

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR



SIERRA WHITESIDE
CHAIRPERSON

DAINTRY BARTOLDUS
EXECUTIVE ADMINISTRATOR

STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA
PRINCESS VICTORIA KAMĀMALU BUILDING
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March 25, 2026

The Honorable Representative Gregg Takayama, Chair
House Committee on Health
The Honorable Representative Lisa Marten, Chair
House Committee on Human Services & Homelessness
The Thirty-Third Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Chairs Takayama and Marten, and Committee Members:

SUBJECT: SB2340, SD2 Relating to Community Care Foster Family Homes

The Hawai'i State Council on Developmental Disabilities (SCDD) is in **STRONG SUPPORT** of **SB2340 SD2**.

This measure is important because it removes a systems barrier that currently forces some individuals with intellectual and developmental disabilities (I/DD) to make an unnecessary choice between where they live and which Medicaid waiver funds their services. SB2340, SD2 clarifies a simple principle: a person who meets an intermediate care facility (ICF) or nursing facility level of care should not be denied residency in a licensed Community Care Foster Family Home (CCFFH) solely because of disability status or waiver enrollment.

Why this bill is a practical, person-centered clarification

This measure does not require that everyone in the 1915(c) waiver move into CCFFHs. It simply opens an option for people and families who are seeking a small, home-like setting, especially on the Neighbor Islands, where choices are limited and "one-size-fits-all" residential models are not realistic.

The underlying issue is not whether CCFFHs can be safe for people with I/DD, Hawai'i already operates diagnosis-neutral residential models that safely serve mixed populations. For example, Adult Residential Care Homes (ARCH) routinely serves residents with a range of disabilities and age-related conditions. The concept of mixed populations is not new in Hawai'i; what is new is being explicit that waiver enrollment cannot be used as a categorical exclusion.

What is missing from the discussion: capacity growth can be unlocked

A key benefit of SB2340, SD2 is its potential to increase capacity without building a new system.

- Existing Adult Foster Homes (AFHs) and similar providers may choose to transition to a CCFFH model when appropriate, which can allow a home to lawfully serve up to three residents under CCFFH standards.

- That practical pathway creates the possibility of adding meaningful capacity statewide, potentially hundreds of additional beds over time, by enabling willing providers to operate under the licensing structure that matches the level-of-care needs of their residents.

In other words, this measure is not just about “moving people between waivers.” It is also about unlocking provider flexibility so Hawai‘i can grow community-based options, particularly in rural areas.

Populations are more similar than the current silos suggest

In real-world settings, the support needs of individuals in AFHs and CCFFHs can overlap significantly.

Many adults with I/DD in community settings:

- take multiple medications,
- need assistance with activities of daily living,
- and may require intermittent nursing tasks (such as medication administration support and health monitoring).

This bill supports the reality that individuals with I/DD are living longer and often experience age-related health changes. People should be able to age in place rather than being forced into disruptive transitions simply because their health needs evolve or because the funding stream is treated as a gatekeeper to housing.

Choice includes how services are used, not only where someone lives

SB 2340 SD2 also supports another practical reality: not every person uses Medicaid-funded services in the same way. Some individuals may live in a licensed home setting supported primarily by their own income (for example, SSI and the State Supplementary Payment) and still rely on the 1915(c) waiver for day services, community participation, employment supports, or other out-of-home services. This bill helps preserve continuity and allows services to be tailored to the person, rather than forcing an “all-or-nothing” waiver shift tied to the address where they live.

This is not “for everyone”, and that is exactly the point

The Council agrees this option will not be appropriate for every individual. That is not a flaw; it is the purpose of person-centered policy. Hawai‘i needs a menu of community options so individuals and families can choose what fits, particularly when the alternative can be institutional placement, unnecessary transitions, or avoidable crises.

Addressing concerns about system capacity

Concerns have been raised about the limited number of CCFFHs and the potential for increased demand. It is our understanding that there are over twenty-five vacant slots in Adult Foster Home (AFH) on O‘ahu and a waitlist of more than two hundred individuals seeking to open AFHs. This demonstrates that the constraint is not solely the number of homes, but the regulatory silos between residential models. SB2340 SD2, does not simply shift individuals into CCFFHs; it creates flexibility that may allow appropriate AFH providers to transition to the CCFFH model and open an additional bed where appropriate. Rather than overloading CCFFHs, this measure can expand total community capacity by better aligning level of care, and person-centered placement.

