

Introduced by Senator Perata

February 23, 2001

An act to add Chapter 3.31 (commencing with Section 1596.51) to Division 2 of the Health and Safety Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 827, as introduced, Perata. Adult day services.

Existing law, the California Adult Day Health Care Act, governs the provision of adult day health care, with administrative responsibility for this program shared between the State Department of Health Services and the California Department of Aging. Funding for local adult day health care centers is derived from various sources, including the Medi-Cal program.

Existing law also contains provisions for the provision of services by adult day care centers, with these centers being licensed by the State Department of Social Services. Provisions governing the types of services to be provided by, and the funding for, these centers differ from those applicable to adult day health care centers.

This bill would establish the Consumer Access to Adult Day Services Act.

The bill would express the intent of the Legislature to enact legislation that would design an integrated model for adult day health care and adult day care services.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) California’s population is not only growing, but it is aging,
4 evidenced by the United States Bureau of the Census projections
5 that the number of people aged 65 and older will reach 4.5 million
6 by the year 2010, an increase of 23 percent from the year 2000.

7 (b) This increase creates an immediate and future projected
8 need for home, and community-based services in sufficient
9 quantity and variety to provide consumers with options and access
10 to care in their own community.

11 (c) The National Conference of State Legislatures issued a
12 March 2000 report identifying adult day services as a key
13 component in the continuum of care, with the potential to delay
14 nursing home placement and reduce hospitalization and other
15 acute health care costs.

16 (d) Adult day services are uniquely positioned to achieve this
17 goal by providing a comprehensive, individualized program of
18 preventive, health, supportive, and social services in a safe,
19 protective group setting.

20 (e) Research shows that the structured activities, supervision,
21 and health care provided by adult day services programs help to
22 reduce depression, maintain health status, decrease adverse health
23 and wandering events, and increase caregiver satisfaction.

24 (f) In addition, when family members are providing informal
25 care, the family caregiver is a partner in care, and as such is also
26 a consumer of adult day services, receiving respite from 24-hour
27 caregiving and the social support needed to continue informal
28 caregiving.

29 (g) However, adult day services are not widely accessible to
30 those in need. Twenty counties have no adult day services
31 program, and 24 have fewer than three. One of the major barriers
32 to improving consumer access is the state’s outdated structure for
33 licensing, oversight, eligibility, and reimbursement.

34 (h) Current licensing and public reimbursement categories do
35 not provide for a seamless continuum of service delivery options
36 that allow the consumer to receive multiple levels of services in the
37 same setting, under one license.



1 (i) Adult day services programs are currently licensed by either
2 the State Department of Health Services or the State Department
3 of Social Services. However, only programs licensed by the State
4 Department of Health Services may be certified by that
5 department for the receipt of reimbursement under the Medi-Cal
6 program.

7 (j) This is an example of the current fragmentation of
8 regulatory structures for long-term care programs, as documented
9 in a recent report issued pursuant to Chapter 269 of the Statutes of
10 1997. This report criticizes that fragmentation, as it results in
11 confusion for the public, as well as for providers, and adds costs
12 to the administration of these programs.

13 (k) Consumers should be able to access the right level of adult
14 day services based on their assessed need rather than on the basis
15 of the existing licensure and categorical funding streams.

16 (l) Adult day services programs that have the capacity to
17 provide higher or lower levels of care should have increased
18 flexibility to vary their mix of services according to the unique
19 characteristics and assessed needs of the population they serve.

20 (m) Further, the California Health and Human Services
21 Agency Long Term Care Council has identified, as an activity
22 consistent with its mission and vision, the examination of
23 innovative models and strategies in the long-term care licensing
24 process, recognizing that this plays an important role in shaping
25 how services can be provided.

26 (n) An integrated model of adult day services is needed to better
27 align adult day services programs with the needs of consumers and
28 with the local long-term care integration and managed care
29 systems that are emerging in California.

30 (o) California providers are leading the nation in designing
31 voluntary, common data tools, common standards for assessment,
32 and quality indicators to promote high standards for performance.
33 This data will provide the quantitative foundation for designing
34 and implementing a more rational, effective, consumer-centered
35 model for adult day services, that will improve consumer access
36 to care.

37 SEC. 2. (a) It is the goal of the Legislature to ensure that all
38 levels of adult day services are widely available to consumers as
39 an integral community-based long-term care option.



1 (b) It is, therefore, the intent of the Legislature to do all of the
2 following:

3 (1) Realign existing licensing, administrative, and
4 reimbursement structures to reflect an integrated model of adult
5 day services.

6 (2) Incorporate into the integrated model industry standards for
7 standardized client assessment.

8 (3) Provide for assistance with startup and expansion of
9 programs, as provided for in the annual Budget Act.

10 (4) Provide financial assistance to consumers not currently
11 eligible for services under the current state medicaid plan.

12 (5) Address these findings by establishing the Consumer
13 Access to Adult Day Services Act.

14 SEC. 3. Chapter 3.31 (commencing with Section 1596.51) is
15 added to Division 2 of the Health and Safety Code, to read:

16
17 CHAPTER 3.31. CONSUMER ACCESS TO ADULT DAY SERVICES
18 ACT
19

20 1596.51. It is the intent of the Legislature to enact legislation
21 that would design an integrated model of adult day services that
22 includes all of the following components:

23 (a) Regulatory standards for licensing, certification and
24 monitoring of facilities providing core services, augmented
25 services, and specialized services.

26 (b) A rate structure for stand-alone and integrated programs,
27 including expanded use of medicaid dollars for low-income
28 adults.

29 (c) A plan for maximizing the use of federal funds to assist
30 caregivers and consumers to access adult day services.

31 (d) Recommendations for the statutory and regulatory changes
32 required to fully implement the plan.

33 (e) Recommendations for state plan amendments or waivers
34 necessary to fully implement the plan.

