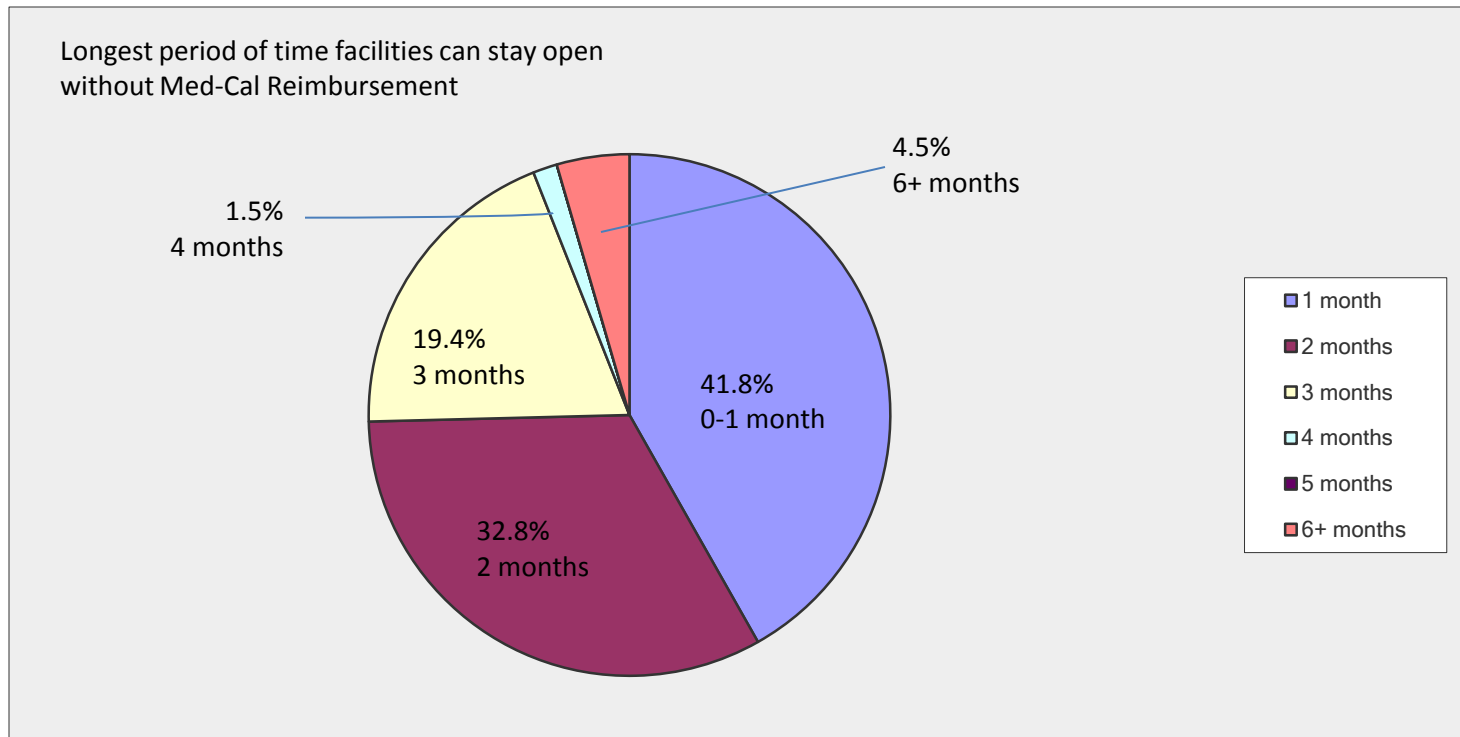


California Association for Adult  
Day Services (CAADS)  
Elimination of ADHC as  
a Medi-Cal Optional Benefit