Request

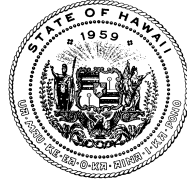
For these reasons, the Hawai‘i State Council on Developmental Disabilities respectfully urges the Committee to pass SB2340, SD2. This measure advances equity, continuity of care, and community integration by ensuring waiver enrollment is not misused as a barrier to housing choice.

Thank you for the opportunity to submit testimony in **support of SB2340 SD2**.

Sincerely,



Daintry Bartoldus
Executive Administrator



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'

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

**Testimony COMMENTING on SB2340 SD2
RELATING TO COMMUNITY CARE FOSTER FAMILY HOMES**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
REPRESENTATIVE SUE L. KEOHOKAPU-LEE LOY, VICE CHAIR
COMMITTEE ON HEALTH

REPRESENTATIVE LISA MARTEN, CHAIR
REPRESENTATIVE IKAIKA OLDS, VICE CHAIR
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date and Time: March 25, 2026, 9:30 a.m. Location: Room 329 & Video

1 The Department of Health, Developmental Disabilities Division (DOH-DDD) appreciates
2 the intent of this bill and offers comments. The DOH-DDD agrees that there is a need for
3 increased residential options for individuals with intellectual and developmental disabilities
4 (IDD), especially in rural areas of the State. DOH-DDD is collaborating with the Department of
5 Human Services (DHS) to improve access to residential settings for individuals with IDD. DOH-
6 DDD appreciates the amendments made by the Senate, however, DOH-DDD still believes the
7 approach in this bill raises some concerns.

8 SB2340 SD2 intends to allow individuals with IDD participating in the Medicaid 1915(c)
9 HCBS waiver to reside in CCFFHs, which are currently available to individuals enrolled in the
10 Medicaid 1115 HCBS waiver. The DOH-DDD appreciates the intent to expand residential options
11 for individuals with IDD and reduce transitions out of the 1915(c) waiver. The DOH-DDD is
12 already actively working to explore and implement other pathways to increase residential
13 capacity for individuals with IDD through a current waiver renewal and is committed to ongoing

1 collaboration with DHS and other stakeholders to discuss the requirements and implications of
2 allowing 1915(c) participants to reside in CCFFHs.

3 The Medicaid 1915(c) HCBS waiver for individuals with IDD is authorized under Section
4 1915(c) of the Social Security Act. The DOH-DDD and the DHS Med-QUEST division (MQD) work
5 in partnership to design and implement the 1915(c) waiver in compliance with requirements,
6 laws, and waiver standards. Individuals in the 1915(c) waiver needing residential habilitation
7 services may receive them in various licensed or certified settings, such as Adult Foster Homes
8 (AFHs) for individuals with IDD, DD Domiciliary Homes, and Adult Residential Care Homes. To
9 increase options for individuals with IDD, DOH-DDD has partnered with MQD to propose
10 additional services through a 1915(c) waiver renewal. The waiver renewal proposal includes
11 supplemental payments for agencies to establish new adult foster homes for individuals with
12 IDD. These efforts promise to increase housing capacity for individuals with IDD without
13 competing for limited resources intended for the current CCFFH beneficiaries. Furthermore,
14 these new services and incentives allow individuals with IDD to continue receiving services from
15 caregivers trained in supporting the needs of individuals with IDD through a wide array of
16 1915(c) waiver services.

17 The DOH-DDD recognizes the importance of ensuring continuity of care for 1915(c)
18 participants. Although the total number of individuals transitioned to the 1115 waiver remains
19 very low, the DOH-DDD is working in partnership with MQD to reduce this number further. The
20 renewal adds waiver services such as personal care assistance and residential care supports to
21 promote participants with IDD to age-in-place while continuing to receive 1915(c) services and
22 avoid transfer to the 1115 waiver.

23 As many of these efforts are contingent on waiver approval, DOH-DDD appreciates the
24 statutory changes in this bill taking effect upon approval of the waiver by CMS. This allows for
25 public comment and stakeholder engagement and acceptance in which issues can be vetted
26 and addressed.

