TO: Representative John M. Mizuno, Chair
Representative Tom Brower, Vice-Chair
Committee on Human Services

FROM: Lolita Echauz Ching, RN, MSN, CCRN
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Post-Hearing
LATE
Testimony

DATE: Thursday, January 28, 2010 (0930AM, Room 309)

RE: **Testimony in Support of HB 1886 for CASE MANAGER'S Rate of $16.25**

First and foremost I would like to express my gratitude to the Honorable Chairman John Mizuno and the Committee members of the Human Services. Good Morning to ALL!!!

My name is Lolita Ching, I have been a Registered Nurse for over 30 years, beginning as a critical care staff nurse, telemetry unit head nurse, clinical nurse specialist, rehab supervisor, home health agency nurse /clinical manager, and now as an Owner and a Case Manager of Quality Case Management Agency. For the past 11 years as a Home and Community Based Setting Case Manager, I experienced a multitude of changes and issues challenging the ongoing role, duties and responsibilities of the Residential Alternative Community Care Program (RACCP) Case Manager, now known as the HCBS Community Case Management Agency Case Manager in relation to its case management fees. Often times I ignored or brushed off the issue because of the many hours that were focused on

a) Assessing the client (who either be at the hospital, residential homes, temporary shelter homes, beach park, or at the corner of a parking lot) for placement.

b) Proper matching- that is to find a caregiver with nursing skills in order to provide the needs of the client.

c) Driving clients/families to three possible foster homes for them to check the homes and interview the caregivers.

d) Reviewing client history and contacting various providers, or loved ones to get the full story in order to develop service plan of care.

e) Training the newly certified caregivers at foster home on ways and means to care for their clients.

f) Delegating nursing skills and tasks through our professional license to the caregivers in order for the caregivers to serve the clients.

AND lastly because of my faith in the system----the leaders of the Department of Human Services who 3 years ago truly believed the coming of HMO will ensure continuum of care by working and collaborating with the Home and Community Based Setting (HCBS) CMA as well as managing Medicaid beneficiaries health care needs and possibly assist in the State budget shortfalls.

These budget shortfalls are not new to our Program. Every year ever since I started in 1999, the Leaders of the DHS have been testifying to ensure that additional fundings are approve for RACCP to continue. Every year, the CMA has been supportive to ensure that DHS will receive its funding and every year CMA has cost many hours to balance the role of a clinician and a manager. Since QCMI inception in 1999, CMA fee remains at $16.25/day with a short period of 2 dollars increase in exchange of certifying the foster homes which was abruptly discontinued in pursuant to the State Auditor's analysis as " potential for conflict of interest" secondary to the CMA acting as a subcontractor as well as certifying the foster homes. This program grew due to countless hours spent by case managers to recruit caregivers, and respond to clients as well as caregivers crises 24/7. In the end DHS received its needed federal fundings .

One of the CM essential duties and CM HAR requirement is the ongoing monthly face to face monitoring, reassessment and reevaluation. During this monthly monitoring, CM does ensure that clients are receiving the necessary services and quality care they deserve. Also, clients are living in a safe and clean home environment. CM is instrumental in the deliberation of early medical access for the client if health issues arising during the face to face assessment. We are the eyes and ears of everyone involved in the client care. We are instrumental in preventing any detrimental complications that might occur. We make sure the health and welfare of the clients, freedom of choice, and clients' rights are exercised. As a professional nurse and social workers, our priority is the client. We became creative with our approaches despite of a 67 cents professional hourly rate (based on $16.25/day). We continue to maintain our commitment to our clients and caregivers as well as to our DHS Leaders. Because of the ongoing oversight, client quality care persist, lawsuits, abuse and neglect are prevented which reduces cost at the end.

CM fee rate reduction effective February is like a time bomb waiting to explode due to a potential insufficient oversight. CCMA would not survive for a 35 cents/hour rate (based on OHANA's reduced CM fee rate to $8.50). The population we served is vulnerable, and sicker than before. Limited oversight due to rate reduction jeopardizes this Model that the State of Hawaii will potentially face increasing financial burden possibly due to lawsuits and unemployment expenditure.

Chairman, I request that H.B. 1886 be amended to insert language preserving the case management rate of $16.25 pursuant to HAR 17-1454.

Thank you for allowing me to testify today.