Results of Adult Day Health Care Provider  
Survey: June 2011

# ADHCs Ability To Stay Open Without Medi-Cal Reimbursement

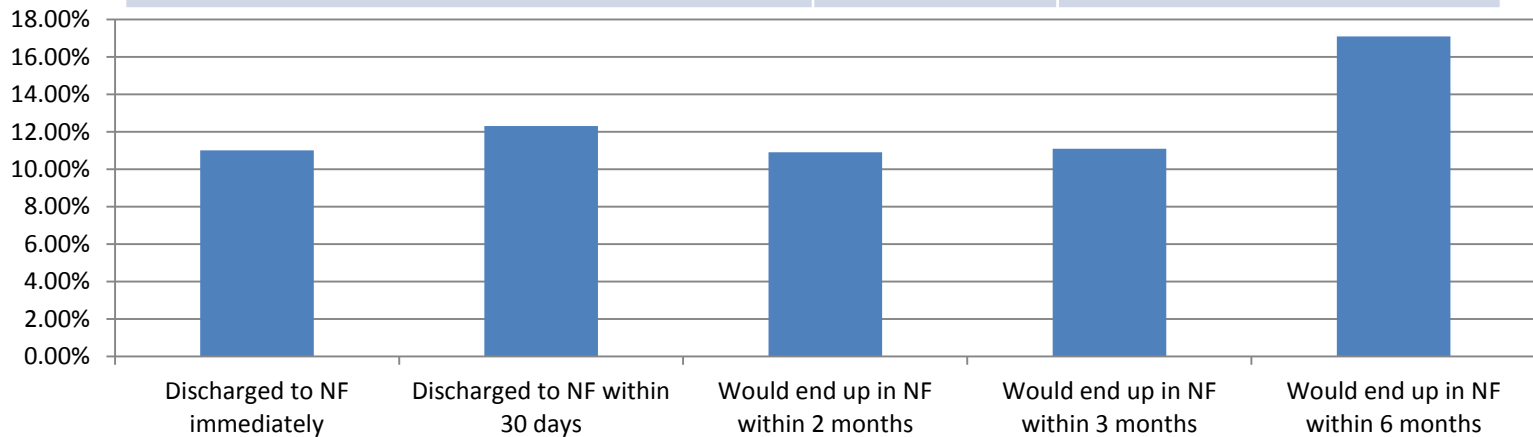
- 20 % of ADHC's will close their doors immediately when funding stops (60)
- 75% of ADHCs will close in 2 months, assuming a path to a waiver is not evident, for a total of 95% of centers (285)



# Nursing Facility Placements

ADHCs that would close estimate that within 30 days nearly 25% (8,839) of patients will be discharged to a nursing facility. By 6 months 62.4% (23,671) will be institutionalized.

If ADHCs were to close doors today:	Percentage of Patients	Total Patients
Discharged to NF immediately	11.00%	4,173
Discharged to NF within 30 days	12.30%	4,666
Would end up in NF within 2 months	10.90%	4,135
Would end up in NF within 3 months	11.10%	4,210
Would end up in NF within 6 months	17.10%	6,487



# Access to Medi-Cal Nursing Home Beds

Although ADHC patients will require NF, 66.6% of providers describe Medi-Cal nursing home beds as extremely limited or not available in their area.

“There is a waiting list for nursing home beds in San Francisco.”  
(San Francisco ADHC provider)

- Total NF beds in CA: 89,354
- Occupancy rate (86.83%) = 12,000 available beds<sup>1</sup>
- Vast majority of available beds are Medicare, not Medi-Cal<sup>2</sup>

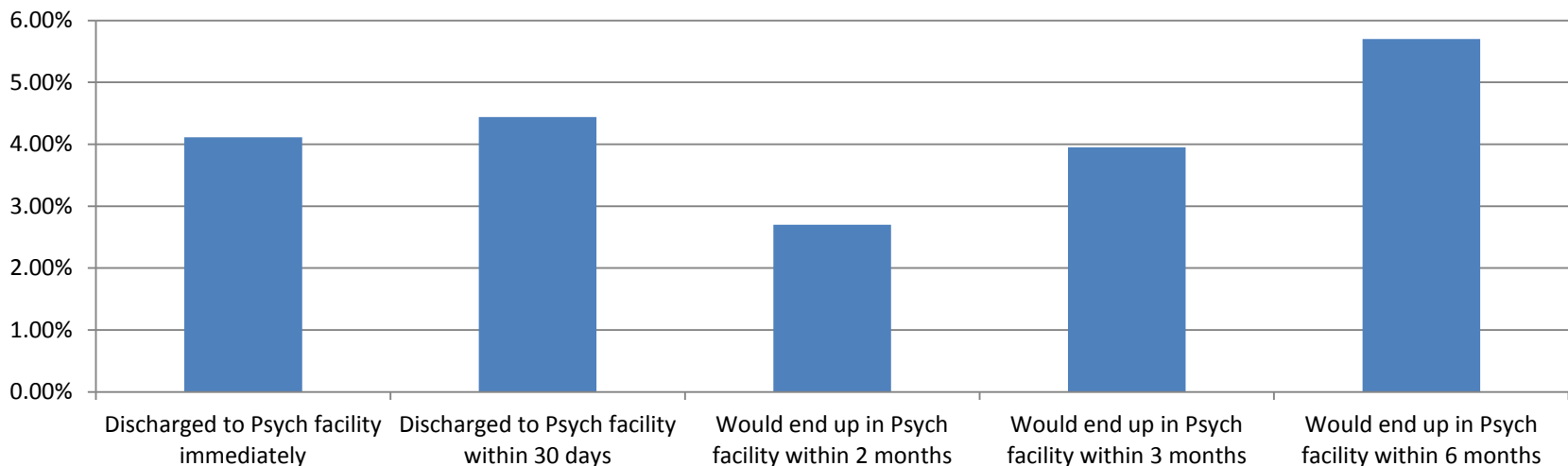
<sup>1</sup> OSHPD LTC Annual Financial Data Profile-Nov. 2010

