

State cutting elder day care despite federal push

As California moves to end program, U.S. wants more to adopt it

By Herbert A. Sample

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In 2002, Nina Nolcox found her calling. After years as a registered nurse in skilled nursing facilities and hospitals, often on the night shift, Nolcox started working in an adult day health care center in South Los Angeles. Four years later, she bought the business, Graceful Senescence, with the aid of a small business loan.

Nolcox now employs 26 people and provides health services to about 115 mainly African American and Latino seniors who suffer from diabetes, Alzheimer's, high blood pressure and other chronic ailments.

Adult Day Health Care is "probably the most logical health care model that I've been a part of," Nolcox said. "I fell in love with it."

But Nolcox's clients might soon have to go elsewhere for their care, or get none at all, because the state appears certain to eliminate the three-decades old Adult Day Health Care program in the next few months. More than 35,000 Californians will see their services end, though some as yet undetermined number will transition to other forms of care.

Paradoxically, the U.S. government is beginning to prod states to establish or expand programs that aim to do what adult day care does in California — steer seniors and disabled adults away from expensive nursing homes and hospitals, and into community- and home-based care.

"It is a huge disconnect," said Lydia Missaelides, executive director of the California Association for Adult Day Services, which represents adult centers. "At the very moment that the incentive and the public awareness and the rules and the pilot projects and the innovation is coming out from the federal level to the states ... here we are in California just taking this huge step backwards."

Few really want to kill Adult Health Day Care, which costs \$340 million a year — about \$169 million of it in state general funds and the rest from the U.S. treasury. Though the measure passed by state legislators that authorized the demise of adult day care alleged that the program remains vulnerable to fraud, that is rarely invoked as a reason for shutting it down.

Instead, in what has become a refrain for many cuts throughout state government, officials faced with California's budget crunch admit they have few choices other than to eliminate what is, after all, an optional benefit under federal Medicaid laws.

About this series

State Budget Watch is a project to give readers a deeper understanding of the scope, impact and reasons behind California's fiscal problems, and to explore the stakes involved in potential solutions. The project includes Sacramento reporters Michael Gardner of The San Diego Union-Tribune and Brian Joseph of the Orange County Register and editor Daniel Weintraub of California Health Report, a website that focuses on health and public policy issues in the state.

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“We recognize its value and it has served people very well,” Norman Williams, spokesman for the state Department of Health Care Services. “We have to make some tough choices on what to continue and what to reduce and what to eliminate.”

Lawmakers remain locked in a stalemate over whether to extend expiring tax increases to help close an estimated \$10 billion deficit out of an \$88.5 billion general fund over the next 13 months.

For poor seniors with chronic illnesses and younger disabled adults, the centers are a ticket out of their residences and into a more socially rich environment where they can receive a number of health-related services — such as physical, occupational and speech therapy, dietary information, and blood pressure and blood sugar monitoring — that is more costly if done in the home by a team of personnel. Centers’ group activities also provide social interaction and physical exercise that leads to healthier emotional lives, said Missaelides.

The birth of Adult Day Health Care in the late 1970s was in part a reaction to stories exposing the warehousing of the elderly in nursing homes and other facilities. Other states emulated it; about a dozen authorize similar programs now, according to federal officials.

More than 300 centers operate in California, the bulk of them in [Los Angeles County](#).

Nolcox said she observed little coordination between doctors and other care providers in most of her past nursing jobs. But the adult day care program’s requirement for a multi-disciplinary approach to each beneficiary impressed her.

“Now I can deal with all areas that are potentially causing the problems with this person and close the gap,” Nolcox said. “We do it in a team fashion... It was the first place that I had been that I was able to feel like I was having an impact in actually decreasing health care costs and improving quality of life.”

As beneficial and cost-effective as the program may be, federal rules consider it voluntary for states while more expensive nursing home care are mandatory. That’s why twice before in recent budget struggles, California officials have tried to eliminate the program. Though reluctantly, they appear to have succeeded this time.

The Legislature authorized the end of adult day care earlier this year.

At the same time, the federal government has begun to push a goal that states steer seniors into home- and community-based services, and classify more costly nursing homes and other institutions as a “fall-back option.”

Last year’s health care reform law funded two such programs: [The Money Follows the Person Demonstration](#), which was originally authorized in 2005, and the newer [Community First Choice Medicaid Option](#). Thirteen states, though not California, were awarded \$45 million in February to implement their programs in the first category.

Regulations for the community first choice program are due later this year, and it will not be implemented before October. Some estimates suggest California could receive about \$125 million annually from it. But federal officials said that money is aimed at home supportive services — such as cooking, cleaning, bathing and transportation to doctors’ offices — and not the more directly health-related services that adult day care provides.

It’s difficult to predict the future of beneficiaries who aren’t transferred to other programs. Advocates complain the state has offered few concrete answers, and they suggest a significant number of former day care patients will end up in emergency rooms, hospitals and nursing homes — at a higher government cost and exactly counter to the approach the U.S. is emphasizing.

There’s a bigger, longer-term worry, said Gary Passmore, director of the [Congress of California Seniors](#): The number of California’s senior citizens will rise from 4½ million to 10 million in about 20 years.

“It is ironic and tragic that in the face of this projected demand, the State of California is actually cutting back,” he said. “We have...put our heads in the sand, and (are) in denial that millions of people are going to need services and care.”

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