

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES P. O. Box 339 Honolulu, Hawaii 96809

January 24, 2008

LILLIAN B. KOLLER, ESQ. DIRECTOR

> HENRY OLIVA DEPUTY DIRECTOR

LATE TESTIMONY

MEMORANDUM

TO:

Honorable Maile Shimabukuro, Chair

House Committee on Human Services and Housing

FROM:

Lillian B. Koller, Director

SUBJECT: H.B. 2136, RELATING TO Care Homes

Hearing: Thursday, January 24, 2008, 8:30 a.m.

Conference Room 329, State Capitol

The purpose of H.B. 2136, is to increase State PURPOSE: Supplemental Payments (SSP) for Adult Residential Care Homes (ARCH) Type I and II, licensed developmental disabilities domiciliary homes, community care foster family homes, and certified adult foster homes by 7% from \$641.90 to \$686.83 (\$44.93 per month, per client) for Type I and from \$749.90 to \$802.39 (\$52.49 per month, per client) for level II.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill. For the purposes of this public hearing we are submitting information to assist you in your decision making.

The cost of this increase is \$1,304,818.80 for FY 09. On the occasions when the SSP has been raised in the past, the increase was in a dollar amount, not a percentage amount. AN EQUAL OPPORTUNITY AGENCY

effect of the percentage increase is to further increase the disparity for the payments between Type I and Type II ARCHs who serve the same clients but have differing operating requirements. The Department has no opinion on this methodology but wanted to highlight the fact that this is different from past practice.

The State of Hawaii has a Maintenance of Effort (MOE)

Agreement with the Social Security Administration which specifies that in each calendar year, DHS shall be required to make at least the same or greater amount of total monetary payments in the form of SSP to populations residing in designated living arrangements. Anytime there is an increase in the SSP rate, the increase automatically raises the MOE requirement by that increased amount the following year and ongoing. While SSP payments are made to individuals, our MOE requirement relates only to the total payment distributed to all SSP recipients.

If the Legislature determines that a SSP increase is warranted, the Department respectfully asks that the implementation of the proposed rate increase shall not adversely impact nor replace the priorities in the Executive Supplemental Budget.

Thank you for this opportunity to testify.

LATE TESTIMONY

From: Philmund Lee [mailto:philmund@yahoo.com]

Sent: Wednesday, January 23, 2008 6:55 PM

To: HSHtestimony

Subject: HB 2136 testimony Jan. 24, 2008, 830 AM.

Here is testimony.

It may have been sent eariler.

Phil Lee

Be a better friend, newshound, and know-it-all with Yahoo! Mobile. Try it now.

Dear Legislator, We, the undersigned, enthusiastically support HB 2136 that increases payments for level of care for ARCH types I and II, licensed developmental disabilities domiciliary homes, community care foster family homes, and certified adult foster homes by 7% from \$641.90 to \$686.83 for level I and from \$749.90 to \$802.39 for level II beginning on 7/1/08. Appropriation. We urge you to support this worthy measure.

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January 24, 2008

MEMBERS 2007-08

Testimony in Support of HB 2136 - HSH Hearing - Jan. 24, 2008, 8:30 a.m., Room 329

Ladies and Gentlemen of the Hawai'i State Legislature:

The Hawaii Coalition of Caregivers (HCCG) emphatically supports HB2136 relating to the increase of reimbursement rates for domiciliary care provided in licensed deleopmental disabilities domiciliary homes, community care foster family homes, and certified adult foster homes, and adult residential care homes.

HCCG's testimony in strong support can be summarized in one sentence: Level I caregivers provide 24/7 care 365 days a year for a flat-rate of \$1,200 per month, which calculates to approximately \$42 per day or \$1.67 per hour. The plight of caregivers covered by this bill can be characterized as downright deplorable.

The skyrocketing costs of providing care to the elderly and disabled make it nearly impossible to operate. Caregivers must pay their mortgage for their homes, most of which is used by the residents. Caregivers must also pay for electricity, water, and sewer costs that residents use; for property taxes, general excise taxes, and income taxes; for food, and kitchen, bathroom, and laundry supplies consumed by residents; for their cars and gasoline used to bring their residents to the doctor; for the insurance they are required to carry; for any entertainment they are expected to provide their residents. How do you stretch \$1.67 for all of these costs and still make a living?

