



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 31, 2015

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Housing
and

The Honorable Josh Green, Chair
Senate Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Chun Oakland, Senator Green, and Members of the Committees:

SUBJECT: SCR 104/SR 58 – REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO CONSIDER AN ALTERNATE METHODOLOGY FOR ESTABLISHING THE BASIC PROSPECTIVE PAYMENT SYSTEM RATES FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, TO REBASE THE RATES AT LEAST EVERY TWO FISCAL YEARS, AND TO INCREASE BED RESERVATION DAYS TO TWENTY-FOUR DAYS PER CALENDAR YEAR FOR HOSPITALIZATION AND OTHER ABSENCES OF RESIDENTS FROM INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

The State Council on Developmental Disabilities (DD) **SUPPORTS SCR 104/SR 58**. Last year, the 2014 Legislature adopted HCR 140, which requested the Director of Human Services to rebase the basic prospective payment system rates for intermediate care facilities for individuals with intellectual disabilities that serve Medicaid recipients to be effective July 1, 2015, and the Director of Health to include sufficient funding to cover any increase in basic payment system rates resulting from rebasing in its 2015-2017 Biennium Budget.

It is our understanding that the current basic prospective payment system rates for intermediate care facilities for individuals with intellectual disabilities (ICF/ID) were set in Fiscal Year 2008, with rebasing that became effective July 1, 2007, and were based on cost reports from providers for the base Fiscal Year ending June 30, 2005. Due to the 2012 suspension of the mandated annual inflation adjustments to the basic prospective payment system rates, providers have not had an increase in payments to keep up with inflation.

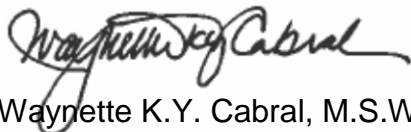
The Honorable Suzanne Chun Oakland
The Honorable Josh Green
Page 2
March 31, 2015

We believe that a rebasing of the prospective payment system using updated cost report data at least every two fiscal years would address the dilemma for providers to meet the financial challenges of rising costs while continuing to provide critical services for persons with intellectual disabilities. For example, rebasing would be effective July 1, 2015, for Fiscal Year ending June 30, 2016, and using cost reports from providers from the base year ending June 30, 2013.

The Council feels that the increase in bed reservation days from 12 to 24 days is a reasonable increase to allow providers to reserve and hold a bed of a resident in an ICF/ID facility while the resident is hospitalized or on a therapeutic visit. Providers are an essential component in assisting the State in establishing a comprehensive service system that is responsive in enhancing the quality of life for persons with intellectual disabilities.

Thank you for the opportunity to provide testimony **supporting SCR 104/SR 58.**

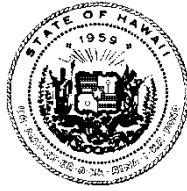
Sincerely,



Waynette K.Y. Cabral, M.S.W.
Executive Administrator



Rosie Rowe
Chair



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 30, 2015

TO: The Honorable Josh Green, M.D., Chair
Senate Committee on Health

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Housing

FROM: Rachael Wong, DrPH, Director

SUBJECT: **S.C.R. 104/S.R. 58 - REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO CONSIDER AN ALTERNATE METHODOLOGY FOR ESTABLISHING THE BASIC PROSPECTIVE PAYMENT SYSTEM RATES FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, TO REBASE THE RATES AT LEAST EVERY TWO FISCAL YEARS, AND TO INCREASE BED RESERVATION DAYS TO TWENTY-FOUR DAYS PER CALENDAR YEAR FOR HOSPITALIZATION AND OTHER ABSENCES OF RESIDENTS FROM INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**

Hearing: Tuesday, March 31, 2015; 1:20 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of the bill is to request the Department of Human Services to consider an alternate methodology for establishing the basic Prospective Payment System (PPS) rates for Intermediate Care Facilities for the Developmentally Disabled/Individuals with Intellectual Disabilities (DD/IID), rebasing the rate every two years, and increasing the bed hold days from twelve days to twenty-four days per year.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this resolution but respectfully opposes the measure as the issues contained in the measure have been or will be addressed by DHS.

