

Future Uncertain for Centers that Help Seniors and Disabled

Elm Adult Day Health Center in I.B. is still open, but not all patients will continue to be qualified for services.

By [Sawsan Morrar](#) | [Email the author](#) | November 25, 2011

Imperial Beach's [Elm Adult Day Health Center](#) is one of 275 centers that will continue to offer services due to a settlement that helped save them from closing.

The state planned to eliminate the Adult Day Health Care program as a Medi-Cal benefit effective Dec 1. But an agreement last week extended the date by 90 days to March 1, 2012, and called for the creation of the Community Based Adult Service program as an affordable replacement.



More than 35,000 people are in the program, including the 45 elderly and disabled patients at Elm ADHC, who are nearly all on Medi-Cal.

CBAS will replace ADHC, but not all current patients qualify for the new program. According to Elm Program Director Marlena Young, many patients could end up in nursing homes or home alone.

ADHC is a low-cost day-care program that provides nursing, physical therapy, social services, medication management and transportation to the elderly and disabled. While the settlement to preserve the state program is good news, Young said, the victory is only temporary.

"It's only going to allow 50 percent of the currently enrolled people into the new program," she said. "And it will likely be for the people who are very ill. It's not going to cover all of our patients, only the ones with more needs."

California Association for Adult Day Services Executive Director Lydia Missaelides is concerned of the challenges to come.

"This is a momentary celebration, but believe me there will be some rough bumps ahead," she said.

According to Missaelides, the last few times state lawmakers attempted to reduce spending or eliminate the program, it deterred people from enrolling. Medical providers stopped referring patients to centers, thinking the program would no longer be around in the coming months. The lack of confidence in the program contributed to an enrollment dip at several locations.

Despite the agreement, 23 centers have already closed, and four more are scheduled to shut their doors on Dec. 1.

“The closures had to do with financial strains and size,” Missaelides said. “When your average daily attendance dips too low, it’s not a financially viable model anymore.”

At the Elm ADHC, patients grew very concerned about their future. Communication with Medi-Cal patients has not been the state’s strong suit, Missaelides said.

While the federal court was finalizing the settlement agreement to postpone ADHC benefits, termination notices were mailed out to patients.

“Even at this moment, these letters are still going out,” Missaelides said. “If you don’t follow the news, and many people don’t, you would be completely in the dark about the settlement agreement.”

Frustrated and confused patients brought their termination notices and new benefits packages to the Elm ADHC asking Young for help.

“We made inquiries,” Young said. “(The patients) wanted to know if they could stay with ADHC, and it wasn’t clear.”

The drastic increase in both the elderly and a Medi-Cal-eligible population has compelled the state to recognize the changing demographics.

One of three seniors in San Diego County live alone, and one in five adults are 65 or disabled. According to Missaelides, the state wants to begin a new initiative to move one million elderly and low-income residents into managed care over the next few years.

“We are going to be the example before that proceeds,” Missaelides said. “And we still have some rough patches, so I hope they will learn from this experience and correct the mistakes in communication.”

Young is concerned that the unqualified Elm patients will not find another program to accept them. However, state officials told current ADHC recipients who are not eligible for CBAS that they will receive enhanced case management to assist them in transitioning to other long-term care services in their community. According to reports, other viable options would cost the state more than the ADHC program.

“As a result of all of this, I can almost guarantee that a large number of patients will end up in nursing homes or in isolation,” Young said. “Families cannot care for them or keep them in the home alone.”

Young has tried to help patients look into state-funded, in-home support services as an alternative, but budget cuts know no boundaries.

“They brought in notices,” Young said. “That program was being cut too.”