<sup>2</sup> *Home and Community-Based Long-Term Care: Recommendations to Improve Access for Californians*. Mollica, R. Ed.D. Hendrickson, L., Ph.D. Nov. 2009

# Psychiatric Facility Placements

Within 6 months 20.9% (7,927) of ADHC patients will be admitted to a psychiatric facility

	Percentage of Total Patients	Number of Patients
Discharged to Psych facility immediately	4.11%	1,559
Discharged to Psych facility within 30 days	4.44%	1,684
Would end up in Psych facility within 2 months	2.70%	1,024
Would end up in Psych facility within 3 months	3.95%	1,498
Would end up in Psych facility within 6 months	5.70%	2,162

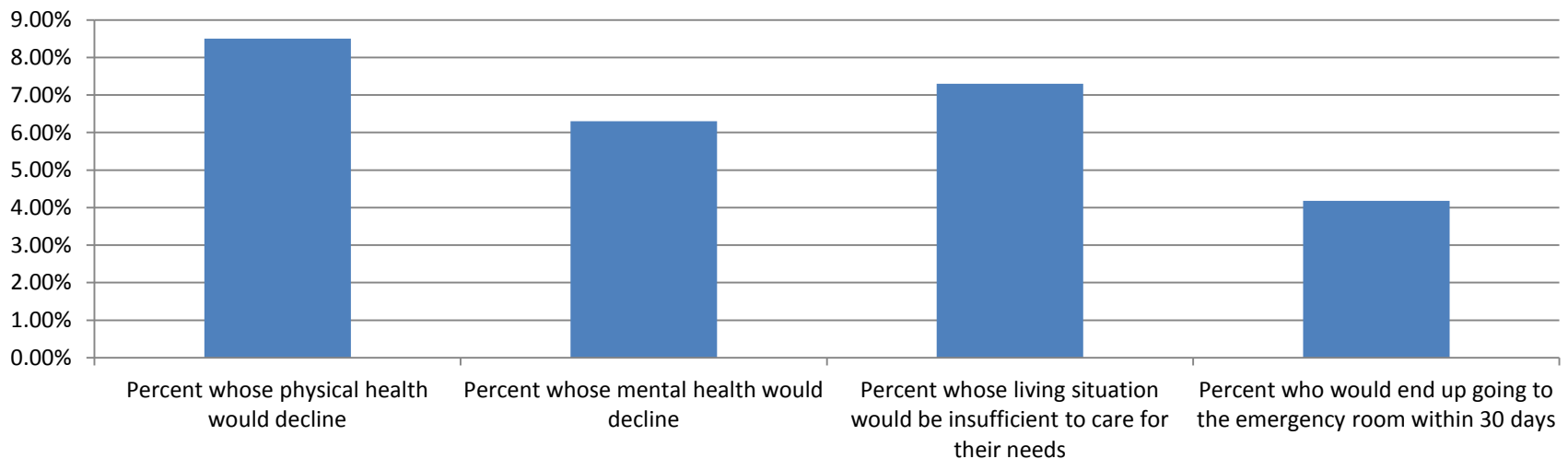


# Access to Medi-Cal Psychiatric Beds

Although ADHC patients will require psychiatric facility placement, 70.1% of providers describe Medi-Cal psychiatric beds as extremely limited or not available in their area.