1 Similarly, making the statutory changes effective upon revision of CCFFH standards by
2 the Office of Health Care Assurance (OHCA), who has regulatory authority over CCFFHs, is
3 extremely beneficial. Placement in a CCFFH must comply with OHCA's regulations, which
4 include, among other requirements, case management oversight which is different than the
5 case management currently provided by DOH-DDD. In addition, if a participant in the 1915(c)
6 waiver were residing in a CCFFH concurrently with an individual(s) in the 1115 waiver,
7 coordination would be required between the DOH-DDD administering the 1915(c) waiver and
8 health plans administering the 1115 waiver to avoid duplication of services and ensure
9 appropriate services are delivered. Allowing any regulatory changes to occur prior to these
10 changes to the statute ensures proper public input and that standards are in place.

11 DOH-DDD notes that challenges regarding training, contracting, and implementation
12 remain. Training CCFFH caregivers, contracting with CCFFH agencies, and implementing service
13 requirements present challenges. Caregivers in CCFFHs are certified nursing assistants or
14 registered nurses trained to support individuals with Nursing Facility level of care (LOC) needs.
15 The CCFFH caregivers and agencies that support them are not contracted as providers for
16 1915(c) services and are not trained to support individuals with Intermediate Care Facility for
17 Individuals with Intellectual Disability level of care needs. CCFFH caregivers would be required
18 to receive additional training to support individuals with IDD and the agencies they serve would
19 be required to contract as 1915(c) waiver service providers.

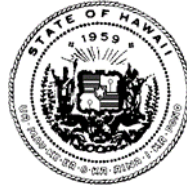
20 The LOC determinations were created to ensure individuals in specific populations
21 received targeted services. For example, many people with IDD do not have skilled nursing or
22 complex medical needs and instead require habilitative supports to meet their life goals in
23 home and community settings. In contrast, elderly people with advancing medical needs
24 require skilled nursing support, not habilitative support, and may be better served in a setting
25 that provides skilled nursing to address those needs. Allowing individuals in the 1915(c) waiver
26 to access the limited number of CCFFHs will reduce CCFFH access for populations such as the

1 elderly and those with nursing home level of care in the 1115 waiver. The impact and cost of
2 this is unknown.

3 The DOH-DDD will continue to work closely with DHS, OHCA, and other stakeholders to
4 consider the implementation of the outlined regulatory and administrative pathways to allow
5 individuals with IDD to reside in CCFFHs to ensure the timeline and scale is feasible, data driven,
6 collaborative, and does not compromise access and quality of services for vulnerable
7 populations.

8 Thank you for the opportunity to provide comments.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
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KA 'OIHANA MĀLAMA LAWELAWE KANAKA
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TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

March 24, 2026

TO: The Honorable Representative Greg Takayama, Chair
House Committee on Health

The Honorable Representative Lisa Marten, Chair
House Committee on Human Services and Homelessness

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 2340 SD2 – RELATING TO COMMUNITY CARE FOSTER FAMILY HOMES.**

Hearing: March 25, 2026, 9:30 a.m.
Conference Room 329 & via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill to allow individuals with Intellectual and Developmental Disabilities (I/DD) enrolled in the 1915(c) waiver to reside in Community Care Foster Family Homes (CCFFH) without losing access to other 1915(c) services, offers comments, and requests amendments.

DHS agrees that there is a great need to increase community capacity and options for Hawaii's residents who require residential care and delay the use of more costly institutional care. DHS is actively working to expand access to Adult Foster Homes (AFH), which offer community placement options for individuals with developmental or intellectual disabilities, and notes that it has already requested CMS approval to increase AFH compensation on the Neighbor Islands to support the retention of existing providers and expand capacity.

Currently, only a subset of individuals with I/DD who additionally qualify for the Nursing Facility Level of Care (NFLOC) are eligible to reside in CCFFH. This is because CCFFHs are

licensed to provide residential care only to individuals meeting NFLOC. To access CCFFH residential services, individuals with I/DD are typically disenrolled from the 1915(c) Medicaid waiver and enrolled in Home and Community Based Services (HCBS) under the 1115 Medicaid waiver, thereby losing access to existing and specialized HCBS available only through the 1915(c) waiver. This is because the 1915(c) waiver, which serves individuals at the Intermediate Care Facility/Intellectual Disability (ICF/ID) level of care, does not include CCFFH services.

The bill would require updating CCFFH licensure standards to accommodate individuals at the ICF/ID level of care, and the 1915(c) waiver would need to be amended to include CCFFH services. DHS defers to the Department of Health on CCFFH licensure standards and is willing to seek approval from the Centers for Medicare and Medicaid Services (CMS) to add CCFFH services to the 1915(c) waiver.

