

Capitol Desk

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Many Opt Out of State's ADHC Plan

by David Gorn

In August, a letter and application packet went out to about 26,000 people in the adult day health care system, a program slated for elimination as a Medi-Cal benefit on Dec. 1.

Beneficiaries were asked to choose between three options: They could sign up for one of the managed care options; they could send in a form to opt out of those plans; or they could do nothing, and would be automatically enrolled.

The results are in: Of those 26,068 patients, 654 chose a managed care plan, and another 10,297 people did nothing and were automatically enrolled in a managed care plan. The majority -- 15,117 people -- chose to remain in their fee-for-service plans.

"That's certainly their right," Norman Williams of the Department of Health Care Services said. "Change can be difficult, and the unknown is something not often chosen."

To Elissa Gershon, an attorney for Disability Rights California, the change that's really going to be difficult is when Medi-Cal's support for ADHC services ends on Dec. 1. She recently filed a court brief for a Nov. 8 hearing to challenge the elimination's transition plan; the state is slated to file its own brief in court on Friday.

"I think it's telling that of the 26,000 people [sent an application packet] by the state," Gershon said, "only a few hundred people actively signed up for a managed care plan. That's pretty telling."

Williams said he hopes education efforts and the results of individual health assessments being done now may provide more information to beneficiaries who may eventually choose a managed care plan.

Managed care has been touted by DHCS as a substantial remedy to replace many of the services provided by adult day health.

From Gershon's point of view, that's more wishful thinking than it is thoughtful planning.

"We thought the state was forming a plan to replace ADHC services. What they unveiled [in August] was radically different," Gershon said. "Instead, they want to move the bulk of these patients to managed care, in an unprecedented way."

Gershon said the idea of choice seems flawed to her, since so many people have been automatically enrolled, and essentially have to choose to not sign up.

"The idea that somehow managed care is going to pick up this comprehensive, long-term care population just doesn't make sense," Gershon said. "The bottom line is, the state has taken away a valuable and critical service, and it has not expanded the array of services to replace it. Those services just won't be available."

Williams said those services will be replaced -- whether or not people are in managed care or fee-for-service plans.

"All of the medically necessary services for these people will be provided," Williams said. "That is the goal, in a nutshell: to provide all of the medically necessary services."

Williams said, in totaling up the numbers of ADHC patients in managed care plans, you have to include the 7,700 people who did not get application packets in August, the so-called SPDs (seniors and persons with disabilities) who are required to enroll in a managed care plan. That would take the number of managed care patients to 18,000 -- which tops the halfway mark for ADHC patients, Williams said.