

## Oakland's Frail Seniors At Risk Due to Brown's Veto

[Pamela Drake](#) Thu, 14 Jul at 3:15pm



Back in the late 70's when California was flush and the governor rode a moonbeam into town, legislation was created to establish pilot programs to provide day care for the frail elderly. By 1978, that fateful year when Proposition 13 was passed, Medi-Cal was approved to cover the cost for indigent seniors and disabled folk who wanted to stay in their homes despite their need for medical supervision, physical therapy, and other services.

It was called Adult Day Health Care and, according to Corrine Jan of the Family Bridges Center in downtown Oakland, "California was a pioneer in the field of senior independence for decades" and showed the way nationwide on how to reduce nursing home costs-saving pots of money and not a little pain in the communities where these services were delivered.

By 1983 it was given a “permanent” category within Medi-Cal and the funding increased under succeeding Republican governors. Over the decades it was shuttled around to various state agencies but was always considered an innovative way to keep people out of emergency rooms and nursing homes. In fact ADHC was offered to patients in nursing homes in hopes of transitioning them back to their communities.

However, the new Governor Brown administration of 2011 promptly vetoed the continuation of the Adult Day Health Care program even with funding cut in half (which halves the Medicaid match.)

The governor’s office declared that the remaining funds were meant to transition these clients out of ADHC into something else. Corrine Jan of Family Bridges in Oakland declared, “I’ve got news for him. There ain’t nothing else.”

The Legislature had expected the Governor to apply for a federal waiver to implement the new version called KAFI, which stands for Keeping Adults Free from Institutions, and receive the appropriate federal funds.

According to the California Association for Adult Day Services, the veto by the Governor prevents the state from applying for those funds and would make California-the former leader in the field -the only state in the nation without an ADHC program.

Ms. Jan of Family Bridges which serves the majority of Oakland seniors using ADHC services, describes the program as more than just senior centers where classes take place or a meal is provided, important as that is.

“This is a multidisciplinary medical model which provides medical supervision, physical therapy, nutrition, and socialization.” They also provide transportation for their clients from Chinatown, East, and West Oakland and services in Korean, Cantonese, Mandarin, and Vietnamese as well as English.



Seniors at Family Bridges celebrate the holidays.

Ms. Jan says her center’s services cost about \$75 a day compared to the \$250 a day a nursing home will cost the taxpayers. Since most of the patients seen in ADHCs suffer from hypertension, diabetes, and/or dementia, emergency room visits will soar when there is no one to monitor the patient’s condition.

Ms. Jan continues, “many times symptoms are missed if no one knows,”... the client like the providers at the ADHC, “like shortness of breath or a slight blurring of the vision....signs of stroke.” These conditions have more serious consequences once they escalate, resulting in long hospital stays-at best.

Dr. Marty Lynch of Lifelong Medical Care which has a center in the Foothill Square area of East Oakland, explains that the licensing requirements of ADHCs require each center to have a medical director, an occupational and speech therapist, transportation plus providers who can assist their clients with basic functions like going to the bathroom, plus taking up to 6 medications a day within individualized plans for members of this very disabled population. Most programs must fundraise to cover the costs that Medi-Cal does not cover.

Micheal Pope, who has been with Alzheimer's Services of the East Bay, ASEB, for 16 years, said that eleven ADHC centers have already closed their doors in California. She also stated that statewide 80 to 90% of the seniors and disabled who use this program are Medi-Cal dependent whereas 100% of their Oakland Alzheimer patients are dependent on state aid.

As a result of this abdication of the state's responsibility to these folks, the Disability Rights California legal team, along with the National Senior Citizens Law Center, the National Health Law Program, and the law firm of Morrison & Forester filed a motion for a preliminary injunction in June to prevent their shutdown. They expect to hear whether they have won a reprieve by the end of July.

Both Lynch and Jan say that there are no "alternative services" as posted in the governor's veto. There is nothing to transition to since in-home services have been cut, case management plans are full, and nursing homes prefer private patients plus a small percentage of Medicare clients-putting it back on the Feds.

In fact, Jan suggests, since most other states are in the financial hole, they have looked to California's ADHC model as a useful innovation.

Dr. Lynch was also blunt on the law suit. He says that the language on "transitioning to alternatives" was just language to protect the state which has lost previous attempts to dump patient services in the courts.

Lynch quips, "the state just wanted to say, we're going to be able to transition to other services," and then "count the savings" when there weren't any services out there.

If the injunction does not win in court, frail seniors and the disabled in Oakland and throughout California will have to contend with the possibilities-losing their independence, losing their remaining health, and even losing their lives.

Even with the injunction in place, there will be little to celebrate. Seniors, the disabled, and the folks who take care of them, will have to keep fighting just to maintain the reduced circumstances they now find themselves in.

To find out how you can help, go to the California Association for Adult Day Services, [www.caads.org](http://www.caads.org).