This dire situation forces caregivers to live by their wits having to fend for their own health insurance, retirement savings, and other fringe benefits employees sometimes take for granted. Many cannot afford to purchase medical insurance for their family, which now averages \$1,000 per month. Ironically, the residents who they care for have medical insurance provided free of cost courtesy of the government. Forget about a retirement program.

Caregivers have little or no privacy and must make financial sacrifices to even leave their own homes. 24-hour care literally means 24-hour care. To even leave their homes, caregivers must use part of the \$1.67 per hour they earn to pay substitutes who earn an average of \$10 per hour. Caregivers have no vacation, no sick leave, funeral leave, jury leave or any other fringe benefits. And we wonder why almost all caregivers are immigrants and/or elderly. And we wonder why no student in our schools today are saying, "I want to grow up being a care home operator."

Notwithstanding the lack of financial incentives, caregivers tirelessly provide personalized virtual one-on-one hands-on care to their residents. On a daily basis, caregivers cook for their residents menus that are mandated by the State; they clean the house so that they can meet stringent standards of cleanliness; they bathe their residents; they help residents use the bathroom; they dress their residents; they take their residents to medical appointments; they ensure that residents take their medicine; they do the laundry soiled by their residents; and after all this, they entertain their residents and help their residents preserve their dignity giving them the feeling that they still belong in the community. All this for \$1.67 per hour. What a bargain!

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Testimony of HCCG in Support of HB2136 January 24, 2008 Page 2 of 2

Sadly, even after caregivers take their residents in and treat them as members of their own family, residents sometimes become combative and verbally abuse their caregivers. Some of them hit or spit at their caregivers. At the same time, the State hovers over the caregivers looking for any sign of abuse or neglect. When a resident loses weight, the State accuses caregivers of not feeding their residents. When a resident gains weight, the State screams improper nutrition. It's come to a point that when a caregiver makes a typographical error noting "mcg" where it should be "mg", the caregiver is cited and put on probation by the State – this is a true story. Where is the appreciation? Where is the support?

Little do people realize that caregivers comprise an integral part of Hawaii's health care system. In hospital terminology, HCCG's members have a total of about 4,000 "beds". What happens if these beds vanished because caregivers could no longer operate making \$1.67 per hour? Where would these residents go? What would the State do? Should the State send them to nursing homes that charge an average of \$7,000 per month per resident as opposed to \$1,200 in a care home? Who would pay for this?

A 7% raise would bring Type I hourly rates to \$1.78 per hour as opposed to \$1.67, far short of minimum wage, which is now \$7.25 per hour. Nevertheless, 7% would go a long way to encouraging caregivers to continue to provide a service without which the State cannot go without. It would be the first step in ensuring this industry survives.

Some may say, caregivers got a \$100/month raise a few years ago. Prior to 2006, however, caregivers did not receive a raise for about 10 years. Others may cite to the shrinking state budget. Sometimes, however, we must make difficult choices by looking at the necessity and value of the service caregivers provide relative to other competing interests. HCCG urges lawmakers to make the policy decision that will show that the caregiving industry that lawmakers values their service and that they care about providing home and community based care to the elderly and disabled. Hospitals and nursing homes do not have the capacity. We will all grow old at some point. Where will we go?

Very truly yours.

The Hawaii Coalition of Caregivers (HCCG)

By: Bryan P. Andaya

Attachment: Petition w/198 signatures in support of HB2136

About HCCG

HCCG consists primarily of four organizations working in collaboration towards the common mission of uniting the home and community based care giving industry to improve the quality of care provided to elderly and developmentally disabled clients in various home and community based programs, as well as to improve the state of the industry. HCCG members include: The Alliance of Residential Care Administrators (ARCA), the Preferred Care Providers (TPCP), the United Group of Home Administrators (UGHO), and the Adult Foster Home Association of Hawaii (AFHA). Together, members of the four organizations have a membership of almost 1,500 and comprise about 90% of the home and community-based care givers in the State of Hawaii.

