JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ÄINA O KA MOKU'ÄINA 'O HAWAI'I



KENNETH S. FINK, M.D., M.G.A., M.P.H. DIRECTOR OF HEALTH KA LUNA HO'OKELE

STATE OF HAWAI⁴I DEPARTMENT OF HEALTH KA 'OIHANA OLAKINO P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

Testimony in OPPOSITION to H.B. 1488 RELATING TO RESPITE CARE.

REPRESENTATIVE DELLA AU BELATTI, CHAIR HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

Hearing Date: Friday, February 10, 2023

Room Number: 329

1 Fiscal Implications: Significant but cannot be determined at this time and could not be

2 absorbed by the Department of Health (DOH).

3 Department Testimony: Thank you for the opportunity to testify in OPPOSITION to this

4 proposal.

5 This bill amends Chapter 321, HRS, and would require the Department to provide and

6 pay for respite care for operators of certain residential care homes under certain circumstances.

7 This would include Type I adult residential care homes (ARCH), expanded ARCHs (E-ARCH),

8 and community care foster family homes (CCFFH).

However, the Department's mission and guiding principles are focused on public health.
This bill would assign activities to the Department that are well beyond its purview. In addition,
the Office of Health Care Assurance (OHCA) is a regulatory agency who licenses or certifies the
residential care homes specified in this bill. OHCA is not a caregiving or care coordination
agency and does not possess the skill set or personnel or budgetary resources to meet the
requirements of this bill.

1	OHCA licenses or certifies a total of 1,720 ARCHs and CCFFHs statewide. There is a
2	total of 469 ARCHs and E-ARCHs (175 ARCHs and 294 E-ARCHs). OHCA also certifies
3	1,251 CCFFHs through a contract with Community Ties of America (CTA). It would be cost
4	prohibitive for DOH to provide or pay for respite services for as many as 1,720 ARCHs, E-
5	ARCHs, and CCFFHs in the form of temporary lodging for their clients or paying licensees to
6	employ substitute caregivers. This bill also fails to provide any mechanism for DOH to avoid
7	the state's procurement procedures to provide or pay for respite care upon demand.
8	Thank you for the opportunity to testify in OPPOSITION to this bill. Respectfully, the
9	Department asks that this bill be deferred.

10 **Offered Amendments:** None.

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 8, 2023

TO: The Honorable Representative Della Au Belatti, Chair House Committee on Health & Homelessness

> The Honorable Representative John M. Mizuno, Chair House Committee on Human Services

FROM: Cathy Betts, Director

SUBJECT: HB 1488 – RELATING TO RESPITE CARE.

Hearing: February 10, 2023, 8:30 a.m. Conference Room 329 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) respectfully offers comments in opposition to this measure.

PURPOSE: This measure requires the Department of Health to provide respite care, paid for by the State, to operators of certain care homes. This would include Type I adult residential care homes (ARCH), community care foster family homes (CCFFH), and expanded ARCHs (E-ARCH).

DHS Med-QUEST division, via contracts with Medicaid managed care plans pays for home and community-based services (HCBS). This includes community residential caregivers such as CCFFHs and E-ARCHs. As ARCHs do not meet the HCBS Level of Care requirements, HCBS services are not covered in those settings. The licensing requirements require sufficient substitute caregivers, with the intention that they can provide respite care. Page 2

Historically, some care homes have also offered temporary stays as respite options. However, DHS is not aware of any such homes operating today. Respite care has been included in the HCBS daily rate for CCFFHs and E-ARCHs. However, the recently completed HCBS Rate study, available in the SR 4 (Session Laws of Hawaii 2022) Legislative Report, included an analysis of the substitute caregivers or respite care. The study showed that increases in the rates, including respite care costs, were merited. There are several bills before the Legislature (HB 1341 & HB 222 HD1) that would appropriate funds to increase HCBS rates for CCFFHs and E-ARCHs.

In sum, the daily rate paid by DHS via the health plans to CCFFHs and E-ARCHs includes amounts for respite. The most recent rate study recommended increases to the daily rate to better reflect costs such as medical respite care. Notably, neither the Department of Health's Office of Health Care Assurance (OCHA) nor DHS pays directly to any care home for respite under any circumstances.

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



ON THE FOLLOWING MEASURE: H.B. NO. 1488, RELATING TO RESPITE CARE.

