adults with disabilities to age in place in the community of their choosing by providing social engagement, assistance with activities of daily living and therapeutic activities in a community-based setting. This often includes additional health-related supports such as medication management, screens and nursing services.
- **Caregiver Resilience:** ADS provides critical respite for hundreds of thousands of family caregivers, supporting them to remain active in the community, in the workforce or receiving much-needed respite and thereby reducing "role overload" and burnout.
- **Social & Clinical Impact:** ADS programs reduce social isolation and loneliness, alleviate depressive symptoms, promote feelings of well-being, stabilize dementia-related behaviors, and mitigate hospital readmissions.
- **Nutrition and food insecurity:** ADS provides nutritious meals in a group setting that support nutritional health while creating daily opportunities for social connection and helping reduce food insecurity in a vulnerable population.

Core Services Provided Often Include:

Social activities: Interaction with or without other participants in structured, staff led activities and activities of choice, intergenerational interaction with children, youth, student and interns that are appropriate for their conditions.



Transportation: Door-to-door service to and from the program or transportation coordination and support.

Nutrition and Food Insecurity: Health, balanced, medically-tailored and nutritious meals, often include breakfast, lunch and afternoon snacks or supper. These nourishing meals support overall health, assist in managing chronic medical conditions, and enhance participants' quality of life.

Personal care: Assistance with personal care, ambulation, eating and other activities of daily living.

Therapeutic activities: Exercise and mental interaction for all participants.

Nursing Services: Licensed or qualified staff assisting participants with complex medication regimens and health care plans, including supervision of self-administration, or assistance with direct administration, medication reconciliation, education, and monitoring. Health and well-being screenings and interventions, chronic care and case management often are included.

Urgent Priorities

Despite ongoing growth and tailwinds, ADS faces significant headwinds in 2026 and beyond, including workforce shortages, increasing operational costs, and potential federal funding cuts. To ensure the viability of these essential services, we advocate for:

1. **Sustainable Reimbursement Rates:** State and federal agencies must end decades of disinvestment by sustaining and increasing Medicaid and Veteran's Administration provider reimbursement rates to reflect rising labor and operational costs.
2. **Federal Benefit Expansion:** Congress and CMS should authorize Adult Day Services as a standard **Medicare Fee-For-Service** benefit as well as ensure Medicare Advantage plans include adequate availability of ADS, recognizing it as a direct alternative to more expensive long-term care.
3. **Workforce Investment:** Federal and state support for career development ladders, specialized credentialing, and immigration policies that help recruit and retain qualified healthcare staff.
4. **Clinical Integration:** Solidify the role of ADS as an integral part of the health and long-term care system through standardized post-acute care pathways that measurably reduce hospital readmission, emergency room use and costly injury inducing falls.