



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2012

MEMORANDUM

TO: The Honorable John M. Mizuno, Chair
House Committee on Human Services

The Honorable Ryan I. Yamane
House Committee on Health

FROM: Patricia McManaman, Director

SUBJECT: **H.B. 2131 - RELATING TO COMMUNITY CARE FOSTER FAMILY HOMES**

Hearing: Thursday, February 2, 2012; 10:00 a.m.
Conference Room 329, State Capitol

PURPOSE: The purpose of H. B. 2131 is to allow a Community Care Foster Family Home (CCFFH) to remain open for at least another six months upon losing its only Medicaid patient, if a physician, licensed in the State, certifies that removal of the remaining private-pay client may result in transfer trauma to the remaining private-pay client.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) respectfully opposes this bill as the proposed amendments are not necessary.

The DHS would recommend that section 346-332, Hawaii Revised Statutes, be repealed in its entirety as the provisions are no longer applicable. The demonstration project in section 346-332(a) is no longer in existence and a community care foster family home (CCFFH) is already defined in section 346-331, Hawaii Revised Statutes,

as providing twenty-four-hour living accommodations, including personal care and homemaker services, for not more than two adults at any one time, at least one of whom shall be a medicaid recipient.

The CCFFHs continue to serve as important community resources to meet the needs of Medicaid patients requiring community-based options to nursing facility care. As the certification entity, DHS and our designee, Community Ties of America (CTA), are aware that some CCFFHs have had no Medicaid patients in residence for extended periods of time which is a violation of section 346-331, HRS, definition for "community care foster family home". Paragraph (2) of this definition states that a CCFFH is a home that provides twenty-four hour living accommodations, including personal care and homemaker services, for not more than two adults at any one time, **at least one of whom shall be a medicaid recipient** (emphasis added). This means that the CCFFH is required to have a Medicaid recipient in residence at any given time.

CCFFH operators have been informed through newsletters and personal contact with CTA, that should the CCFFH have no Medicaid recipient in residence for more than ninety days, that the operators will be asked to log their referral sources, referral dates, potential client names, and the reasons why a potential Medicaid client did not become a resident of the CCFFH. CTA will review these logs to ensure that a good faith effort is being made to obtain a Medicaid client in a timely manner. In addition, CTA has disseminated this information through its quarterly meetings with the executive officers of the various CCFFH and adult foster home associations.

To date, there have been no CCFFH closures as a result of the home not having a Medicaid client in residence. CTA provides the CCFFH operator with information on how to contact the various case management agencies to obtain Medicaid client referrals. CTA may also contact the private-pay client's case manager to see if the

case manager can assist by looking for an appropriate Medicaid client to place in the same CCFFH. Requiring a physician to certify that the removal of a private-pay client may cause the client to sustain transfer trauma is not necessary and will create additional work for the CCFFH operator, case managers, and physicians.

Thank you for the opportunity to provide comments on this bill.

ADULT FOSTER HOMECARE ASSOCIATION OF HAWAII

P.O. Box 970092, Waipahu, Hawai'i 96797

LATE
Testimony

February 2, 2012

Thelma Ortal
President
*Adult Foster HomeCare
Association of Hawaii*

Lani Akee
Immediate Past President
*Adult Foster HomeCare
Association of Hawaii*

RE: **HB2131 – Testimony in Strong Support – HUS 2/2/12 – Rm. 329 10:00 a.m.**

Dear Chair Mizuno, Vice Chair Jordan and Members of the Committee:

We **strongly support HB2131**, which allows a sole remaining private-pay client in a Community Care Foster Family Homes (foster homes) to remain in that home for up to 6 months.

Indeed, the heart of the foster home program is the family. We take disadvantaged individuals into our home and make them a part of our family. Just because our Medicaid client passes on or otherwise is no longer in our home, it should not necessarily trigger the involuntary removal of our private-pay client.

