



**CAADS**

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## **Media Statement**

### **Governor Vetoes Bill that Would Have Spared 37,000 Seniors and Disabled Adults from Costly Institutionalization**

#### **Thousands of Adult Day Health Care Providers, Patients and Families Alarmed by Action They Call Insensitive and Fiscally Irresponsible**

(Sacramento, CA) – Lydia Missaelides, executive director of the California Association for Adult Day Services, said it's a sad day for elderly and disabled patients and their families who rely on Adult Day Health Care (ADHC) to remain living at home and out of high-cost institutionalized care. AB 96 (Blumenfield, D-Van Nuys) would have allowed roughly one-half of the 300 ADHC centers to continue to provide community-based medical and therapy services under a new federally approved replacement program called *Keeping Adults Free from Institutions* (KAFI).

“The Governor may believe that his plan to transition 37,000 ADHC patients will make the problem of aging seniors go away by shuttering them in their homes with other state services. But the truth is other taxpayer-funded services lack the special expertise to serve complex medical and cognitive needs of the state’s rapidly growing low-income aging population.”

“The veto message does not give any assurance that the Administration intends to keep the ADHC model alive except for people who can afford to pay privately, abandoning this level of care that has protected our poor, frail and chronically ill California citizens who have lived and worked in our state for years.”

“We have already seen nursing home placements and costly hospitalizations as a result of 17 centers closing, even with alternative services. Rural and urban communities alike will feel the economic and human impacts of losing this unique integrated model. Once dismantled, the investment in ADHC programs that communities have made over the decades cannot be regained in this economic climate.”

While the Governor extended the elimination of ADHC for another three months until December 1, the impact when the benefit ends will be dramatic:

- The closure of virtually all 300 small businesses and non-profits that operate the centers.
- The high cost to the state of 4,173 additional admissions into nursing homes for displaced ADHC patients if beds can even be found.

- The huge spike of an additional 21,510 admissions to hospital emergency rooms within 6 months by 87 percent of ADHC patients, as medical and psychiatric crises occur.
- The end of a multicultural, family-friendly neighborhood health care program for the poor that for more than 30 years has been held up as a shining example of a progressive and low-cost alternative to institutionalization. This is at the very time national health care reform is calling for integrated cost efficient community-based care.
- The loss of jobs for 7,000 ADHC workers.
- The heavy toll on human lives of ADHC patients who will slowly deteriorate behind closed doors or be forgotten and die alone.

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