Existing DHS administrative rules detail the frequency and methodology to rebase rates for DD/IID facilities. The administrative rules provide rebasing of the PPS rates every eight years. The last rebasing of PPS rates was effective July 1, 2007; and per the administrative rules, the next rebase of the PPS rates will be effective July 1, 2015. If the frequency of rebasing is changed as proposed, it will require an additional appropriation. The Department of Health (DOH) included a \$635,000 appropriation request for the scheduled rebasing of rates as part of its current executive budget request.

The DHS administrative rules (Hawaii Administrative Rule §17-1739.2-14) also provide for an annual inflation rate increase. In 2011, due to a budget shortfall, the Centers of Medicare and Medicaid Services (CMS) approved DHS' request to suspend the inflation rate increases effective July 1, 2011. The suspension of the inflation rate increases were for the DD/IID facilities and all long term care facilities. This fiscal year, DOH, which receives the appropriation for the DD/IID facilities, paid a 1.8% increase to the DD/IID and long term care facilities.

The DHS has had discussions with the Arc in Hawaii regarding an alternate methodology and communicated the suggested methodology to the CMS. The CMS informed DHS that the methodology offered was not acceptable.

The DHS submitted a State Plan Amendment (SPA) to increase bed holds days for DD/IID facilities from twelve to twenty-four days for therapeutic days. This will allow recipients to leave the facility for extended days to, as an example, visit family on weekends or go on vacations allowing for extended absences from the home. However, if the bed hold days are extended to include hospitalizations, this change will also require an appropriation as the State would be required to pay

for the hospitalization days as well as reimburse the DD/IID facility for those bed hold days on which the individuals are hospitalized.

Thank you for the opportunity to testify on this bill.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: 143jerkface@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:14:17 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Alvarado	the arc in hawaii	Support	No

Comments:

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Cc: mrs_alvarado7313@yahoo.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:13:12 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Alvarado	the arc in hawaii	Support	No

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Cc: Jeni.alina36@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:13:06 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jenilyn Parangan	the arc in hawaii	Support	No

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Cc: bretp808@outlook.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:12:39 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
bret peterka	Arc Advocates	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: reeny_kauai@hotmail.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Monday, March 30, 2015 12:04:59 PM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Shereen Doi	Arc in Hawaii	Support	No

Comments: SCR 104 I, Shereen Doi stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Cc: angiedace808@yahoo.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:40:33 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
angie dace	The Arc in Hawaii	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: terryl@thearcinhawaii.org
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:24:37 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Terry Lopez	The Arc in Hawaii	Support	No

Comments:

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Cc: wahiawamgr@thearcinhawaii.org
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 10:10:49 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Subee	The Arc in Hawaii	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: charlesw808@outlook.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Monday, March 30, 2015 10:05:14 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Whitt	Arc Advocates	Support	No

Comments: I Charles Whitt stand in support of SCR 104. Debasing every 2 years gives a more accurate accounting.

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Cc: lzs@thearcinhawaii.org
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 9:58:14 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Liz Sappington	The Arc in Hawaii	Support	No

Comments:

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Cc: jjdoria@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 9:55:17 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Doria	The Arc in Hawaii	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: kuuipokumukahi@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Monday, March 30, 2015 7:43:25 AM

SCR104

Submitted on: 3/30/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kuuipo Kumukahi	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: carmencitia@hotmail.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Sunday, March 29, 2015 5:39:04 PM

SCR104

Submitted on: 3/29/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Carmencitia Bishop	Individual	Support	No

Comments: I, Carmencitia Bishop, support SCR 104. I believe the current 8 year methodology used is too long. Rebasng every two years will help ensure that adjustments are more relevant and will allow those providing services to address their financial issues sooner ratherbeing stuck with an outdated rate for years. I also support increasing the bed hold days to 24 dats per year to include hospitalization. This would provide some security to the individual (or family) that they have a home to return to after a hospital stay. It also lets an agency recoup some of the costs of holding a bed open.

