



**CAADS**

California Association for Adult Day Services

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## **Media Statement**

### **State's Revised Plan to Transition Tens of Thousands of Displaced Adult Day Health Care Patients Builds a Bridge to Nowhere**

(Sacramento. CA) In a statement issued today, California Association for Adult Day Services Executive Director Lydia Missaelides described the state strategy for shifting 35,000 elderly and disabled patients out of soon-to-be defunct Adult Day Health Care (ADHC) centers as a hastily assembled plan that is long on promises, short on details and filled with inaccuracies.

“State health care officials know they have 35,000 medically needy elderly and disabled patients whose lives clearly depend on what they do in finding coordinated care for these patients’ complex medical needs in a matter of weeks or face disastrous legal consequences in court. Pressed for time, they had to produce something, and the result is now a plan and strategy that is nothing more than a list of existing health care services for ADHC patients to be plugged into like widgets or lumped together in managed care plans that the patient may not accept or that may not be able to provide for the patient’s specific needs because the services simply don’t exist.

“Community-based services have been decimated by years of cuts. Simply providing a list of programs with complex and restrictive eligibility requirements, many of which have long waiting lists, is no strategy at all. Forcing families to navigate unfamiliar terrain while attempting to travel here and there to get what little services they can find is no match for the one-stop and more affordable ADHC center offering integrated health care and social services.

“We find it ironic the Governor vetoed legislation to establish a federal waiver program to keep patients out of institutionalized care yet, the state’s transition strategy document, references sending patients into ‘ADHC-like’ services that avoid placement in nursing facilities or contracting with a ‘former ADHC’ – the very centers forced to shut down by the Governor’s own hand.

“The tragedy in all this is the harm that will be inflicted on our elderly and disabled citizens due to the state’s stubborn refusal to admit it never should have eliminated ADHC in the first place. Poor, chronically ill and disabled members of our society deserve more than a patchwork of inadequate services and false promises.

“When the lives of the most vulnerable among us are at stake, deficiencies and inaccurate statements in the state’s strategy document cannot go unchallenged.

For example:

- **Telephonic care coordination or case management will not be sufficient for the vast majority of ADHC patients.** These people require regular hands-on and eyes-on care. Coordination does no good if there are inadequate or no services available to coordinate. If only medical care was needed, patients would not have been approved for ADHC in the first place.
- **Enhanced In Home Supportive Services (IHSS):** No one has heard of “enhanced IHSS” until now. It is not clear what authority the state has to exceed the statutory limit on IHSS hours. IHSS is also slated for a 20% across-the-board reduction in hours if the budget “trigger” is pulled.
- **The plan talks about meetings and events that have not occurred.** For example, providers in Orange County and San Mateo have not been included in discussions with the County Organized Health Plans about transitioning patients out of ADHC.
- **Transition Funding:** There is no detail given about the use of the \$85 million appropriation, so how can ‘alternate service’ or ADHC providers plan if there is no estimate of how the funds will be divvied up or what will happen when these funds are depleted?
- **Cost Analysis:** There is no cost analysis to assure that purchasing separate services is less costly than the purchase of integrated ADHC services.

“These points of contention will be brought up at the upcoming stakeholder’s meeting to be held at the California Department of Health Care Services Auditorium or via teleconference on August 9, 2011. The meeting is open to the public for media and other interested parties to hear first-hand, how the state plans to deal with these issues and ensure those who are involved in the transition planning are held accountable for their actions.”

**Date:** August 9, 2011 (Tuesday)  
**Location:** California Department of Health Care Services Auditorium  
1500 Capitol Avenue - Sacramento, CA 95814  
**Time:** 1:30 – 3:30 PM

**Toll-Free Telephone Number: (888) 469-1573      Passcode: 3930437**  
Register by telephone at (877) 246-3343 or by e-mail at: [adhc-transition@dhcs.ca.gov](mailto:adhc-transition@dhcs.ca.gov).

As of 10:30 AM 8/8/2011, the State transition plan has not been posted to the DHCS website, <http://DHCS.ca.gov/ADHCtransition>. To access a copy of the State transition plan please visit [www.caads.org](http://www.caads.org)

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