## HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO CONDUCT A STUDY ON THE FEASIBILITY OF INCREASING THE MEDICAID REIMBURSEMENT PAYMENT RATE FOR HAWAII'S COMMUNITY CARE FOSTER FAMILY HOMES AND EXPANDED ADULT RESIDENTIAL CARE HOMES FOR MEDICAID CLIENTS IN 2032 AND EVERY TEN YEARS THEREAFTER.

WHEREAS, Hawaii has a limited number of beds in nursing homes for patients requiring a nursing home level of care; and

WHEREAS, community care foster family homes (CCFFHs) and expanded adult residential care homes (E-ARCHs) provide additional options for a nursing home level of care throughout the State; and

WHEREAS, caregivers in CCFFHs and E-ARCHs effectively provide the proper care needed for nursing home level patients, including assistance with activities of daily living (ADLs); specialized care, such as care with feeding tubes and catheters; basic wound care; maintenance exercise programs; cognitive stimulation; dietary management; and other custodial care, as needed; and

WHEREAS, the availability of beds in CCFFHs and E-ARCHs can reduce the length of hospital stays; provide emotional, financial, and physical relief to families caring for a frail senior or family member in their own home; and reduce the risk of homelessness, morbidity, and mortality in patients who require a nursing home level of care; and

WHEREAS, the ARCH program was introduced in Hawaii in the 1950s to provide assisted living-type care and was expanded in 1994 to provide a nursing home level of care as the E-ARCH program under the Department of Health, serving approximately fourteen hundred patients, with the potential for an even greater number; and

WHEREAS, the pilot CCFFH program was started in 1979 by The Queen's Medical Center; began receiving Medicaid funding under a federal Medicaid waiver in 1984, initially under the direction of the Department of Human Services and now under the Department of Health; and serves approximately three thousand patients, with the potential for an even greater number; and

WHEREAS, the 1984 federal Medicaid waiver for CCFFHs was approved based on its success as a high-quality alternative to nursing home care for Medicaid patients, and because it costs two-thirds or less than placement in a nursing home; and

WHEREAS, the level of CCFFH reimbursement has not kept up with that two-thirds target, resulting in a reimbursement rate to CCFFH providers in 2020 that is approximately one-sixth of that for nursing home placements; and

WHEREAS, caregivers who accept Medicaid patients into their CCFFH receive \$47.06 per day, plus the patient's Social Security assistance, for a maximum of \$2,500 per month for room, board, and all patient care, while a nursing home receives \$280 per day, plus the patient's Social Security assistance for the same patient, for a maximum of \$10,100 per month (with HMSA, Kaiser Permanente, and UHA insurance at slightly higher rates); and

 WHEREAS, Hawaii has an ethnically diverse population that lives in sparsely-populated rural and densely-populated urban areas, and it is projected that the number of residents above age sixty will increase by seventeen percent between 2020 and 2030 and those over eighty-five years of age will increase by thirty-two percent; and

 WHEREAS, studies by AARP show that Hawaii needs to improve efforts to provide lower-cost long-term care services to the community under Hawaii's Med-QUEST Medicaid program rather than the more expensive care in nursing homes; and

WHEREAS, many caregivers who operate CCFFHs and E-ARCHs are also employed in nursing homes, hospitals, assisted-living facilities, and other health care facilities around the State in order to supplement their income and maintain their own health benefits, which potentially creates a greater risk for the spread of infectious disease; and

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WHEREAS, many CCFFH caregivers will decline to accept a Medicaid patient and instead save empty beds for private pay patients in order to maximize their income, thus reducing the total number of beds available to Medicaid patients; and

WHEREAS, very few caregivers in E-ARCHs will accept Medicaid patients because of the low reimbursement rate and instead save their beds for private pay patients; and

WHEREAS, one of the outcomes of such a low reimbursement rate is the limited availability of beds in the community for Medicaid patients who require placement in nursing homes at the higher rate, thus increasing the total cost of care; and

WHEREAS, many Medicaid patients remain hospitalized in acute care beds throughout Hawaii at a financial loss to the acute care facilities due to a lack of available community beds to which they can be discharged; and

WHEREAS, Senate Resolution No. 4, S.D. 1, adopted during the Regular Session of 2022, requested the Department of Human Services to study the feasibility of increasing the Medicaid reimbursement rates for CCFFHs, E-ARCHs, and other types of home- and community-based services care providers and services, and in response, the Department submitted a report of its findings and recommendations to the Thirty-Second Legislature in December 2022; now, therefore,

BE IT RESOLVED by the House of Representatives of the Thirty-second Legislature of the State of Hawaii, Regular Session of 2024, the Senate concurring, that the Department of Human Services is requested to conduct a feasibility study similar to the study it conducted pursuant to Senate Resolution No. 4, S.D. 1 (2022), relating to increasing the Medicaid reimbursement payment rate for Hawaii's home- and community-based services care providers and services, in 2032 and every ten years thereafter; and

BE IT FURTHER RESOLVED that each feasibility study is requested to include the following:

(1) A review of the existing payment model for Medicaid reimbursement and a determination of whether overall

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Administrators.

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1 2 3		savings can be achieved by increasing the rate for CCFFH and E-ARCH care providers;
4 5 6	(2)	The feasibility of increasing the Medicaid reimbursement payment rate for Hawaii's CCFFHs and E-ARCHs for Medicaid clients; and
7 8 9 10	(3)	An evaluation and report of the impacts of the implemented rate increases on uptake, utilization, and cost savings to the Medicaid program; and
11 12 13 14	BE IT FURTHER RESOLVED that the Department of Human Services is requested to request funding by 2031 to conduct the feasibility study in 2032; and	
15 16 17 18 19	BE IT FURTHER RESOLVED that the Department of Human Services is requested to submit a report to the Legislature after the completion of each study no later than twenty days prior to the Regular Session following the completion of each	
20 21	study; and	d
<ul><li>22</li><li>23</li><li>24</li></ul>	BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Director of Human Services, President of the Adult Foster Homecare Association of	

Hawaii, and President of the Alliance of Residential Care Home