

File No. 110256

Committee Item No. \_\_\_\_\_

Board Item No. 35

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date March 8, 2011

Cmte Board

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ethics Form 126                              |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Andrea Ausberry Date March 2, 2011

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.

1 [Opposing Elimination of Adult Day Health Center Programs]

2  
3 **Resolution opposing the proposed elimination of Medi-Cal funding for Adult Day Health**  
4 **Center programs in the State of California.**

5  
6 WHEREAS, San Francisco County has nine nonprofit and two for-profit Adult Day  
7 Health Centers (AHDC) serving the needs of over 1800 frail elders and persons with  
8 disabilities, along with their families; and

9 WHEREAS, All ADHC centers provide skilled nursing care; physical, occupational and  
10 speech therapy; social work; exercise programs; nutrition assessment and counseling; hot  
11 meals; and other services necessary for ADHC patients to maintain their health and live safely  
12 at home; and

13 WHEREAS, All ADHC centers provide education, counseling, support and navigation  
14 for family caregivers, and help those patients without caregivers navigate services and care,  
15 throughout the county without fees; and

16 WHEREAS, The ADHC services provided by these agencies are up to five times less  
17 expensive than early and/or inappropriate use of emergency rooms, hospitals, nursing  
18 homes and inpatient psychiatric facilities to both seniors and the tax-paying public and, more  
19 importantly allow ADHC patients to maintain their health and live at home; and

20 WHEREAS, Elimination of Adult Day Health Center funding through Medi-Cal would  
21 destabilize or close these programs, thus also threatening the services for non Medi-Cal  
22 participants such as veterans and adults with developmental disabilities; and

23 WHEREAS, Within 30 days hospitals in San Francisco County would quickly see  
24 increased hospitalizations and emergency room visits by affected displaced ADHC patients;  
25 and

1           WHEREAS, Within six months San Francisco County hospitals could expect to see  
2 hundreds of ADHC patients needing to be placed in skilled nursing or psychiatric facilities at a  
3 significantly greater cost to taxpayers; now, therefore, be it

4           RESOLVED, That the San Francisco Board of Supervisors hereby is opposed to the  
5 proposed elimination of Medi-Cal funding for Adult Day Health Center programs in the State of  
6 California.

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## INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or  
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:  
    An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor \_\_\_\_\_ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business Commission      | <input type="checkbox"/> Youth Commission    |
| <input type="checkbox"/> Ethics Commission              | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Building Inspection Commission |  |

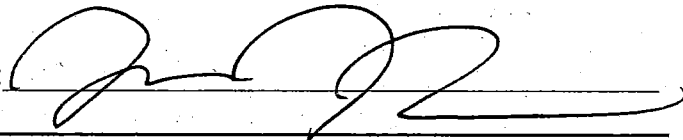
**Note:** For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

**Sponsor(s):** Kim

**SUBJECT:** Opposing the Elimination of Adult Day Health Center Programs in San Francisco

See attached.

Signature of Sponsoring Supervisor: \_\_\_\_\_



**For Clerk's Use Only:**