



## Seniors, disabled in budget cross hairs

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For years, Veora Timmons has spent several days a week at the Guardian Adult Day Health Care Center in El Sobrante where she socializes, enjoys singing and eats a nutritious breakfast and lunch.

Because Timmons is diabetic, the registered nurses on staff administer her medications and closely monitor her blood sugar levels, blood pressure and weight.

Now that she is 85 and has dementia, the center provides an important respite for her granddaughter, Kim, her primary caregiver. The program makes it possible for Kim to care for her grandmother at home and keep her out of an institution.

But now Kim is watching the budget battles in Sacramento with a mixture of dread and disbelief.

Gov. Jerry Brown's latest budget proposal, and a bill passed by state lawmakers in March, would eliminate Medi-Cal funding for 330 adult day health care programs statewide that serve more than 35,000 frail seniors and the disabled.

Brown and other leaders say such difficult decisions are necessary to offset a \$9.6 billion state funding gap. Eliminating adult day health care would provide an immediate savings of \$170 million annually.

But senior advocates fear the cuts would backfire by forcing thousands of people into more expensive nursing homes at state expense. Medi-Cal pays adult day health care programs \$76 per day, compared to about \$175 daily for a nursing home.

"These decisions are so shortsighted it makes zero sense," said Debbie Toth, executive director of the Mt. Diablo Center for Adult Day Health Care in Pleasant Hill. "This is scary, scary stuff for people who this is their last hope, outside of a skilled nursing facility. This is their lifeline."

Supporters of such programs are gearing up for a fight. They thought they had an agreement with lawmakers to budget \$85 million for scaled-back programs. They were deeply disappointed when Brown's budget revision this month did not include this money, said Lydia Missaelides, executive director of the California Association for Adult Day Services.

"We need to keep this adult day health care infrastructure intact," Missaelides said. "Patient anxiety levels and family anxiety levels are through the roof."

Already, financial uncertainties have led to the closure of such programs in San Francisco, Sonoma, Ukiah, Lodi and Los Angeles.

Toth, who oversees the Mt. Diablo Center in Pleasant Hill and the Bedford Center in Antioch, said both programs would close if the state eliminates the Medi-Cal funding. Nearly 84 percent of the 160 people served at the two centers are on Medi-Cal.

Peter Behr, administrator of the Guardian Center in El Sobrante, said he will do his best to keep his program open, but isn't sure how. Among the program's 138 participants, 105 are on Medi-Cal.

"We will be in a world of hurt," Behr said. "It would be a greatly reduced staffing level and a reduced number of people served. Some of them would end up sitting at home, without care.

"The governor's message is essentially telling our people to go home and die. If I sound angry, it's because I am. This is unconscionable."

For years, state lawmakers have sought to rein in ballooning costs for Medi-Cal, the state's version of the federal Medicaid health insurance for low-income people. It represents one of the state budget's biggest expenditures.

But state leaders are limited in how they can cut Medi-Cal, notes Tony Cava, spokesman for the state Department of Health Care Services. The federal health reform law prohibits the state from restricting eligibility in most cases, he said. Among the few possible ways to reduce costs are lowering provider reimbursement rates, which the state is seeking to do, and eliminating optional benefits such as adult day health care, he said.

The program is designed to help medically fragile people remain in the community, avoid institutions and prevent them from seeking care in hospital emergency rooms.

People usually attend the centers a few days a week. The programs typically have nurses, physical therapists, occupational therapists, social workers, speech therapists and others to help meet health needs. Activities range from arts and crafts to seated volleyball, singing, dancing, board games and current affairs discussions.

"It gives her a sense of purpose, and she interacts with other people besides me," Kim Timmons said of her grandmother. "It's very stimulating for her. And I know she's in good hands."

It isn't clear exactly when the funding might cease. The state has requested approval from the federal government to eliminate adult day health care as a Medi-Cal option. The federal government has 90 days to respond.

Brown's latest budget proposal includes \$25 million to transition people into other programs. Employees at the Department of Health Care Services have been working to understand needs and identify options, said Gregory Franklin, deputy director of health care operations.

"We recognize that a big part of our job is to provide a service opportunity that will continue to keep people in the community," Franklin said.

Whether there are comparable services available is a matter of heated debate.

"The dirty little secret is that there are not other programs that will take care of their needs, other than nursing homes," Behr said.

Franklin said state officials are looking at several programs that could help fill the gaps, including In-Home Supportive Services, the Multipurpose Senior Services Program, and for those who have disabilities, the Regional Centers.

One solution will not work for everybody, Franklin said. He noted that state officials are attempting to understand the resources and needs in each area of the state.

Toth argues that the options the state is exploring are not comparable to adult day health care. In-Home Supportive Services does not include health professionals or therapists, she said, and the Multipurpose Senior Services Program is slated for state budget cuts and has a waiting list in Contra Costa County, she said. She noted that neither of those programs involve group activities that would get people out of their homes and enable them to socialize.

Kim argues that her grandmother did her share by paying her taxes.

"Now it's time for the state to stand up and figure out some other place to make cuts. You don't cut the elderly in their time of need."