BEFORE THE: HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

DATE:	Friday, February 10, 2023	TIME: 8:30 a.m	۱.
LOCATION:	State Capitol, Room 329		
TESTIFIER(S): Anne E. Lopez, Attorney Gen Angela Tokuda, Deputy Attorn	•	

Chair Belatti and Members of the Committee:

The Department of the Attorney General offers the following comments.

The purpose of this bill is to require the Department of Health (DOH) to provide respite care for operators of type I adult residential care homes, community care foster family homes, and expanded adult residential care homes, provided that the operator does not regularly employ workers who are both unrelated to the operator and do not reside in the home. The respite care provided by DOH shall consist of providing temporary lodging for the operator's clients who are Medicaid recipients and/or temporarily paying the operator to employ a substitute caregiver.

Article VII, section 4, of the Hawaii Constitution provides, in part, that "[n]o grant of public money or property shall be made except pursuant to standards provided by law." The proposed wording on page 2, lines 1-8, authorizing DOH to pay "the operator to employ a substitute caregiver" and the appropriation in section 2 of this bill may violate the Hawaii Constitution as the payments appear to be grants of public funds without standards provided by law. To comply with this constitutional requirement, we recommend amendment of this bill to statutorily include the standards and qualifications for making the grants, as have been enacted for other administrative grant programs, such as in sections 10-17, 210D-11, 321-22.5, and 383-128, Hawaii Revised Statutes.

Additionally, we have attached draft standards to this testimony as a sample to work from and we are happy to work with you on developing more specific standards.

Thank you for the opportunity to provide comments.

POSSIBLE STANDARDS FOR THE GRANTS IN THIS BILL

- Any grant shall be used exclusively for the purposes under this section;
- The applicant shall comply with other requirements or conditions as the department may prescribe, including meeting all licensing requirements to be a care home operator;
- 3. The applicant shall comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability, or any other characteristic protected under applicable federal or state law;
- All activities undertaken with the funds received shall comply with all applicable federal, state, and county statutes and ordinances;
- 5. The grant shall not be used for purposes of entertainment or perquisites;
- 6. The applicant shall indemnify and save harmless the State of Hawaii and its officers, agents, and employees from and against any and all claims arising out of or resulting from activities carried out or projects undertaken with funds provided hereunder, and procure sufficient insurance to provide this indemnification; and
- 7. The applicant shall agree to make available to the department all records the applicant may have relating to the grant, to allow state agencies to monitor the applicant's compliance with the purpose of this section.

To: Honorable Chair, Rep. Della Au-Bellati, Honorable Vice-Chair, Rep. Jenna Takenochi and Health and Homelessness Committee Members: Rep. Terez Amato; Rep. Greggor Ilagan; Rep. Bertrand Kobayashi; Rep. John Mizuno; Rep. Scott Nishimoto; Rep. Diamond Garcia.

In support for Bills HB1309, HB 1489, HB1490, HB 1491; HB 1488/HB1358, HB 1308 and HB 222 - HD1, I submit the following testimony:

Silver Tsunami, Age Wave, Aging Tsunami. Metaphors that we hear all the time, to refer to the upcoming influx of baby boomers retiring at an accelerated rate and how it will strain a healthcare system already struggling to provide care to everyone. According to research made by the Insured Retirement Institute, "only 55% of baby boomers have a retirement account and 28% of that have less than 100K in savings". Which means a lot of seniors will have limited resources and will be relying on SSI and other government assistance such as food stamps, Medicare or Medicaid. It's a well known fact that the State of Hawaii has limited hospitals, nursing homes and long term facilities to handle not just the aging population but the amount of patients that require rehab or skilled nursing care in varying age groups. To bridge this gap, the care home industry was instituted. And the care home industry did its job. It provided thousands of Medicaid beds that would have otherwise been unavailable. It provided a secured, home-like atmosphere to its residents instead of the institutionalized, cookie cutter, big box facility. It provided peace of mind and respite to the family members who still needed to work full time or care for their growing family. And most of all it saved the state millions of dollars in health care cost utilization. So, it is safe to say that care homes are an integral and important part of Hawaii's health care system. But if you ask the care home operators such as myself, we don't feel integral nor important. Instead, we feel devalued, ignored and taken advantage of. But why is that? Let me explain.