Because our clients become family, clients who are involuntarily removed often suffer severe trauma and depression. Although we try our best to find a Medicaid client as soon as we can, we often are unable to find a suitable client in time because of the long and complicated admission process. We also want to avoid rushing into admitting a Medicaid client simply because we want to keep our private-pay client. We want to admit clients who we believe will fit well within our home.

Private-pay clients are people too. They should have a right to remain in our home if it is their free choice and the choice of their family. They deserve to be treated with dignity and have their choices respected.

For these reasons, I **strongly support HB 2131**.

Very truly yours,

Thelma Ortal
President

About AFHA

The Adult Foster Home Association of Hawaii (AFHA) is the industry trade association of providers under the Community Care Foster Family Home program under the Department of Human Services, State of Hawaii. With a membership of almost 750 providers, AFHA's mission is to promote the interests of providers as well as resident clients. AFHA members provide 24-hour care to resident clients 7 days a week, 365 days a year.

THE PRIMARY CARE PROVIDERS

P.O. Box 2441, Honolulu, Hawai'i 96804

LATE
Testimony

February 2, 2012

RE: HB2131 – Testimony in Strong Support – HUS 2/2/12 – Rm. 329 10:00 a.m.

Dear Chair Mizuno, Vice Chair Jordan and Members of the Committee:

We strongly support HB2131, which allows a sole remaining private-pay client in a Community Care Foster Family Homes (foster homes) to remain in that home for up to 6 months.

This issue is about patient rights. Patients, whether private-pay or otherwise, should have a right to decide where to live their life. Foster homes should not be penalized by the State if their private-pay client wishes to remain in the home. We try to take Medicaid clients, but the placement system is often slow. Please respect the dignity of patients, who are elderly and/or disabled, by allowing them to stay in their homes for up to 6 months while we attempt to find a suitable Medicaid client.

For these reasons, I strongly support HB 2131.

Very truly yours,

The Primary Care Providers (TPCP)

By: Maria Etrata

About TPCP

TPCP's mission is unite 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. Together, members of the four organizations have a membership of about 500 and comprise about 35% of the home and community-based caregivers in the State of Hawaii.

LATE Testimony

February 1, 2012

Testimony in Strong Support of HB 2131 - HUS 2/2/12 10:00 a.m. Rm. 329

To the Honorable Members of the Committee:

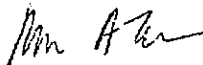
I, Norma Tan, Vice President of the Adult Foster Homecare Association of Hawai'i, which consists of more than 700 members, strongly support **HB 2131: Relating to Community Care Foster Family Homes**. This bill will allow a Community Care Foster Family Home to remain open for another six months upon losing its only Medicaid patient, if a physician, licensed in the State, certifies that removal of the remaining private-pay client may result in transfer trauma to the remaining private-pay client. I strongly support this bill because it can be very difficult to fill a vacancy in a Community Care Foster Family Home with a Medicaid patient within the current timeframe of three months. For example:

1. The high volume of Community Care Foster Family Homes with vacant rooms on the Leeward side of Oahu and the high demand for homes in the Honolulu area creates difficulty for caregivers to fill vacant rooms with a Medicaid patient. Homes on the neighbor islands are also experiencing the same problem.
2. The Medicaid clients that may be available at the time of need may not get along well with the current household members and patients.
3. If the Community Care Foster Family Home currently has a bed-bound resident, the new client must be able to ambulate if there aren't enough household members available 24 hours of the day; however, the available clients at the time of need might be unable to ambulate.

Saying you need to admit a Medicaid client within the timeframe of three months may sound simple, however, there are many barriers that cause hindrances to actually admitting a Medicaid client. Many Community Care Foster Family Homes in Hawaii are open for more than three, if not more, months before even admitting their FIRST patient. I am urging you to please support this bill.

Thank you for the attention you have given to this important issue.

Respectfully,



Norma Tan

94-1076 Haalau St. Waipahu, HI 96797

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