

Testimony by Tony Anderson, Executive Director, The Arc of California, Tuesday August 16, 2011, to the Assembly Committee on Aging and Long-Term Care, chaired by Assemblymember Mariko Yamada. ***Costs and Consequences: Elimination of the Adult Day Health Care Medi-Cal Optional Benefit***, in the State Capitol, Room 437 at from 2:00 pm to 4:00 pm.

Good afternoon chairwoman Yamada and committee members, my name is Tony Anderson I'm the Executive Director of The Arc of California an association of people with intellectual and developmental disabilities and their families. Thank you for the invitation to speak to you today on the impact of the elimination of Adult Day Health Care on people with I/DD and their families.

First of all ADHC has been an important service for people with developmental disabilities in the menu of the state's approaches to meet the Olmstead principles and has resulted in supporting people in their communities of choice free from institutionalization. In addition ADHC has been important for many in our community who are part of a sandwich generation.

In our community the sandwich generation, which refers to caregivers who are supporting both their parents and their children, is much more prevalent as many adults live at home with their families into their senior years. In fact in California 80,000 people with developmental disabilities are said to be living with aging caregivers and while the life expectancy in the general population has increased so has the life expectancy for people with developmental disabilities in some disabilities equal to the general population and most dramatically and notably for people with down syndrome who at one time rarely lived past childhood and now live into their senior years but with a high likelihood of acquiring dementia.

While only about 11% of the ADHC caseload has a developmental disability it is still 4000 people with serious health concerns from a constituency that is known to have the poorest healthcare outcomes than almost every group supported through Medicaid and Medicare.

Before I highlight the concern we have, let me first acknowledge that there has been work by the administration at times to be thoughtful in the approach to transition from ADHC to the alternatives when it comes to people with developmental disabilities. Of particular noteworthiness is the acknowledgement of the Lanterman Act and specifically the entitlement to the services identified in the individual's program plan. The administration has tried to anticipate the need to offset the developmental services budget to address the new costs associated with this categorical elimination of this important resource. Finally it is entirely possible that the transition from ADHC services to some equivalent alternative could be a smooth transition fully meeting the needs of people with I/DD in new and comparable ways.

However, as advocates it has been our experience in recent years that major systemic change has been handled with varying degrees of success and failure for different people in each of the 21 independent community nonprofit regional

centers. As the Lanterman Act requires, each person will have an IPP meeting to individually plan for the best way to meet their needs, and the developmental services system has received funding to allow the person to receive ADHC like services. However there is no guarantee that the money will follow the person or that they will receive the same ADHC services as before and in fact there are incentives and regulations in place that may work against a consumer receiving the same type of service.

For instance, in addition to the person centered individualized approach to planning in the Lanterman Act there is also language that requires regional centers to pursue the least costly provider. In many cases any service at all will likely be an increase in cost to that regional center's budget and it is not likely the money to offset will be partitioned off just for these constituents. It will go into each regional center's budget and any money saved will just be part of the general budget for services at that regional center. There is nothing inherently wrong with this other than there is a clear incentive to save money especially when you consider that developmental services are targeted with a likely \$100 million trigger cut in December.

We are hopeful that the IPP process will be honored statewide and consistently for each of the 4000 individuals with I/DD and that the days of receiving notices of service eliminations and changes cannot repeat themselves because Director Terri Delgadillo has sent a clear directive to the regional centers that the IPP process must be honored before any change to an IPP can occur.

While it is difficult to protect against a hypothetical misstep we offer that by requiring a review of the outcomes for this transition by the end of the year, it will provide a balancing incentive to assure quality planning takes place. If we "inspect what we expect" we are more likely to get it. Meaning if we expect people with I/DD will receive careful planning and an undiminished array of services a sample review of the transition a year later will show a seamless process. There is no reason to think that 4000 people with developmental disabilities have been over served all these years so there is no reason to expect their stated needs in the IPP will change that much.

There were unprecedented cuts last year in a variety of areas in developmental services but this was not one of those intended cuts. We ask that every precaution and protection be put in place to prevent another unintended cut in developmental services, thank you.