I left a \$50 dollar per hour job in corporate nursing because it was just exactly that for me... a job. It was no longer my passion and it no longer gives me fulfillment. As a nurse in a for profit environment, health care is no longer about health, wellness or the patient. It is ultimately to protect the bottom line. As a nurse I spend more time charting and doing ancillary work than actual nursing. I was disillusioned and my idealism shattered. But I still want to be a nurse and I want to make a difference, one patient at a time. So I started my own care home 5 years ago. Since I have a background in ER, ICU and Dialysis, I took on the more complex patients, the ones that nobody wants. The ones that would otherwise be occupying a \$4k a day room in the hospital. And for this complex patients I became the PT/OT/ST, chaplain, psychologist,

chauffeur, janitor, butler, cook, 24 hr laundromat... but above all that, I also became the daughter, the cousin, the sister from another mother, the guardian angel, the healthcare hero, the healer, and sometimes, the only family they got. Was it worth leaving a \$50/ hr job for a \$4/hr pay? Sometimes yes, because I feel I am truly making a difference in my patient's life. I have my passion back, my calling answered. But, unless you forget, healthcare heroes need to eat too. Angels are prone to recession and cost of living increase. Healers have bills and mortgages to pay. For 14 years, the pay rate in Hawaii has not increased but do you know what increased? The acuity and complexity of the patients we take care of. We are not just taking care of the kupunas that are aging gracefully and happily, playing bingo and watching their soap operas. We are taking care of the kupunas with comorbidities like diabetes, hypertension, stroke, dialysis. We are also taking care of kupunas that have behavioral problems like Alzeimer's, dementia and some of them could be violent. Not to mention a rising trend of the "younger kupunas' ' who because of lifestyle choices such as drugs, alcohol and homelessness are now requiring 24 hr medical care in their 50's or 60's. So yes, we feel undervalued because all around us the value of everything has increased and yet the reimbursement for the value of our work has not. It remained stagnant.

And why do we feel taken advantage of you asked? Let me explain, when people tell me that owning a care home means you make a lot of money, I ask them, what money? Or when people say that we (care home operators) are only in it for the money. Again, I ask what money? You must be mistaken my business for a nursing facility who gets paid thousands of dollars more for Medicaid clients. Or a facility who only accepts private pay patients. I'm not one of those. But that makes me question the State's rule of reimbursement. Why do nursing homes get reimbursed at a much higher rate? The patient demographics are the same. The same point system for Level 1 or 2 or 3 is the same. The standard of care is the same, if not better in a care home than a nursing facility. Some might argue that nursing homes have more expenditures? Well, we have expenditures too but our care home absorbs those expenses because the State is not willing to reimburse us for it. Some would say Nursing homes have more overhead and staffing cost? Well, can I hire more substitute caregivers or hire a cleaning person to clean my rooms after discharge? Will I get reimbursed more? In 2017, the Kupuna Caregivers Act allocated funding to provide a \$70/day allowance to family members with caregiving roles that they can use towards respite care. Me as a care home operator pays \$20/hr for a substitute caregiver if I need to run errands, go to a doctor's appointment or just to have a day off. Dear lawmakers, put yourselves in our shoes. Let's say you want to take a day off, but your employer tells you to find your own replacement and pay them out of pocket too.

How would you react? Would you think it's unfair? Or Lets say, you're the Department of Labor and I came to you and said, I would like to complain about my working conditions and my employer. I get paid way below the minimum wage, I don't get a day off, I work 24/7 with no overtime pay. I have to find and pay for my own replacement if I want a day off. I have no health insurance even though I work more than 40 hours a week. And to top it all off, I have not gotten a raise in 14 years. If this was a clerk or a factory worker or even a live-in nanny, as the Dept of Labor, would you have investigated this employer right away? Yes you would. But what if I tell you that the employer is the State of Hawaii Medicaid Division and the one complaining are the care home operators? Will it make a difference? Apparently in the state of Hawaii, less than standard working conditions are the norm for the thousands of care home operators and their substitutes. And It has gone on unchallenged for several years. Tell me why we shouldn't feel taken advantage of?