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March 28, 2015

Hon. Suzanne Chun Oakland, Chair & Members
of the Senate Committee on Human Services and Housing
The Senate, Hawaii State Legislature
415 S. Beretania Street
Honolulu, HI 96813

Hon. Josh Green, Chair & Members of the Senate
Committee on Health
The Senate, Hawaii State Legislature
415 S. Beretania Street
Honolulu, HI 96813

Re: Senate Concurrent Resolution 104

Hearing Date/Time: 1:20 p.m., Tuesday, March 31, 2015

Dear Chairs Chun Oakland and Green & Members of Your Respective Committees:

On behalf of my youngest sister and our entire family, I urge you to adopt SCR 104 titled, in part, "Requesting the Department of Human Services To Consider An Alternate Methodology For Establishing The Basic Prospective Payment System Rates For Intermediate Care Facilities For Individuals With Intellectual Disabilities."

My sister was born with Down's syndrome and lived with our family until reaching early adulthood. The decision to place my sister, initially in a domiciliary home, was heartbreaking for our family. This was especially difficult for my mother and late father, who made many sacrifices, financial and otherwise, over many years to care for their youngest child in their Honolulu home. When my sister's care needs escalated dramatically due to her multiple disabilities, we were fortunate that a bed at one of the ARC in Hawaii's ICF homes became available. At her current home, my sister is provided the round-the-clock services and close supervision that our family cannot provide. To us, the ARC's staff members are heroes – they work for an under-resourced non-profit agency that provides services to some of our State's most intellectually and physically challenged as well as economically vulnerable citizens. The ARC in Hawaii supports us as a family and works closely with us to ensure that my sister is as safe, healthy, and happy as she can be.

After becoming a volunteer at the ARC in Hawaii, I was stunned to learn about the fiscal and other problems faced by this as well as other agencies that your Resolution appears intended to address, including unacceptably prolonged periods of time without any adjustment to reimbursement rates. The current methodology fails to account for the real costs of providing services, some of which are imposed by the State, to clients whose vocational, educational, and medical care needs may vary

significantly from individual to individual and which become more complex over time. As a community, we rely on the ARC in Hawaii and other programs like it to provide varied services and higher levels of care over time, but do not compensate them fairly.

If adopted, your Resolution will ask the Department of Human Services to consider what it may think of as yet another routine request by non-profits for more money or, simply put, a “pay raise.” The Department should, however, with the Senate’s guidance, help it realize that this is about ensuring the long term viability, fiscal and otherwise, of programs like the ARC in Hawaii which continue to help the Department and our State fulfill their responsibilities for the safety, well-being and quality of life for all of its constituents with intellectual disabilities.

The thought of relocating my sister off island if the ARC in Hawaii were forced to close its doors because of the deficient rebasing methodology is unbearable. None of Hawaii’s disabled individuals and their families should have to bear this burden.

I sincerely regret that I will be away from Hawaii and not able to testify at your March 31 hearing.

Please adopt SCR 104.

Thank you,

Jan M. Tamura

E mail: jan.tamura@gmail.com

Phone: (808) 497-4052

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maed@thearcinhawaii.org
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Friday, March 27, 2015 8:50:02 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
MAE T. DILORETTO	THE ARC IN HAWAII	Support	No

Comments:

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TESTIMONY FAVORING SCR 104

I, Michael Nakagawa stand in support of SCR 105. I believe the current 8-year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population needs to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

Sincerely,

Michael Nakagawa

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: phred518@yahoo.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 6:12:54 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sally S Bartholomew	Individual	Support	No

Comments: I support SCR 104. I believe the current eight year rebasing methodology used is exceptionally long. Rebasing every two years will ensure that adjustments (either up or down) much more accurately reflect current costs of providing services and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy/business environment. Additionally, I support increasing the bed hold days to 24 per year, including absences for hospitalization. Relative to other states, Hawaii has one of the most restrictive bed-hold policies in the country. The vulnerable population served in ICF/ID facilities need to have their housing situations protected when they are in the hospital. Providing up to 24 bed-hold days per year assures that that persons with intellectual disabilities know that they have a home to return to when they recover from illness or injury. It also provides the agency with the ability to recoup some of the costs of holding a bed open for hospitalized residents.

