



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 15, 2023

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Second Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Buenaventura and Committee Members:

SUBJECT: SB1615 RELATING TO THE DEPARTMENT OF HEALTH.

The Hawaii State Council on Developmental Disabilities **SUPPORTS SB1615**, which requires the Developmental Disabilities Division of the Department of Health to amend its eligibility criteria for the home and community-based services Medicaid waiver to include individuals having an intellectual or a developmental disability and a comorbid mental illness.

We support the intent of SB1615 and defer to the Department of Human Services for clarification on what the Home and Community-Based Service (HCBS) 1915c Medicaid Waiver Program entails.

When Waimano Training School and Hospital was opened, the individuals mentioned in SB1615 were placed at Waimano and, upon the closure of Waimano, were placed within the 1915c Waiver program. However, as time passed, some individuals who once qualified for the 1915c Waiver program were no longer eligible, even if they had previously been placed at Waimano. The intake into the Developmental Disabilities Division (DDD) and then into the 1915c Waiver Program appears to change with each new administrator- Dr. David Fray's intake process was much different from Ms. Mary Brogan's.

For consistency, the intake process for any Medicaid program should be with the Department of Human Services (DHS), not DOH/DDD. Once eligible, DHS can refer the individual to the appropriate program.

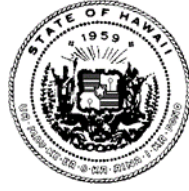
Thank you for the opportunity to submit testimony in **support of SB1615**.

Sincerely,

Daintry Bartoldus

Executive Administrator

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 14, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: **SB 1615 – RELATING TO HEALTH.**

Hearing: February 15, 2023, 1:00 p.m.
Conference Room 225 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments. DHS also defers to the Department of Health.

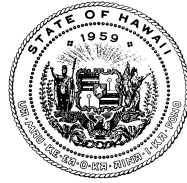
PURPOSE: The bill's purpose requires the Developmental Disabilities Division (DDD) of the Department of Health (DOH) to amend its eligibility criteria for the home and community-based services Medicaid waiver to include individuals having an intellectual or developmental disability and a comorbid mental illness.

DHS recognizes that it can be very difficult and challenging for families with children who have intellectual or developmental disabilities and who also have mental illnesses. As the single-state Medicaid agency recognized by the Centers for Medicare and Medicaid (CMS) concerning Hawaii's two Medicaid waivers, DHS Med-QUEST Division (MQD) is responsible for submitting, amending, and overseeing these waivers. DDD operates the §1915(c) Medicaid Home and Community-Based Services (HCBS) Waiver for individuals with intellectual and developmental disabilities (I/DD) on our behalf. For admission into the §1915(c) Waiver, an individual must meet Medicaid eligibility requirements and the requisite institutional level of

care. Many individuals receiving services in the 1915(c) Waiver operated by DDD have co-occurring behavioral health diagnoses. However, the 1915(c) waiver services are limited to home and community-based services and supports that allow individuals with I/DD to live in their homes and the community rather than reside in an institution. In contrast, the full range of health care services, which includes clinical treatments for mental illness, are provided by the individual's Medicaid health plan.

We recognize that the health care system can be fragmented and difficult to navigate, even more so when individuals have multiple complex needs. For that reason, we are committed to working with DDD, and the QUEST Integration Health Plans to improve care coordination, especially for those with complex health, behavioral and social needs.

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



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Honolulu, HI 96801-3378
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Testimony COMMENTING on SB1615
RELATING TO THE DEPARTMENT OF HEALTH.

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: 2/15/2023

Room Number: 225

1 **Department Testimony:**

2 SB1615 requires the Department of Health (DOH), Developmental Disabilities Division (DDD),
3 to adopt rules amending its eligibility criteria for the §1915 (c) Medicaid Home and Community-
4 Based Services (HCBS) Waiver to include individuals having an intellectual or developmental
5 disability and a comorbid mental illness. It also requires the DOH to submit a report of the status
6 of the department's adoption of rules, including any proposed legislation, prior to the convening
7 of the 2024 legislative session.

8

9 The Department of Human Services (DHS), Med-QUEST Division (MQD), is the single state
10 Medicaid agency recognized by the Centers for Medicare and Medicaid Services (CMS) with
11 respect to Hawaii's two Medicaid Waivers. The DOH-DDD operates the §1915(c) Medicaid
12 HCBS Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD) on behalf
13 of DHS-MQD. DHS-MQD determines admission into the §1915(c) Medicaid Waiver, with
14 respect to whether the individual has met Medicaid requirements and the requisite institutional
15 level of care. DOH-DDD may not adopt or amend rules for eligibility to the HCBS waiver.

1 The §1915(c) Waiver provides services and supports that allow individuals with I/DD to live in
2 their homes and in the community, rather than to reside in an institution. Individuals with I/DD
3 often do have co-morbid diagnoses and mental illness. Clinical treatment of co-morbid
4 diagnoses including mental illness are provided through the individual's Medicaid managed care
5 health plan, rather than through §1915(c) Waiver services. Services in the §1915(c) Waiver
6 cannot supplant or duplicate programs or treatment available from other federal, state, or county
7 agencies.