DHS cautions that CCFFH capacity is limited for individuals who meet NFLOC under the 1115 Medicaid waiver. Expanding access to CCFFH to individuals meeting ICF/ID level of care through the 1915(c) waiver is expected to further increase demand for this setting; as such, the authority to provide these services may not translate into increased access for individuals with I/DD while further compromising access to CCFFH services for NFLOC 1115 Medicaid waiver individuals, who are mostly kupuna.

Furthermore, to appropriately care for individuals with I/DD who only meet the Intermediate Care Facility/Intellectual Disability (ICF/ID) level of care, CCFFH home operators would require additional training. As such, funding is likely needed to train CCFFH operators and their staff to support the placement of individuals with I/DD. DHS is willing to provide updated budget requirements to incorporate these additional costs as the bill proceeds.

This bill addresses a complex issue: increasing residential capacity for individuals with I/DD. Implementing this measure as drafted would require multiple changes, approvals, and additional training for providers and may not necessarily result in an overall increase in residential options. DHS recognizes that to develop a comprehensive pathway to achieve the goal of increasing residential capacity for the 1915(c) and 1115 Medicaid waiver populations requires a collaborative approach that includes members of the legislature, families and

March 24, 2026

Page 3

stakeholders, the Department of Health (DOH) Developmental Disabilities Division (DDD), the DOH State Council on the Developmental Disabilities (SCDD), and DHS.

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

SB-2340-SD-2

Submitted on: 3/20/2026 5:34:13 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Remotely Via Zoom

Comments:

We support this Bill. It will expand housing and community integration opportunities for individuals in the ID or DD population. Our understanding is that this is a particular problem on the neighbor islands, where homes that are specially designed for individuals with developmental disabilities are in short supply . Yet there are Community Care Foster Homes that could admit these individuals but for the current maze of regulations that govern different types of care homes. We have seen cases where individuals were forced to relocate to Oahu when they could have remained in their community had they been allowed to be placed in a Community Care Foster Home. The result is they are uprooted from their community and placed further away from their family. The hope is that this measure will provide some flexibility so as to minimize those occurrences. Ultimately, the goal is to increase the capacity, especially on the neighbor islands, to care for this population.



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Mar 25, 2026

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Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

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The Honorable Gregg Takayama, Chair
House Committee on Health
The Honorable Lisa Marten, Chair
House Committee on Human Services & Homelessness
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: SB2340 SD2 – Relating to Community Care Foster Family Homes

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is in **strong support of SB2340 SD2, Relating to Community Care Foster Family Homes.**

SB2340 SD2 clarifies that individuals who meet an intermediate care facility or nursing facility level of care and are eligible under either the 1915(c) Medicaid waiver or the Medicaid section 1115 demonstration waiver shall not be denied residency in a certified community care foster family home (CCFFH) solely based on disability status or waiver enrollment. This clarification removes a long-standing systems barrier that has forced some people with intellectual and developmental disabilities (I/DD) to choose between where they live and whether they can keep their HCBS I/DD waiver services.

From an Independent Living perspective, this bill advances a basic civil rights principle: people with disabilities should be able to live in the least restrictive, home-like setting appropriate to their needs without being penalized for how their services are funded. When waiver enrollment becomes a disqualifying factor for residency in a licensed community-based home, it creates a structural inequity between similarly situated individuals and undermines community integration. SB2340 SD2 appropriately states that waiver status shall not be used in this way and explicitly names housing



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equity, continuity of essential services, and the right to choose where to live.

AILH appreciates that SD2 responds to concerns raised in earlier hearings by adding subsection (i), which directs the Department of Health to provide technical assistance and training to support the appropriate placement of individuals with I/DD in CCFFHs, in collaboration with case management agencies, licensing entities, and Medicaid programs. The requirement to consult with the Med-QUEST Division to align waiver language, provider qualifications, and payment models is consistent with AILH's prior recommendation that system partners harmonize standards to ensure consistent implementation and avoid administrative gaps. This alignment will be critical to making the statute real at the ground level for consumers, families, and providers.