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Cc: duaneb74@gmail.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 5:49:52 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Duane P Bartholomew	Individual	Support	No

Comments: I support SCR 104. I believe the current eight year rebasing methodology used is exceptionally long. Rebasing every two years will ensure that adjustments (either up or down) much more accurately reflect current costs of providing services and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy/business environment. Additionally, I support increasing the bed hold days to 24 per year, including absences for hospitalization. Relative to other states, Hawaii has one of the most restrictive bed-hold policies in the country. The vulnerable population served in ICF/ID facilities need to have their housing situations protected when they are in the hospital. Providing up to 24 bed-hold days per year assures that that persons with intellectual disabilities know that they have a home to return to when they recover from illness or injury. It also provides the agency with the ability to recoup some of the costs of holding a bed open for hospitalized residents.

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Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 5:09:15 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Hanamoto	Individual	Comments Only	No

Comments: I, Janet Hanamoto stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open. Thank you.

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The Senate, Committee on Health

For the Hearing on Tuesday, March 31, 2015 at 1:20pm, at the State Capitol room 016.

Regarding: SCR 104

I McKinsey Porter completely support SCR 104. I am currently the ICF Program Manager at the Arc in Hawaii and have worked at the Arc in Hawaii for over 3 years in the ICF/IID program. I agree 100% with everything that SCR 104 stands for.

First off, the current 8 year rebasing method used to determine the ICF/IID PPS rate is outdated and absolutely needs to be increased! In just the 3 years that I have worked in this program, the cost of just the bare necessities has noticeably increased. You can see it in the little things like the way the home managers have changed their grocery shopping habits, buying more canned and frozen fruits and veggies. Not to mention the cost increase for, RX's, office visits, co-pays, or other medically related items. The method in which the PPS rate for ICF/IID is determined is behind the times and does not take into consideration the current economy and inflation rates. Although there are many things we would like to have in the budget for our ICF participants, like the ability to hire more behavior specialists, or remodeling a bathroom shower to accommodate a larger wheelchair, these things are not able to be completed so easily with the current PPS rate. Thus our resulting cost report will show that we have stayed within or close to our budget from years past. How do we show we need more money, based on how much money was spent the year before when that budget was pre-fixed? With a more proactive approach, taking into account reasonable projections that are much needed to improve services, all ICF participants in Hawaii would greatly benefit. I support rebasing every two years and believe that it will ensure that adjustments are more current and will allow those providing ICF/IID services to address any financial issues in a more relevant time frame.

In regards to the bed hold days, I fully support increasing the bed hold days to 24 days per year including any hospitalizations. I have seen firsthand how the limit of 12 days interferes with the best interest of participants. Families have chosen not to take participants on vacations because they are afraid of losing their spots in our ICF homes. Another family counts the holidays that they wish to have their participant overnight for and then will not take them overnight in other months because they are concerned with going over the 12 days. It is limiting to the people we serve. They should be allowed to spend more than just 1 night a month with their families if that is what they chose. Additionally, hospitalizations should be included in the bed hold policy. I have seen our participant's family's stress out over the bed hold days worried that if the participant is in the hospital for more than 12 days that they will lose their spot in our ICF home. While our participants are in the hospital, their placement in our ICF homes should be protected. I do not believe that such a vulnerable population should have to worry about having a home to go back to if they should find themselves in the unfortunate situation of being in the hospital for more than 12 days in a year. Providing up to 24 days per year to accommodate for these situations, provides the individuals and their families with security to know that they have a home to return to after a hospitalization. It also provides the agency with the ability to recoup some of the costs of holding a bed open during a participant's hospitalization. It will also provide a better quality of life for those lucky participants that have family that are willing and want to spend more time with them for holidays, special occasions, family get-together's, and vacations. I fully support the request to increase the current bed hold policy from 12 days to 24 days, at least!