# Consequences For Patients With Developmental Disabilities

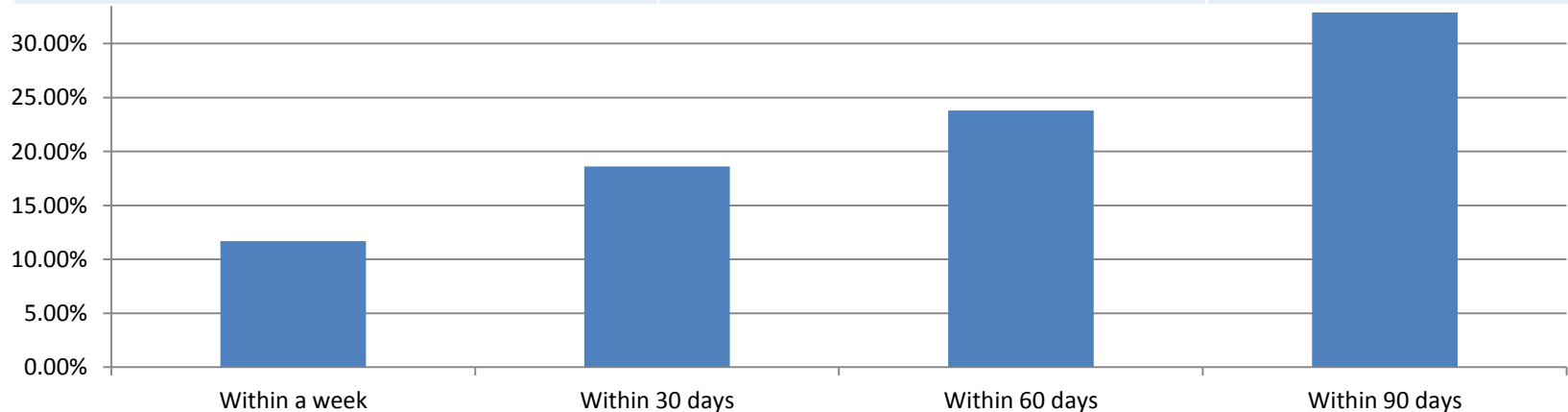
	Percentage of Total Patients	Total DD Patients
Percent whose physical health would decline	8.50%	3,224
Percent whose mental health would decline	6.30%	2,390
Percent whose living situation would be insufficient to care for their needs	7.30%	2,769
Percent who would end up going to the emergency room within 30 days	4.18%	1,586



# Cost Shift to Emergency Rooms

87% of ADHC patients (33,004) will seek medical care in a hospital emergency room within 90 days of ADHC closures. This is the most expensive site of care.

Percent who will seek ER care:	Percentage of Patients	Total Patients
Within a week	11.70%	4,438
Within 30 days	18.60%	7,056
Within 60 days	23.80%	9,029
Within 90 days	32.90%	12,481



# Emergency Room Visits Over One Year

Primary Reasons for ER Visits	%	Total Patient Visits	% of Total Visits by Dual Eligibles (Medicare + Medi-Cal)
Preventable fall	11.56%	3,966	84.19%
Medication mismanagement	10.18%	3,494	84.06%
Unstable blood sugar	10.07%	3,456	83.07%
Complication from heart disease	9.72%	3,334	84.13%
Psychiatric complication	9.06%	3,109	79.41%
Complication from stroke	8.19%	2,810	83.17%
COPD complication	8.18%	2,807	85.61%
Urinary tract infection	8.66%	2,970	83.13%
Dehydration	7.59%	2,606	84.50%
Malnutrition	7.48%	2,567	83.21%
Other infection	6.30%	2,161	86.49%
Other	3.01%	1,034	83.75%
		<b>34,314</b>	

# Consequences for IHSS Caregivers

- **Family member IHSS workers:**
  - Currently 61.6% of ADHC patients who receive IHSS hours have their IHSS care provided by a family member, consistent with statewide statistics for the IHSS program.
- **Availability of family member IHSS workers:**
  - 70.3% of these family member IHSS workers would not be available for additional hours of care in the absence of ADHC.

# Consequences for Working Caregivers

- 5,800 working caregivers would quit their job to care for their loved one
- 7,680 working caregivers would have to reduce to part-time work
- 6,000 would have no choice but nursing facility placement for their loved one

# Availability of Alternative Services

- 54.4% of ADHC providers report there are insufficient local services to meet the demand for alternative care in the absence of ADHC.
- ADHC providers state:
  - “MSSP is for 65 or older with SNF eligibility. There is a long waiting list.”
  - “Discharge planning will be almost impossible.”
  - “IHSS does not approve enough hours even today.”
  - “Home Health is only short-term and just for post-acute care.”
  - “NF does not have enough beds and it is institutional care.”
  - “Mental Health in-patient care is very insufficient.”

# Survey Data Validation

- 70/305 response rate (22%)
- Average Enrollment: 124.3 (conforms with CDA data)
- Total ADHC Population extrapolated from reported enrollment of 8,701 = 37,936 patients (conforms with CDA data)
- Reported number of dual eligibles (Medicare-Medicaid) conforms with DHCS data (83%)

Further information: CAADS 916.552.7400

[www.caads.org](http://www.caads.org)

[caads@caads.org](mailto:caads@caads.org)