

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEES ON HUMAN SERVICES AND HEALTH

H.B. 2157, RELATING TO EXPANDED ADULT RESIDENTIAL CARE HOMES

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

February 4, 2010

1 **Department's Position:** The department respectfully OPPOSES this bill as written.

2 **Fiscal Implications:** This bill appropriates no money for the department's time and effort that will be
3 required under this bill.

4 **Purpose and Justification:** H.B. 2157 amends HRS §321-15.62 by raising the ceiling on the number of
5 nursing facility level residents who reside in Type I Expanded ARCHs from two patients to three.
6 However, the current statute also allows the DOH to allow more nursing level residents at its discretion
7 and this bill leaves this provision intact.

8 There are a grand total of 498 ARCHs with 2,643 beds in Hawaii. There are 254 Type I facilities
9 with 1,161 beds and 221 Type I Expanded facilities with 1,089 beds. About 40% of the Type I
10 Expanded beds (or 437 beds) are at the nursing level. The department's professional nurse consultant
11 surveyors estimate that 10% of the nursing level beds are vacant at any given time. In addition, virtually
12 all of the requests for additional nursing level beds are approved when the reputation of the home
13 operator and the quality of care they provide can be validated and since virtually all of the requests are
14 for residents to age in place. As a result, this bill appears to be unnecessary. Finally, any legislatively

1 mandated increase in the number of nursing level beds would require more licensing oversight, the costs
2 of which are neither appropriated in this bill nor available at the department's current funding level.

3 Thank you for the opportunity to testify.

From: Sue Cornish [eldercare_resources@yahoo.com]
Sent: Wednesday, February 03, 2010 4:17 PM
To: HUS testimony
Subject: testing HB 2157

LATE
Testimony

TO: Members of the Health and Human Services Committee

RE: HB 2157

As a Certified Registered Nurse Case Manager, in business for 15 years, past President of the Hawaii association of Case Managers I testify in support of HB 2157.

I support increasing the capacity for ICF/SNF/Expanded beds in the Adult Residential Care Homes from two to three. Safeguards for the health and safety of the residents should include an adequate staffing ratio to manage three expanded level residents.

Community-based care homes save the state the cost of nursing home care and for private pay residents allows families to stretch their resources further.

Recently Adult Foster homes were allowed to increase from two to three ICF residents. The Department of Health has structural requirements for the care homes in contrast to the adult foster homes.

Adult Residential Care Home operators are required to take education including nursing modules, medication management classes and nutrition classes. These are not requirements of Foster home operators.

Care Home operators are required to have one year experience in either hospital, long term care or home health care before receiving their license to open a Care Home.

Two recent incidents highlight the need for this bill.

One a resident who had been in a care home for 7 years was hospitalized and upon discharge was not allowed to return to his familiar home because his level of care had become Expanded.

The other a gentleman who had been living in a care home for 10 years, was hospitalized and because his level of care was higher on discharge was also not allowed to return to what had been his home for 10 years.

Expanded care residents in Adult Residential Care homes are mandated by the Department of Health to have Registered Nurse Case Managers provide oversight of their care.

Thank you for allowing me to testify in support of this Bill 2157.

Respectfully,

Sue Cornish, RN, MPH, CMC

Sue Cornish RNC,MPH Eldercare Resources Inc. 3168 Papala St. Honolulu, Hawaii 96822 808.988.6576, mobile 808.386.6489 fax 808.988.8097

From: FAJOTINACAREHOME@aol.com
Sent: Wednesday, February 03, 2010 4:21 PM
To: HUS testimony
Subject: testing

LATE
Testimony

Lilia Fajotina
Care Home Operator
ARCA(Alliance of Residential Care Administrators)
94-438 Hoaeae St. Waipahu, Hi 96797
Tel. 676-7399

I strongly support HB 2157. I believed the State and family will save a lots of money by placing their love ones in the care home rather than nursing home. Care Home Operators are more than qualified to accept additional ICF/SNF clients in the home. Safety wise the home is being inspected annually by the fire Dept. and by the Sanitation for their safety. We have our own RN case manager to provide over sight.