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Cc: karlettekaulia@gmail.com
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SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
karlette Kaulia	Individual	Support	No

Comments:

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Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
christine menezes	Individual	Support	No

Comments: I, Christine Menezes stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
eric kenny	Individual	Comments Only	No

Comments: I, Eric Kenny, stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Submitted By	Organization	Testifier Position	Present at Hearing
Nona Takasaki	Individual	Support	No

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Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Kioi	The Arc in Hawaii	Support	No

Comments: I, Cathy Kioi, stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open. Thank you.

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Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Verdallie K. Puni	Individual	Support	No

Comments: I, Verdallie K. Puni stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Submitted By	Organization	Testifier Position	Present at Hearing
Agnes Osan	Individual	Support	No

Comments:

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Submitted By	Organization	Testifier Position	Present at Hearing
Nenita Batara	Individual	Support	No

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Thomas P Huber
46-291 Auna Street
Kaneohe HI 96744
March 31, 2015

The Honorable Suzanne Chun Oakland, Chair
The Honorable Josh Green, Vice Chair
Senate Committee on Human Services and Housing

The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
Senate Committee on Health

State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Re: SCR 104 and SR 58 - Requesting the Department Of Human Services to Consider an Alternate Methodology for Establishing the Basic Prospective Payment System Rates For Intermediate Care Facilities For Individuals With Intellectual Disabilities and to Rebase the Basic Prospective Payment System Rates at Least Once Every Two State Fiscal Years and to Increase Bed Reservation Days to Twenty Four Per Calendar Year for Hospitalization and Other Absences From Intermediate Care Facilities For Individuals With Intellectual Disabilities.

Hearing: March 31, 2015 1:20 PM

Conference Room 016

I am the volunteer President of The Arc in Hawaii. and I **STRONGLY SUPPORT** Senate Concurrent Resolution 104 and Senate Resolution 58, concerning Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) operated by The Arc in Hawaii

There are two basic issues covered by this Resolution

Rebasing the basic PPS rate paid to providers of ICF/IID services.

and

Permitting providers to receive “**bed hold**” payments to reserve beds when a resident is absent from the facility at midnight **for a maximum of 24 days** per annum, **including absences for hospitalization**

As President of The Arc in Hawaii, I have been distressed by losses our agency has incurred by reason of underfunding of the 7 Intermediate Care Facilities for Individuals with Intellectual Disabilities that we operate for up to 82 persons who need extra help due to the degree of their disabilities. Part of the reason for these losses have been positions taken by the State of Hawaii with regard to funding which in fairness can be easily

corrected by honoring the obligation to provide annual inflation adjustments and taking the steps requested in the first “Resolved” of HCR 107, improving the rebasing methodology.

I have also been distressed by the unduly restrictive reserved bed or “bed hold” policy referred to in the second Resolved clause, which is among the most restrictive in the nation. I have been advocating for several years for the State to liberalize the policy. The policy has not changed.

I would be happy to answer any questions you may have or to address any statement made by the Department of Health or the Department of Human Services in any testimony they may submit.

Thank you for introducing this Resolution and for hearing our concerns.

The Arc in Hawaii
3989 Diamond Head Road
Honolulu HI 96816
808 737-7995

March 31, 2015

The Honorable Suzanne Chun Oakland, Chair
The Honorable Josh Green, Vice Chair
Senate Committee on Human Services and Housing

The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
Senate Committee on Health

State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Re: SCR 104 and SR 58 - Requesting the Department Of Human Services to Consider an Alternate Methodology for Establishing the Basic Prospective Payment System Rates For Intermediate Care Facilities For Individuals With Intellectual Disabilities and to Rebase the Basic Prospective Payment System Rates at Least Once Every Two State Fiscal Years and to Increase Bed Reservation Days to Twenty Four Per Calendar Year for Hospitalization and Other Absences From Intermediate Care Facilities For Individuals With Intellectual Disabilities.

Hearing: March 31, 2015 1:20 PM
Conference Room 016

Dear Chairs Chun Oakland and Green and Vice Chair Wakai and Members of the Committees;

The Arc in Hawaii **STRONGLY SUPPORTS** Senate Concurrent Resolution 104 and Senate Resolution 58, which address two critical areas which seriously impact the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) operated by The Arc in Hawaii, The Arc of Maui and ORI.