PETITION URGING THE HAWAII STATE LEGISLATURE TO PASS HB 2136 RELATING TO INCREASED REIMBURSEMENT FOR CAREGIVERS (Page 1 - January 23, 2008)

We, the undersigned caregivers, emphatically urge the 2008 Hawaii State Legislature to enact HB 2136 providing for a 7% raise in Medicaid Waiver reimbursements to caregivers providing services under various home and community based programs. Caregivers provide personalized care to recipients who are eligible for Federal Supplementary Security Income or public assistance, most of whom are either elderly or developmentally disabled. Placement of these recipients in home and community based providers as opposed to acute-care hospitals and nursing facilities results in the following benefits: (1) allows recipients to be integrated into the mainstream community instead of being institutionalized; (2) alleviates the shortage of bed spaces needed for more acute care patients; (3) saves government millions of dollars by allowing relatively low reimbursement rates as compared to reimbursement rates for hospitals and institutions.

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PETITION URGING THE HAWAII STATE LEGISLATURE TO PASS HB 2136 RELATING TO INCREASED REIMBURSEMENT FOR CAREGIVERS (Page 1 - January 23, 2008) 1 1437 Maluanon & Pearl City Hi 96782 18 Joselyn O Alinsunurin 19. Michelle Acolol 94 1445 Hicepo St. Waipahu 96797 187-926 Waapuhi St. Waianae 9679= 20. JOSEPHINE L. QUIAMBADI 457-6879 21. Norma James 11361 KAM I Rd. Apt C. Hon. 6 96819 22. JUANITA B. RAMOS Hone In. Hon. HI 96817 Umea Loop Willam # 96789 LII IPO 1339 Hormaly St. F.C. H 1 108 Olokani Pl. Waliana 94-599 Kupura loop Waysher

PETITION URGING THE HAWAII STATE LEGISLATURE TO PASS HB 2136 RELATING TO INCREASED REIMBURSEMENT FOR CAREGIVERS (Page 1 - January 23, 2008)

We, the undersigned caregivers, emphatically urge the 2008 Hawaii State Legislature to enact HB 2136 providing for a 7% raise in Medicaid Waiver reimbursements to caregivers providing services under various home and community based programs. Caregivers provide personalized care to recipients who are eligible for Federal Supplementary Security Income or public assistance, most of whom are either elderly or developmentally disabled. Placement of these recipients in home and community based providers as opposed to acute-care hospitals and nursing facilities results in the following benefits: (1) allows recipients to be integrated into the mainstream community instead of being institutionalized; (2) alleviates the shortage of bed spaces needed for more acute care patients; (3) saves government millions of dollars by allowing relatively low reimbursement rates as compared to reimbursement rates for hospitals and institutions.

PRINT NAME	SIGNATURE	PHONE/ADDRESS
1. Bethy Balmonte	Buce	194-515 Lumiaine St Wph H1
2. Josefina Macaraeg	$\sim 1h$	808-456-5626 1 2393 AMHWITH 81. P.C. HI. 96782
3. Leonarda Lei Dalo	I ferradi fivado (1 Daischu HI 96797 94-1109 HAJOIO Place
4 Jane Tolentim	1 (J My no	Tha Deach 14. 96716
5. Wha Sunander	When Lenard	1 94-1309 Kahuan St
6. EMERITA P. ESPIRA	MI Emile P. Egg	1 94-1309 Kahuann St
7. RADIOLYN PASCUA	I Radio by Polano	-1 91-1009 POHAHAWAI PL. TUS BER
8. Lam Pastar	I trata	1 90-319 bis bis PV Waipalm
9. SyLVIA O. SADABA	V	
10. Fay De Jesus	I Jay De Jesus	194-1125 Calom J. Lap. 4. 86; 191-801 Felus F. Ewa Bach, HI &
11. Nida B. Aquinald	I Thika B. Squina	181 94-180 Kupushi St. Waipahn 9679 689-6892 4 1 Tu Brook High
12. Florelia C. Fiesta	I foulied C fresh	- 191-804 Apoke Al. East DEACH, ALLEN
13. Aiga Vaifale	i Diga Varale	191-1061 Huluhulu St. Ewabeach 96, 488-0371
14. AVELINDA YADAO	I Gulinda yako	1 99-112 Puchale St. auch 9570
15. CAROL Quignbos	4 ()	WI 91807 KNOW PLO QUE ROLL H 967
16. CARMELITA RESUTLLO	I Carpeter Romer	12828 Amohn Co-P-C-14-TE 282
17 Adelaida Galario	Alelaisa Kalaris	I 94-96 9 Kilhaulen St Warpalen