Implementation details matter for preserving Independent Living values. Person-centered planning and informed choice must remain at the center, so individuals are not steered into CCFFHs simply because beds are available but instead choose these homes when they fit the person's goals, relationships, culture, and community ties. At the same time, quality assurance and oversight need to ensure that CCFFHs retain home-like, non-institutional characteristics and uphold residents' rights, particularly for people with complex communication needs or limited natural supports who may be more vulnerable to rights violations. AILH supports the intent of the bill's contingency language tying implementation to DOH's revision of CCFFH standards and CMS approval of 1915(c) waiver updates, provided that these processes include meaningful stakeholder input from people with disabilities and their families.

For many I/DD consumers—especially on the Neighbor Islands—residential options are already extremely limited, and current rules have sometimes resulted in people being uprooted from their home communities or forced to give up long-standing waiver services just to secure housing. SB2340 SD2 offers a practical, targeted fix that preserves continuity of care, supports aging in place, and reduces avoidable transitions that can destabilize health, employment, and community participation. Over time, the flexibility for



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certified caregivers to serve as providers under both the 1915(c) and 1115 waivers can help expand community capacity without building a parallel system from scratch.

Looking forward, AILH also encourages the Legislature and agencies to examine whether similar structural barriers affect individuals with other disabilities who meet intermediate care facility or nursing facility levels of care under different Medicaid pathways. Housing access and continuity of services should not depend on disability category or which specific waiver a person happens to use. This bill is an important step toward equity; future policy work can extend the same principle to other cross-disability populations.

For these reasons, Aloha Independent Living Hawaii respectfully urges the Committees to pass SB2340 SD2. This measure strengthens statutory clarity, advances least restrictive and community-based living options, and promotes equitable treatment across Medicaid waiver programs.

Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden
Executive Director



The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

The Hawai'i Self-Advocacy Advisory Council(SAAC) strongly supports SB2340 SD2. The bill makes sure that people with intellectual and developmental disabilities cannot be denied a place in a Community Care Foster Family Home just because of their disability or because they use a specific Medicaid waiver.

Right now, some people with I/DD are kept out of these homes for administrative reasons—not because of safety or care needs. SB2340 SD2 fixes this by clarifying that waiver enrollment cannot be used as a reason to exclude someone. This allows people to keep their services, stay in appropriate licensed homes, and avoid unnecessary moves.

For these reasons, the Hawaii Self-Advocacy Advisory Council strongly supports SB2340 SD2.

A handwritten signature in black ink, appearing to read "T. Renken".

Timothy Renken,

President, Hawaii Self-Advocacy Advisory Council

Following testimony has 5 individuals who support SB2340 SD2

The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

SUBJECT: SB2340 SD2 Relating to Community Care Foster Family Homes

My name is Josh Goetz, and I am in full support of SB2340 SD2, which relates to Community Care Foster Family homes. I believe this is important for people with disabilities to have a choice of where to live and who to live with. There are a limited number of foster homes available to people with disabilities and having more choices is always important to me and the friends I know who have no other choice than to live in a foster home.

Thank you for allowing me to testify in support of SB2340 SD2.

The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

SUBJECT: SB2340 SD2 Relating to Community Care Foster Family Homes

My name is Michelle Muralt, and I am in full support of SB2340 SD2, which is Relating to Community Care Foster Family Homes

The reason why I think SB2340 SD2 is important is:

It allows individuals like me, who live in a foster home, to have foster home options without losing any type of services because it is difficult for me to do any daily living tasks and having limited foster care family home options will be a problem.

Thank you for allowing me to testify in support of SB2340 SD2.

The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

SUBJECT: SB2340 SD2 Relating to Community Care Foster Family Homes

My name is Vaipapa Soliai and I am in full support of SB2340 SD2, which is Relating to Community Care Foster Family Homes

The reason why I think SB2340 SD2 is important is:

Because having limited access to community care foster family homes can be difficult for an person like me who is in a wheelchair and needs a caregiver foster home that can give me the right kind of care so that I can be healthy and safe. Not every foster home that I have been in has given me the right kind of care. I had to move to another foster home because the one that I was living in did not give me the right kind of care for my needs. I also think it is important for me to be able to travel and have a foster home that supports traveling with me. I want to return to Samoa to visit because I have been in hawaii for 40 years and have not had a foster home provide me with staff that can travel back to Samoa with me.

Thank you for allowing me to testify in support of SB2340 SD2.