Rebasing the basic PPS rate paid to providers of ICF/IID services.

Permitting providers to receive “**bed hold**” payments to reserve beds when a resident is absent from the facility at midnight **for a maximum of 24 days** per annum, **including absences for hospitalization**

The 17 ICF/IID homes operated by private, nonprofit agencies, with a maximum of 82 beds, are a vital resource for a particularly vulnerable segment of the developmentally disabled community who require a higher level of care and staffing than other residential resources. (The State also operates an ICF/IID facility at Kula Hospital, which, unlike the private operators, received an \$800,000 appropriation in each of FY 2014 and 2015 on top of the above-mentioned basic PPS rate for services received in common with the private facilities.)

Rebasing

ICF/IID providers are paid through Medicaid at a flat per diem rate per resident. That fee is set under the Long-Term Care Prospective Payment System, Chapter 17-1739.2 Hawaii Administrative Rules (HAR). The Department of Human Services (DHS) sets a “basic PPS rate,” which is then to be supplemented by an annual inflation factor. The basic PPS rate is based upon actual costs reported by the provider for a prior “base year.”

Under Section 17-1739.2-17, HAR “

... a provider shall not have its basic PPS rates calculated by reference to the same base year for more than eight state fiscal years.”

DHS apparently interprets this language to provide that it may re-base ONLY every eight years. However, the provision sets forth the LONGEST period during which a base PPS rate may be in effect before a rebasing is mandated.

DHS has taken full advantage of the leeway given it under the Rule in recent decades by rebasing only every eight years. For example, the rate currently fixed was done as follows: Providers submitted cost reports based on their staffing, case load, level of care requirements and other conditions in effect in fiscal year 2005. A new basic PPS rate was established based on those factors (already two years out of date) to take effect in fiscal year 2008 and that basic PPS rate has held firm until this fiscal year.

Rebasing every eight years is a ridiculous concept. During eight years, changes in level of care for clients (as by aging and deteriorating health), prevailing wage rates, regulatory standards, best practices and other factors that are not addressed by inflation adjustments impact costs of providing services, but are ignored by the eight-year process. For example, if the condition of a fiscal year 2005 resident worsens in 2006 and the attending physician orders twenty-four hour staff monitoring, the facility may need to increase staffing. But for ten years (two years in the 2006-2007 look back period plus the eight year rebased period) those costs are not acknowledged or reimbursed.

Inflation adjustments would not reflect the change in staffing in this example. First of all, the inflation factor applied by DHS is an estimated inflation factor based upon a published “CMS Nursing Home Without Capital Market Basket”, covering the whole nation. ICF/IIDs are not nursing homes and Hawaii is not representative of the whole nation. So the inflation factor not only does not address existing conditions, but it is not representative of increased costs for ICF/IIDs in Hawaii.

To make matters worse, inflation adjustments were denied in fiscal years 2012, 2013 and 2014. This drove down resources for providers, requiring cutbacks in necessary spending, which will in turn suppress the cost data to be presented for the next scheduled round of eight-year rebasing, fiscal years 2016-2023 under DHS’s present practices.

The ultimate result of these practices is to deny vital income that is rightfully earned by the providers. The State would not expect the suppliers of its pencils to sell them below cost. Why, then, should a provider of basic human needs be expected to do so for ten years on end? It is a basic proposition that those who perform services for the State must be adequately compensated to at least cover their costs while providing the level of care required by their licensing and the needs of those in their charge.

SCR 104 and SR 58 urge DHS to evaluate and consider an alternate methodology for establishing the basic PPS

rates. The Arc in Hawaii believes that better methods can be implemented within existing law to correct the inadequacies and unfairness of the present system and give fair compensation to providers and, through them, the people they serve.

Implementing a practice of rebasing every two years would go a long way to resolve inequities. Changes in level of care for clients, prevailing wage rates, regulatory standards, best practices and other factors that occur after the base year would not have an eight to ten year impact upon the financial health of the provider. The PPS rate would far more truly track the actual costs of the provider.