Thank you so much for allowing me to write my testimony.

Sincerely,

Lilia Fajotina
Care Home Operator

Nancy Atmospera-Walch, RN, BSN, MPH, LNHA, CHES, CCHN, CMC
n.walch@yahoo.com

Testimony in Strong SUPPORTS of HB 2157 requiring to increasing the capacity from two (2) to three (3) nursing facility level residents in Type I Expanded Adult Residential Care Homes.

Chairman Mizuno, I request that it be amended to include “Staffing Requirement” and “Evacuation Plan” for the safety of the clients.

February 4, 2010
9:00 am, Thursday
Hawai'i State Capitol Conference Room 329

A Bill for an Act:

COMMITTEE ON HUMAN SERVICES

LATE
Testimony

Honorable Rep. John M. Mizuno, Chair
Honorable Rep. Tom Brower, Vice Chair
Honorable House Committee on Human Services Members
Rep. Della Au Belatti
Rep. Joe Beltram, III
Rep. Mele Carroll
Rep. Scott Y. Nishimoto
Rep. Maile S. L. Shimabakuro
Rep. Ryan Yamane
Rep. Gene Ward

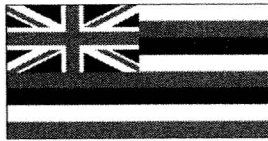
Hon. Chair John M. Mizuno, Hon. Vice-Chair Tom Brower, Committee on Human Services Members, Good Morning and ALOHA!

I am Nancy Atmospera-Walch, a Master's Prepared Licensed Registered Nurse, a Certified Health Education Specialist and a Certified Case Manager. I am here this morning in Strong Support of HB 2157 as it relates to requiring to increasing the capacity from two (2) to three (3) nursing facility level residents in Type I Expanded Adult Residential Care Homes.

However, I am requesting that you amend this bill to include that ALL substitute caregivers must also be Certified Nurse's Aide. In addition, there must be someone with the PCG in the house at all time who is capable of helping in evacuating patients in case of fire or other type of emergency. The reason and only reason for this is for the safety of the patients. Just remember that three of the patients will be at nursing facility level of care which means that they are frail, probably not fully ambulatory and some might be dementic. If you evacuate a patient, someone has to stay with these patients in the place where you are bringing them for safety,

while going back for the other patients. A lot of patients can walk but they cannot follow instruction. Therefore, I am in full support to increasing the number of ICF patients in Expanded care Home with staffing that commensurate with the level of care of the patients in order to ensure their ultimate safety.

Honorable Chair and all members of the Committee, thank you for giving me the opportunity to testify!



CAPITOL CONSULTANTS OF HAWAII, LLP
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Office: 808/531-4551 Fax: 808/533-4601
Website: www.capitolconsultantsofhawaii.com

February 3, 2010

LATE
Testimony

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

Representative Ryan I. Yamane, Chair
Representative Scott Nishimoto, Vice Chair
Committee on Health

RE: HB2157 Relating to Expanded Adult Residential Care Homes

Dear Chair Mizuno, Vice Chair Brower, Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

I am John H. Radcliffe and on behalf of the Alliance of Residential Care Administrators (ARCA) we are in strong support of this bill which will permit type I residential care homes to add one more nursing home resident. Our reasoning for this is simple and direct:

- It is more efficient, and yet does not significantly increase the span of control necessary to care for our clients.
- It will be a considerable cost saving to the State of Hawaii in these difficult times.

This bill brings together elements that will greatly improve Hawaii's adult care home experience and we thank those legislators responsible for this progressive legislation.

We urge you to pass this bill. Thank you for this opportunity to testify.