8
9 Medicaid plans are required to provide the Early and Periodic Screening, Diagnostic, and
10 Treatment (EPSDT) benefit, which are comprehensive and preventive health care services for
11 children under age 21. It is a key benefit to ensure that children and adolescents receive
12 appropriate preventive, dental, mental health, developmental, and specialty services.

13
14 Unlike the Medicaid health insurance program, the number of individuals served by the §1915(c)
15 Waiver is limited, given that CMS requires state waivers to demonstrate cost neutrality.
16 Further, federal regulations expressly exclude mental illness from the definition of I/DD.

17
18 The DOH remains committed to working with DHS and stakeholders to ensure the state's
19 programs meet the needs of Hawaii residents having I/DD. Both departments are committed to
20 ensuring compliance with federal and state requirements with respect to Medicaid and Medicaid
21 waivers in order to sustain the federal share of funding for our vulnerable citizens.

22

1 **Fiscal Implications:** The potential cost impact for this program is anticipated to be high,
2 especially due to the uncertainty of Medicaid approval of funding for this proposal. Additional
3 staffing would be necessary to address increased enrollment.

4

5 Thank you for the opportunity to testify.

SB-1615

Submitted on: 2/12/2023 11:10:32 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melodee Haole	Testifying for K.E.L.I.I. FOUNDATION	Support	In Person

Comments:

Aloha,

Chair San Buenaventura, and members of the Senate Committee on Health and Human Services Hearing,

The K.E.L.I.I. FOUNDATION STRONGLY SUPPORT BILL SB 1615, and request for this Bill to be called Kelii's Law so parents and supporters can follow this BILL easier.

My Name is Melodee Haole, I am the Founder, and President of the K.E.L.I.I. Foundation. I am not only an advocate but I am a mother of a 29 year old, SEVERE AUTISTIC son named Kelii. I personally understand the struggles of our special needs, Developmental, and Intellectual disabilities families. Our community has been struggling for years in the lack of the right support for our community.

In 2019 We tried to get the Kelii's Law passed, in 2020 Senator Gabbard introduced another version of the Kelii's Law and Senator Fevella introduced K.E.L.I.I. FOUNDATION Resolution for THE AT- RISK GAP POPULATIONS, then COVID hit.

Now it's 2023 and our community is struggling even more, during COVID I had to help a few young adults that fell through the GAP of the TRANSITION between DOH, DOE, DDD, SSI, these young adults had no guidance or help during transitioning from DOE to adulthood and some ended up homeless. The only way we can help the AT- RISK GAP POPULATION and prevent them from becoming homeless is to make sure they have the RIGHT SUPPORT SYSTEM and services through DDD because of their intellectual or developmental disorder with some type of Co occurring mental illness..

I am requesting DDD to define their eligibility criteria for individuals with I/DD and co-occurring mental health disorders to receive I/DD medicaid waiver services. These AT- RISK GAP POPULATIONS THAT HAS DUAL DIAGNOSIS Autism with, COMORBID, CO OCCURRING DISORDERS, DEFINE ITS I/DD AND CO OCCURRING MENTAL HEALTH DISORDER. THIS POPULATION FALLS UNDER THE LAW CHAPTER 333F.

Example of an AT-RISK young adult with intellectual disabilities with co occurring mental health that the system failed : Shawn A. was in the foster care and special ED system his whole life, he didn't have the right supporting parent or advocate to maneuver the difficulties of all

these agencies working together especially during the transition to adulthood. Because of this he had NO Developmental disabilities services, No job training help, No medical, and ended up HOMELESS, self medicating, people on the streets manipulated him to steal, he started selling drugs, he got into heavy drugs, and ended up in prison. Because of his Developmental and intellectual disabilities, he really couldn't process what was happening, he felt these people on the street were his only family and friends. His younger sister found him and tried to help him but he started to get depressed and missed his friends on the streets. In 2020 the beginning of COVID he didn't understand and was frustrated, he tried to commit suicide and jump out of his sister car when they were on the freeway, a few cars ran him over, miraculously he survived and is here to tell his story.

Now he has a limp and has more difficulties with processing life skills. After the hospital he felt he wanted to live on his own because he didn't want to be a burden and got into a sober, and clean house. He got some financial help but people started stealing from him, so he asked to move in with his sister. But with living with his sister he only has medical insurance from Quest but got DENIED for DDD services and all other services.

If this young adult had DDD services after high school he would have had the right support services to help him to live the best quality of life.

Mahalo for allowing me to testify.

Melodee Haole

SB-1615

Submitted on: 2/13/2023 6:09:24 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chanel Wahinepio	Testifying for Keli Foundarion	Support	Written Testimony Only

Comments:

Aloha,
Chair San Buenaventura, and members of the Senate Committee on Health and Human Services
Hearing,

I STRONGLY SUPPORT BILL SB 1615.