Lastly, why do we feel ignored? I'm glad you asked. Have you ever heard of the phrase, caregiving is not easy? Well, it's true, it is not easy. But you know what makes caregiving a lot harder? Being penalized for giving excellent care. Let me explain. I took on a patient years ago. He was homeless, had a history of drug use, belligerent, argumentative, non compliant and he was only 60 yrs old. He had a spinal cord injury that left him paralyzed and doctors said he will never walk again. He needs 24 hr care. For almost a year, he stayed in the hospital because no care home wanted him. Imagine how much this cost the State, upwards of 6 figures at the very least. When I met him I was compelled for some reason to accept him. My instincts told me so. Long story short, on top of his traditional medical plan of care we integrated complementary alternative, holistic care. In 2 years, he went from paralyzed to walking with assistance. He also went from incontinent to continent. He went from belligerent and hopeless to grateful and full of life. I saved the State thousands of dollars. If he stayed paralyzed and bedridden, he could have developed bed sores, UTI, pneumonia etc which will increase the cost of care due to doctor's visits, hospital stay, medications, supplies and equipment. Just imagine how much the State saved on diapers alone when he regained continence. So what was my reward for giving such outstanding care? A reduction in pay! Since the patient has improved in my care, he is no longer at level 2 rate, he is now level 1 therefore rate decreases. How backwards is that? Imagine for a moment, dear lawmakers and again put yourselves in our shoes. You folks did your job, you passed a bill that helped and transformed the lives of your constituents, but then President Biden said, "Wow, job well done. Now that you have solved a problem, let's cut your wages in half". I am pretty sure that some of you would have guit that same day. So why then would you punish us for good, quality care instead of incentivizing us for improving the health and outcome

of our patients, while helping the State cut on the cost of acute care and pharmaceuticals? A healthy patient is a cheap patient, let us not forget. So for how long should we be ignored for the good contribution that we bring to the State of Hawaii? Not for long we hope.

In closing, I am but one caregiver that shared my story, but my story is neither unique nor one of a kind. Across the state, other caregivers share the same stories, the same experience, the same passion, the same burdens. What you see in front of you is just one caregiver, but imagine for a moment that behind me stands thousands of caregivers in Oahu, Kauai, Maui, Big Island, urging you, pleading, begging all of you not to ignore us anymore. We caregivers as a collective voice challenge the State of Hawaii to recognize and appropriately compensate and reward the hard work, dedication and sacrifices of the truly, indispensable healthcare heroes of Hawaii. Make a difference in our lives, the same way we make a difference in the lives of our patients. Someday, one day, we will be taking care of you and your loved ones.

Respectfully Yours, Sheillamari Prepuse, RN 86-218 Leihoku St. Waianae, HI 96792 (808) 364-0711 info@eolacarehome.com

Submitted on: 2/8/2023 5:59:13 PM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jonathan Hanks	ILWU Local 1000	Support	Written Testimony Only

Comments:

Aloha

Chair Mizuno, Chair Della Au Belatti, Vice Chair Terez Amato, Vice Chair Jenna Tokenouchi, and committee members.

I am writing to you to ask for your support for the Licensed Carehome operators in Hawaii. We are health care contractors for the state of Hawaii. We care for the impoverished and the medicaid recipients, who are unable to care for themselves. We provide for their housing, meals, snacks, daily needs, in some cases medical care and 24 hour supervision.

Inflation in costs to care for and feed our clients has skyrocketed but we have received no significant increase in payments in fourteen of the last 15 years.

We as Licensed caregivers also are burdened with the over-regulation in the form of unannounced inspections of our homes and yearly fingerprinting of all of our family household members.

The State has also eliminated benefits to licensed care home operators like respite care time and continuing education/training. Please show your support by voting for this bill. *I strongly support HB1488.*

Mahalo,

Jonathan Hanks

Submitted on: 2/9/2023 6:14:01 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Wilfred Ashley chang	ILWU International	Support	Written Testimony Only

Comments:

Aloha, we are in support of HB 1488. The State successfully implemented a respite program in the past. We feel it is a much needed investment as it addresses fatigue and burnout. It also could create a recruitment type scenario. Currently, we have members in their 80's who still provide excellent care, the future of people wanting to continue is not certain. Please support HB1488 as it is essential for the future of home care.

Respectfully,

Wilfred A Chang Jr.

ILWU International Representative Hawaii

Submitted on: 2/9/2023 8:09:43 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mathew Yamamoto	ILWU	Support	Written Testimony Only

Comments:

Honorable Chair Belatti,

Honorable Vice Chair Takenouchi,

Committee members,

Aloha! Please support this bill to restore State funded Respite Care for licensed home operators. The State took away this needed benefit years ago so the home operators must pay the full cost of finding temporary caregivers and licensed homes when they need time to rest, recuperate or are themselves ill or injured.

These licensed home operators provide important services to our community as they care for, house, and supervise medicaid beneficiary indviduals who would other wise probably be homeless. Licensed home operators have not received a significant increase in payment to care for medicaid beneficiaries in the last 14 out of 15 years.

I am attaching the group testimony for the Executive Board Members of ILWU Local 1000.

Mahalo for your time and support.