Respectfully Submitted,

John H. Radcliffe
Vice President

Jocelyn Harris, APRN

Akamai Adult Residential Carehome

Committee on Human Services & on Health

Hearing: 2/4/10 at 9am

Measure #: HB 2157

LATE
Testimony

I support increasing ICF / SNF / Expanded beds in the Adult Residential Care Homes from two to three.

Allowing Adult Residential Care Homes licensed by Registered Nurses to care for three expanded level of care residents, will provide quality cost effective residential care in a home based setting. Thus, easing the financial burden of the State of Hawaii, and saving millions of dollars by having residents pay for expanded care in the community for a longer period of time, before needing to apply for State funded services.

Many adult residential care homes are licensed by Registered Nurses who provide comprehensive clinical assessments daily, have years of experience, and an in depth educational nursing background. I have been a registered nurse for 18 years, have an Advance Practice Registered Nurse License, and am certified in Case Management and have extensive wound care experience. I have practiced at The Rehabilitation Hospital of the Pacific for the past 15 years and am a Certified Rehabilitation Registered Nurse.

Allowing three nursing facility level residents in a type one care home licensed by a registered nurse would ease the community burden for nursing homes, provide continuity of care (for new and existing residents) and a quality of care for many more clients in a community based home. I have had two residents in my care home for a year, at which time they became ill (one with an extended stroke and the other with a new diagnosis of cancer of the stomach added to the existing Alzheimer's diagnosis) and at the point of discharge from the hospital their level of care was expanded and both had to go into a different care home. Thus, disrupting their usually physical environment, having different care providers than what they were accustomed to and causing behavioral reactions to these situations.

The high cost to the State of Hawaii for institutional care would be minimized since residents would be able to afford their expanded care in a home based setting for a longer period of time before needing state assistance.

~~Confidential~~

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 04, 2010 3:00 AM
To: HUSTestimony
Cc: hokulaki1@hawaii.rr.com
Subject: Testimony for HB2157 on 2/4/2010 9:00:00 AM

Testimony for HUS/HLT 2/4/2010 9:00:00 AM HB2157

LATE
Testimony

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Myriam Tabaniag
Organization: Alliance of Residential Care Administrators
Address: P.O.Box 758 Pearl City, Hawaii
Phone:
E-mail: hokulaki1@hawaii.rr.com
Submitted on: 2/4/2010

Comments:

To the Hon.Committee Chairs of Health and Human Services, Rep. Ryan Yamane and Rep. John Mizuno; My name is Myriam Tabaniag, President of the Alliance of Residential Care Administrators (ARCA) and also President and Owner of 2 carehomes here in Hawaii. I strongly support HB 2157.

First, community based facilities, like carehomes have been saving the State and families of our state, millions of dollars yearly by providing our frail kupunas quality care services in our homes. There's shortage of SNF beds as we all know. Passing this bill will allow more beds to open for our elderly.

Second, passing this measure will help to protect the health, safety, civil rights and the rights of choice of the residents who are already living in the carehomes for many years. At present, carehomes are allowed only 2 expanded or skilled nursing facility (SNF) level residents in the home. If one of the other residents already living in the care home gets hospitalized and the level of care changes into SNF level, that particular resident is not allowed to come back into the same care home, even though he/she has been living in the same carehome for 5-20 years.

This causes transfer trauma to the resident, the families and to us, caregivers.

Third, SNF level residents in the carehomes have Registered Nurses Case Managers to oversee their care in the carehomes. They are a part of the team to include the residents' families and guardians to help plan, train and execute the individualized care plan especially made for the residents.

Fourth, care homes are structurally built to accomodate wheelchair bound residents through doorways and hallways, etc.

Lastly, there's already a safety net built -in into the carehomes rules and regulation (Section 11-100.1 HAR) regarding staffing, fire safety, etc.

Other community-based facilities like the Foster Homes are already allowed to take care of three (3) SNF level residents in their homes.

Thank you for allowing me to testify.