In addition to more frequent rebasing, the DHS could allow providers to submit and justify forward looking factors (for example, the need for additional staff) that would support a higher per diem basic PPS rate than reflected in the backward-looking prior year cost reports. The present system relies solely and blindly on out of date factors and, in truth, is retrospective, not prospective.

DHS testified that DOH had included a \$635,000 appropriation request for the upcoming rebasing in its budget. We don't know how DOH calculated this amount, but we point out that the quoted amount would be the result of ten years of growing costs from FY 2005 to FY 2015, or about \$63,000 per year. Spread among the 18 facilities (including Kula) that would be an average of \$3,500 per annum per facility, or about \$700 per annum per the approximately 90 individuals receiving services. Small potatoes for the State, significant income for the operators.

DHS frequently cites the difficulty of conducting a rebasing under its Rules as justification for delaying rebasing as long as possible. However, whether a rebasing is done or not, the providers must provide a cost report each and every year, and we understand that those cost reports are audited by or on behalf of the State each year. The complexity of the cost reporting system, which is a creation of the State, should not be an excuse to short-change providers.

Twenty-Four “Bed Hold” Days.

The PPS per diem rate for a ICF/IID resident is not paid to a provider if the resident is not present at midnight of a day, regardless of how much service has been provided during that day.

However, under Section 17-1739.2-23, HAR, a provider may be paid for up to 12 days per year upon which the resident is absent at the midnight deadline. This “bed hold” or bed reservation privilege is only available if the persons is absent for a reason other than hospitalization, in which case, no bed hold payment may be made.

ICF/IID bed hold policies are strictly up to the states. Based upon a 2006 survey by The Arc of the District of Columbia, Hawaii's current policy of allowing only 12 days of leave is the lowest number of days permitted in any state that has small, privately operated ICF/IIDs. The same survey reported that more than half of the states pay the ICF/IID facility during a reasonable number of days of hospitalization, with an average of 49 days per year where there is an annual limit, or 14 days in a row without an annual limit.

Until recently, DHS assumed that federal Medicaid would not pay the federal share of ICF/IID bed hold payments for hospitalization absences. However, federal authorities assured DHS that if it allowed bed hold days for hospitalization, the federal share would be payable.

DHS has recently indicated that it would increase the number of non-hospitalization bed hold days from 12 to 24 days per year (it has not done so yet). However, DHS indicated that it would continue to discriminate against residents who were hospitalized.

The Arc in Hawaii strongly supports the resolution urging DHS to adopt the 24-day bed hold leave policy and to have it apply to hospitalization absences as well as non-hospitalization purposes.

The current minimal number of leave days is absolutely inappropriate when applied to residents of an ICF/IID, and certainly inconsistent with federal regulations and all principles of active treatment, therapy, habilitation, inclusion and least restrictive alternative required by federal regulations governing ICF/IIDs. Federal ICF/IID regulations, 42 CFR § 483.420 (c) (5), mandate that ICF/IID providers "promote frequent and informal leaves from the facility for visits, trips or vacations". Hawaii's current 12 days per annum limit on leave days, when applied to ICF/IID residents, is hardly "frequent." It discourages, rather than "promotes", visits, trips or vacations.

The present restrictive bed hold policy is a hindrance to filling vacancies in the ICF/IID. Families who seek a residential alternative for their loved ones often prefer to retain some contact with the person through home visits. They are reluctant to place their family member in a facility from which the family member cannot “escape” for a reasonable time for family visits. ICF/IID vacancies present a severe financial challenge for providers, because they suffer a loss each day that a vacancy continues.

It is a fallacy that service by the ICF/IID operator ends when a client is hospitalized. Most obviously, on the day of hospitalization, the staff of the ICF/IID typically provides services to the individual, usually requiring more staff time than usual because of the health crisis they are facing. Yet under DHS's "midnight census" rule, no payment is made that day because the ICF/IID bed is empty at midnight.

The Arc fails to see any rational basis for denying bed hold days because a person is absent due to hospitalization rather than a home visit. The negative impact on the provider is the same in both cases, if not even greater in the case of hospitalization if staff must assist in the hospitalization process.