Respectfully submitted,

Mathew Yamamoto

ILWU

HB-1488

Submitted on: 2/9/2023 9:03:46 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Maria Corazon E. Cariaga	Individual	Support	Written Testimony Only

Comments:

Good morning, I'm in support for this HB1488. Caregivers under the HCBS program or to any caregivers of ARCH/ E- ARCH needs a vacation to unwind their selves from taking care of our needy residents of our community. Therefore, our State must establish a place to serve as a respite program for us. Thank you for letting me testify on this HB.

Submitted on: 2/9/2023 9:25:40 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Karen Irie	Individual	Support	Written Testimony Only

Comments:

I Support Bills: HB1309: HB1489/1357: HB1490/HB1356: HB1491: HB1488/HB1358: HB1308

The aforementioned bills warrant strong support as they encourage contracted licensed home operators/providers reasons to continue their viable profession. It will also promote new licensed home operators/providers to fill a critical need.

Submitted on: 2/9/2023 10:38:49 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaili Swan	Individual	Support	Remotely Via Zoom

Comments:

my name is kaili swan i am in support of hb1488 caregivers deserve a paid vacation they work 24 hours a day to make sure people with disablity stay safe vacation help a person feel better so they happyier when they come back to work thank you.

HB-1488

Submitted on: 2/10/2023 8:39:02 AM Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Norma Subia Tagatac	Norma Tagatac Adult Foster Home	Support	Written Testimony Only

Comments:

I support the bill to be pass for department of heaklth to provide respite care paid for by the state, to operators of certain care homes. I would like to see that the respite care amount charge would go up.



STATE OF HAWAI'I STATE COUNCIL ON DEVELOPMENTAL DISABILITIES 1010 RICHARDS STREET, Room 122 HONOLULU, HAWAI'I 96813 TELEPHONE: (808) 586-8100 FAX: (808) 586-7543 February 10, 2023

The Honorable Representative Della Au Belatti, Chair House Committee on Health and Homelessness The Thirty-Second Legislature State Capitol State of Hawai'i Honolulu, Hawai'i 96813

Dear Representative Belatti and Committee Members:

SUBJECT: HB1488 RELATING TO RESPITE CARE.

The Hawaii State Council on Developmental Disabilities **SUPPORTS HB1488**, which requires the department of health to provide respite care, paid for by the State, to operators of certain care homes.

Respite care offers family caregivers temporary relief from the physical and emotional burdens of caregiving, reducing stress and preserving family stability. Providing care can be a 24/7 commitment, leaving caregivers burnt out and needing time to care for themselves as well. This bill follows federal precedent, with laws passed such as the Lifespan Respite Care Program Reauthorization act of 2020 which promotes respite services and support. Individuals with Intellectual/Developmental Disabilities (I/DD) who rely on caregiver support deserve quality care, and this means that caregivers must be provided for as well. This measure will ensure that caregivers, as well as those they protect, are given proper assistance from the state.

Thank you for the opportunity to submit testimony in support of HB1488.

Sincerely,

Daintry Bartoldus Executive Administrator

HB 1488:

I stand to support this Bill 1488.

While our Room & Board pay does not include some allowance for any vacation pay, Us, Caregivers, also need, at least, some time off from caregiving; therefore, we ask that DOH provide Respite Care for our patients. Just like everyone else in the work industry, we deserve and it's important for us, Caregivers, to have some time off to recoup from the burden of caring 24/7, 365 days per year; it's good for our well being. Can you imagine, we don't have any vacation at all? Thank you for your support/vote for this bill.

Rosemarie S. Sebastian ILWU LOCALE 1000



TESTIMONY FOR HB 1000 1488

Good morning Chair Belatti, Vice Chair Jenna Takenouchi, Rep. Amato, Rep. Ilagan, Rep. Kobayashi, Rep. Mizuno, Rep. Nishimoto and Rep. Garcia.

My name is Jesusa Quinabo, ILWU Local 1000 President, and a licensed care home administrator for 29 years now.

I STRONGLY SUPPORT HB 1488

To re institute the State funded Respite care programs by the DOH to provide short term and time limited breaks for caregivers of patients with behavioral problems, patients with intellectual disability, and cognitive loss.

These programs will help caregivers sustain their health and wellness, and reduce the likelihood of abuse and neglect.

Thank you so much for this opportunity.

Mrs. Jesusa Quinabo Care Home Administrator ILWU Local 1000 President 1805 Hookupa St. Pearl City, Hawaii 9678