PETITION URGING THE HAWAII STATE LEGISLATURE TO PASS HB 2136 RELATING TO INCREASED REIMBURSEMENT FOR CAREGIVERS (Page 1 - January 23, 2008) 422 -8018 13648, LikimiSt fon Hi 9681C 13648 Liqui ST Ho. H. 9687 99-603 ALCO PLACE I ANCO, Hr. 96701 487-2893 91-1023 Kekailili Place 20. Ensebia Ibera 1 Ewa Beach, di 96706 95-645 Ackanaka Pol I Eua Beach Ste. 9670 6 la 1966 California alle. I Wahenin H1 96 786 1966 Caleprina Out Waluana #1 86786 25. EMILY clusto 1 94-231 KAHAHME PL WAIPAHUFFI 963 98-034 Kuleana PI. I Pearl City 1. 96788 486 9081 26. Namnama Baptista 27. 28. 29. I 30. 31. I Ι _____ I 32. I I 34. 35. I 36. 37. I I 38. I I 39. I I

PETITION URGING THE HAWAII STATE LEGISLATURE TO PASS HB 2136 RELATING TO INCREASED REIMBURSEMENT FOR CAREGIVERS (Page 2 - January 23, 2008)

40. BEATRIZ T. RIVERA	I Souling T. Willen	194-959 Kuakahi St. Warpelon 67187
41. Julieta C. Cambe	Anlieta C Cambe	194-482 Alapine St. Waipahu Hi 9674
42. REMILY GOKINGD		1/635 OWOWA ST. HON. HI.965.
43. MARY ANN WESTBRONG	a meatenake	91-1069 HANNOA ST. EWA POTAL
44. EDWARDA SACYATTERRA	I Kalentinoa	191-839 Havakahi St. Ewallach H
45. RASALINDA OLIVAS	I Kralida Olive	1 741 Alianam St. Hm & 2628
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LATE TESTIMONY

Baris Care Home 4016 Palikea Street, Lihue, HI 96766 * 808-245-9147

January 23, 2008

Testimony in Support of Bill 2136 Relating to Care Homes Asking for a 7% Pay Increase to Type I and Type II ARCHs
Thursday, January 24, 2008 at 8:30 a.m.
CONFERENCE ROOM 329

House Committees on Health and Human Services Representative Josh Green, Chair Representative Maile S.L. Shimabukuro, Chair Vice-Chairs and Committee Members

Honorable Chairs, Vice Chairs and Committee Members:

I, the undersigned, represent the Care Providers on the island of Kauai. We are members of the Alliance of Residential Care Administrators, (ARCA) that represent over 500 ARCHs caring for over 2,000 Hawaii's fragile Elderly and Physically Challenged.

We support HB2136 which asks for a 7% pay raise for Type I and Type II Adult Residential Care Homes.

The current level of payments by the State to Type I and II Adult Residential Care Homes, herein referred to as "ARCHs" still has not kept up with the steady increase in the cost of living here in Hawaii. Over a period of 10 years, there were 3 increases, a \$50, a \$100 and the most current, \$20.

The relevant Federal and State rules and regulations call for our strict compliance. Our costs to meet such regulations continue to drain our income resources. The 7% increase we are asking for will allow us to keep our homes open and to continue to operate.

The majority of ARCH residents in Hawaii are Medicaid clients. We believe that without a pay increase made by the State, many of our ARCH operators will no longer be able to afford to care for our beloved elderly. This would truly be a tragedy not only for our elderly, but for their family members as well, who rely upon the compassion and loving care provided by our ARCH administrators/caregivers.

