

Assembly Committee on Aging and Long-Term Care
Mariko Yamada, Chair
State Capitol, Room 437
August 16, 2011
2:00 pm – 4:00pm

Good afternoon Madam Chair and committee members. My name is Kristie Hernandez, Policy Analyst for AltaMed Health Services.

AltaMed is one of the largest Adult Day Health Care providers in California. Our service area includes Los Angeles and Orange counties. We offer a comprehensive array of services, including: PACE, MSSP, ICMP and primary care clinics where patients can have a patient centered medical home.

I'm sure you are hearing a good many concerns regarding the elimination of ADHC. I would like to discuss in particular what will be the challenges of the participants themselves.

We are concerned for the largest concentration of ADHC participants located in the Los Angeles area (23,000 out of 37,000 participants statewide) who will be affected by this elimination in our service area.

As the Department of Health Care Services staff admitted on the ADHC stakeholder call - all services presently provided will not be available to these patients after transition. We are extremely concerned with the adequacy of the current managed care networks and their ability to provide necessary case management, occupational and physical therapy services as well as the entire Medi-cal benefit for \$60 per member, per month.

In addition, there is no adequate provision in the transition plan that addresses the need for daily supervision from a medical management point of view. This is a key component that keeps these fragile patients out of institutions and living in the community.

For example, one of our patients Gilberto because of lack of access to dental care developed an infectious abscess which traveled to his facial bones and eventually to his brain leaving him near death. Gilberto is left massively disfigured and paraplegic in a wheelchair and bedridden, unable to care for himself. The ADHC program provides medical intervention on a daily basis managing his medication, contacting his primary care physician for needed medical treatments, feeding him, and providing physical therapy and occupational therapy to try and rebuild his potential capacity to care for himself. The center also manages the depression of this 49 year old man who once was the sole provider for his family.

How is a managed care plan for \$60 a month, going to provide for everything that this man needs?

This is one of tens and thousands of people, young and old, who find themselves in TRUE need of being cared for and this is just one life from all these real people that the proposed transition plan will need to accommodate.

We ask you to SINCERELY address these massive challenges from the participant's point of view. You must ensure that no one will be sentenced to their bed in an institution or worse, as a result of eliminating this program.

Respectfully,

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Government Relations

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