I am requesting DDD to define their eligibility criteria for individuals with I/DD and co-occurring mental health disorders to receive I/DD medicaid waiver services. These AT- RISK GAP POPULATIONS THAT HAS DUAL DIAGNOSIS Autism with, COMORBID, CO OCCURRING DISORDERS, DEFINE ITS I/DD AND CO OCCURRING MENTAL HEALTH DISORDER. THIS POPULATION FALLS UNDER THE LAW CHAPTER 333F.

My name is Chanel Wahinepio. My child is 14 and is diagnosed with severe Autism.

Mahalo for allowing me to testify.

SB-1615

Submitted on: 2/11/2023 4:06:35 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	In Person

Comments:

We think this is a great idea though we suspect the Department of Health will not agree with us. It has been very frustrating to see people with co-occurring disabilities (Intellectual Disability and Mental Illness) not receive appropriate services. For years we have seen clients "finger pointed" back and forth between the two Divisions at the Department of Health. Each Division has told the individual they are not eligible for services and must go to the other Division. Frequently, they end up receiving no services. In truth, they are potentially eligible (or should be) for services from both Divisions. We do acknowledge there are certain definitions in federal law of "developmental disability" and there are some implications to that. We do not believe, however, that that would preclude the goals this bill is attempting to accomplish. We also note that the bill points out several other diagnoses that are specifically excluded from eligibility. We have consistently pointed out to the Department that their Administrative Rules which provide those exclusions are in our view beyond the scope of what the legislature has directed in Chapter 333 Hawaii Revised Statutes. While the bill does not mandate that they address that, we believe that is also an area for the legislature to explore. If the bill moves forward this session, that is definitely worth further discussion.

SB-1615

Submitted on: 2/14/2023 12:47:17 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mountain Notter	Testifying for Kellii foundation	Support	In Person

Comments:

Sample letter for testimony for bill SB1615

Aloha,
Chair San Buenaventura, and members of the Senate Committee on Health and Human Services Hearing,

I STRONGLY SUPPORT BILL SB 1615.

I am requesting that DDD would please define th eligibility criteria for individuals with I/DD and co-occurring mental health disorders to allow them to receive I/DD medicaid waiver services. This AT- RISK GAP POPULATION whom HAS DUAL DIAGNOSIS Autism with, COMORBID, CO OCCURRING DISORDERS, DEFINE ITS I/DD AND CO OCCURRING MENTAL HEALTH DISORDER. THIS POPULATION FALLS UNDER THE LAW CHAPTER 333F.

SB-1615

Submitted on: 2/13/2023 7:17:24 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Ratliff	Testifying for Keiki Education Living Independent Institute (KELII)	Support	Written Testimony Only

Comments:

Aloha, Chair San Buenaventura, and members of the Senate Committee on Health and Human Services Hearing,

I STRONGLY SUPPORT BILL SB 1615.

I am requesting DDD to define their eligibility criteria for individuals with I/DD and co-occurring mental health disorders to receive I/DD medicaid waiver services. These AT- RISK GAP POPULATIONS THAT HAVE DUAL DIAGNOSIS AUTISM WITH COMORBID, CO-OCCURRING DISORDERS, DEFINE ITS I/DD AND CO OCCURRING MENTAL HEALTH DISORDER. THIS POPULATION FALLS UNDER THE LAW CHAPTER 333F.

My 19 year old son, Chance Ratliff, is diagnosed with Autism and Depressive disorder. This bill would strongly impact his future and services that he needs for quality of life.

Mahalo for allowing me to testify.
Stephanie Ratliff

SB-1615

Submitted on: 2/14/2023 8:08:15 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronnie Notter	Testifying for Kellii Foundation	Support	Written Testimony Only

Comments:

Aloha,
Chair San Buenaventura and members of the Senate Committee on Health and Human Services Hearing,

I strongly support bill SB 1615.

I am requesting DDD to define their eligibility criteria for individuals with I/DD and co-occurring mental health disorders to receive I/DD medicaid waiver services. These at-risk gap populations that have dual diagnosis autism with co-morbid, co-occurring disorders define its I/DD and co-occurring mental health disorder. This population falls under law chapter 333F.

SB-1615

Submitted on: 2/14/2023 8:11:50 PM

Testimony for HHS on 2/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Noah Notter	Testifying for Kellii Foundation	Support	Written Testimony Only

Comments:

Aloha,
Chair San Buenaventura and members of the Senate Committee on Health and Human Services Hearing,

I strongly support bill SB 1615.

I am requesting DDD to define their eligibility criteria for individuals with I/DD and co-occurring mental health disorders to receive I/DD medicaid waiver services. These at-risk gap populations that have dual diagnosis autism with co-morbid, co-occurring disorders define its I/DD and co-occurring mental health disorder. This population falls under law chapter 333F.