We are also in favor of a cost-of-living adjustment index built into the State's payment schedule, which would hopefully result in payments being pegged to a COLA Index. In this manner, we believe that fairness will be restored, and the integrity of the payment process will be insured.

We are hopeful that this committee sees fit to pass HB2136 to provide a fairer compensation to the unsung heroes who unselfishly open their hearts and homes to Hawaii's Frail Elderly and Physically Challenged people at the current rate of approximately \$1.64 per hour, per resident.

Thank you for allowing us this opportunity to testify in support of this bill.

Signed:

Relma A Baris

Representative, Kauai Care Home Operators

Cell phone# 808-651-2701

LATE TESTIMONY

To all our Representatives, We are supporting the pay raise for Care Home Providers as well as for the Foster Home Care givers for the ff; reasons:

High cost of living (Monthly Expenses) and at least some compensation for services based on minimum wage not a CNA pay.

1.	Food (\$3.00 per meal	3x a day)	====9x30=\$270.00
ver	y tight budget		

- 2. Utilities
 - a. Electricity----- (\$40.00) monthly average bill per person
 - b. Telephone--------(Home and Cell) \$50.00 (bus. portion)
 - c. Gasoline----- (120.00) it could be more
 - d. Water-----\$40.00)
- 3. Housing/Home (Rent or Mortgage) -----reg. 1 bed home \$ 600
- 4. Car/Transportation (Car payment for the business) \$320.00 without that you can't do the bus.
- 5. Substitute caregiver -----(10.00/hr.) at least once a week needed when grocery shopping, MD appointments for other residents (3hrs. times \$10=\$30 times 4weeks.=\$120.00)
- 6. In-service Fee ...required every year (yearly CPR, 12 hrs. workshops)(120.00)
- 7. GE Tax 4%
- 8. Services------(Caregiver's fee as CNA per hr. minimum \$10) house chores? like: preparing meals, washing dishes, housekeeping services: cleaning their rooms, washing linens, cleaning bathrooms, grocery shopping, taking them to appointments ect. how many hours a day do you consume per resident multiply by minimum wage per hr. \$(5.25). mult. by 30 days in one month===AM 2hr, 2hr. NOON 2hr., 2hr. PM== 6hr. in one day x 30 days ==\$945

- 10. House repair?
- 11. Professional Liability Ins. \$890.00 divided 12= \$75.00 monthly
- 12. Car Insurance \$1,400.00 divided by 12===\$117

Summary:

Food	.00
Electricity40.	.00
Telephone50.	00
gasoline 120	.00
water40.	.00
Housing600	.00
Car320	.00
Substitute120	.00
In-service fee120	.00
Services as care provider at home per hr	
Home supplies	
Prof Liability Ins74.	
Car. Ins16.0	
GE tax?	4%
	100

Home repairs-----not yet included which is part of maintaining the bus.

Ouestions:

- 1. If you think all the aforementioned items and figures are legitimate what can be done at least?
- 2. Where will those clients be if we don't open homes and our hearts?
- 3. How much the government is saving for the state?
- 4. Who would sacrifice /donate their time and open their homes to help alleviate the elderly housing crisis in exchange of less than a minimum wage?
- 5. Don't you think this industry is contributing to the local economy?
- 6. Don't you think as care provider in a Home care setting has a better ratio of caregiver/patients as to an institution? With that being said, don't you think this service is friendlier and has personal

touch. The caregivers and their families intermingle with clients and thus provide these clients with sense of pride and acceptance.

7. What do you think how much expenses do caregivers put up to have a Care Home? Sad to say the least, With the ever increasing cost of living, how much do you think a home cost? What about those required continuing education and workshops that these caregivers have to undertake? Those aren't cheap...

- 8. With the sum of all the expenses and 4% GE tax how much is left is left?
- 9. These caregivers are very compassionate and have given out a lot to be able to function in this industry. They have accepted these elderly and frail individuals into their homes and welcomed them as part of their family. They have included them into their family social gatherings, they've shared with them the same SOUP and FOOD and not to mention the SOUL of their HOME functioning. Don't you think they deserve to be put in the pedestal and deserve a pay increase?

Thank you very much.

Big Island Adult Foster Home Association Danny Marcos, President