We thank you for the opportunity to testify on these important matters.

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Submitted By	Organization	Testifier Position	Present at Hearing
Hilda Eugenio	Arc in Hawaii	Support	No

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Justin Sataraka	Individual	Support	No

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Christina Bujoli	Individual	Support	No

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TAU	Individual	Support	No

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Becky Tyksinski	Individual	Support	No

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Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Hogan	Individual	Support	No

Comments: I am in support of SCR 104. I believe that the current 8 year re-basing method used is too long. Re-basing every 2 years will ensure that adjustments are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Also, I support increasing the bed hold days to 24 days per year to include hospitalization. This vulnerable population needs to have their housing situations protected when they are in the hospital. We can not add to our homeless population.

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Lee-ann Nicholas	Individual	Support	No

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Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
estrella erice	Individual	Support	No

Comments:

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Cc: johnb@thearcinhawaii.org
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 2:20:33 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
John Buker	Individual	Support	No

Comments: I, John Buker, stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years would provide a more up to date reflection of the current economy. Other state allow a 24 day bed hold, Hawaii should allow this also.

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Cc: ltoglemcnear@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Friday, March 27, 2015 2:13:17 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lorna	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: bradleyt@thearcinhawaii.org
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 2:08:02 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Toyama	Individual	Support	No

Comments: I, Bradley Toyama, stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Friday, March 27, 2015 2:02:16 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lola Jean Amarin	Individual	Support	No

Comments:

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Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 1:58:17 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sonja Punsalan	Individual	Comments Only	No

Comments: I stand in support of SCR 104. The 8-year rebasing methodology is too long! Rebasing should be done at least every 2 years to ensure that adjustments are frequent and relevant. This will enable providers to budget their financial needs more accurately. I also support increasing bed-hold days to 24 days per year to include hospitalization. Other states provide this...Hawaii should follow suit.

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Date: Friday, March 27, 2015 1:50:20 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Equila	Individual	Comments Only	No

Comments: I, Renee Equila stand in support of SCR 104. I believe the current 8 year re-evaluation is too long. Rebasng every two years will ensure that adjustments to funding are more relevant to the economic nature at that time and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vunerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 1:45:13 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lola Jean Amarin	Individual	Comments Only	No

Comments: I Lola Jean Amarin stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every 2 years will ensure the adjustments (increase or decrease) are more relevant and will allow those providing ICF/IID current economy. Additionally, I support increasing the bed hold days to 24 days per year to hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Cc: reubendunaway74@gmail.com
Subject: *Submitted testimony for SCR104 on Mar 31, 2015 13:20PM*
Date: Friday, March 27, 2015 1:36:10 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Reuben Dunaway	Individual	Support	No

Comments:

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Cc: megaladon60@yahoo.com
Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 1:33:55 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Darren Bishop	The Arc in Hawaii	Support	No

Comments: I, Darren Bishop, stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Guess	The Arc in Hawaii	Support	No

Comments:

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Subject: Submitted testimony for SCR104 on Mar 31, 2015 13:20PM
Date: Friday, March 27, 2015 1:14:50 PM

SCR104

Submitted on: 3/27/2015

Testimony for HTH/HSH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Michael A Owen	Individual	Comments Only	No

Comments: I, Michael A Owen stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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Date: Friday, March 27, 2015 1:05:41 PM

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Submitted on: 3/27/2015

Testimony for HTH/HSB on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Claretta Wakita	Individual	Support	No

Comments: I, Claretta Wakita stand in support of SCR 104. I believe the current 8 year rebasing methodology used is too long. Rebasing every two years will ensure that adjustments (either up or down) are more relevant and will allow those providing ICF/IID services to address their financial issues sooner rather than being stuck with an outdated rate that does not reflect the current economy. Additionally, I support increasing the bed hold days to 24 days per year to include hospitalization. Other states allow this and Hawaii should follow suit. This vulnerable population need to have their housing situations protected when they are in the hospital. Providing up to 24 days per year for this, provides the individual with security to know that they have a home to return to. It also provides the agency with the ability to recoup some of the costs of holding a bed open.

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