The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

SUBJECT: SB2340 SD2 Relating to Community Care Foster Family Homes

My name is Raymond Mamea, and I am in full support of SB2340 SD2, which is Relating to Community Care Foster Family Homes

The reason why I think SB2340 SD2 is important is:

I am a person with a disability and live in a foster home. The home that I live in now is safe and supports me in the things that I want at home. But it was not always like that. I have had trouble with other foster homes not allowing me to do certain things in the home, like when to go to sleep and wake up or what to eat or what to do on the weekends. Having more choices for foster homes is great because it allows people with disabilities to have a choice if they are unhappy about their foster home and caregiver.

Thank you for allowing me to testify in support of SB2340 SD2.

The Honorable Gregg Takayama, Chair
House Committee on Health

The Honorable Lisa Marten, Chair,
House Committee on Human Services and Homelessness

The Thirty-Third Legislature, State Capitol
State of Hawai'i, Honolulu, Hawai'i 96813

Dear Chair Takayama and Chair Marten and Committee Members:

SUBJECT: SB2340 SD2 Relating to Community Care Foster Family Homes

My name is James Labrie, and I am in full support of SB2340 SD2, which is Relating to Community Care Foster Family Homes

The reason why I think SB2340 SD2 is important is:

It's important to me because I have been in a home where the caregiver did not provide food and had roaches bit my eyes, so I needed another home because of bad caregiver hygiene practice, but my options were limited because of different licensing. Having more CCFFH home options could have helped me be placed in a safe home environment. I have been having caregiver issues in the current home I live in and my case manager is having problems finding another foster home who will take me because of my electric wheelchair.

Thank you for allowing me to testify in support of SB2340 SD2.

SB-2340-SD-2

Submitted on: 3/24/2026 9:06:24 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
suzie	Arc of Maui County	Support	Written Testimony Only

Comments:

I support SB2340

SB-2340-SD-2

Submitted on: 3/21/2026 1:27:41 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cindy Fowler	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Cindy Fowler, and I serve as the Kaua‘i/Maui County Program Manager for the Alzheimer’s Association. More importantly, I am the mother of a young adult daughter with profound intellectual and developmental disabilities.

I am writing in strong support of SB 2340.

As a parent, one of the greatest barriers I have faced in trying to bring my daughter to Hawai‘i is not just the lack of housing options—but the lack of clarity and alignment within the system itself. My daughter currently receives services through Colorado’s Medicaid waiver system, and despite multiple attempts to understand what comparable supports would be available to her in Hawai‘i, I have been unable to get clear answers.

I have asked providers, case managers, and others what services and supports would exist for her here, and what waiver she would need to be on—but no one has been able to clearly explain what would replicate the level of care she currently receives. I have been told that Hawai‘i’s waiver options may not cover many of the services she relies on, but no one can definitively explain what that means in practice. The system is so limited and, at times, so difficult to navigate that even a highly engaged parent is left unsure how to advocate effectively.

Quite honestly, I do not want to become an expert in Medicaid policy just to ensure my daughter is safe and supported. I want a system that works—one that is clear, accessible, and capable of meeting the needs of individuals like my daughter without requiring families to piece it together on their own.

My daughter currently lives in Colorado in a PCA (Personal Care Alternative) home located in a residential neighborhood. She shares her home with two other women with intellectual and developmental disabilities and is supported by rotating staff who provide 24-hour care. This model has allowed her to live safely in a home-like setting while receiving the intensive supports she requires. She has significant medical and behavioral needs and requires continuous line-of-sight supervision. Based on her level of need, she scores at a level 6 on the Supports Intensity Scale (SIS), indicating the highest level of support.

As her mother, my deepest hope has been to bring her home to Hawai‘i to live closer to family. However, because I have not been able to identify a comparable residential and service model—and because I am unwilling to compromise her quality of care—I have made the difficult decision not to pursue her relocation at this time.

SB 2340 represents a critical step toward changing that reality.

This measure addresses a structural barrier that has limited access to community-based housing for individuals with intellectual and developmental disabilities. By ensuring that individuals are not denied access to Community Care Foster Family Homes (CCFFH) based solely on their Medicaid waiver enrollment, this bill helps align housing options with the intent of home and community-based services (HCBS): to support individuals in the least restrictive, most integrated settings appropriate to their needs.

Currently, individuals may be forced to disenroll from the I/DD waiver in order to access certain residential options, disrupting continuity of care and creating unnecessary risk for medically and behaviorally complex individuals. SB 2340 removes that barrier and allows for greater flexibility in how services and housing can be aligned.

Equally important, this bill acknowledges that the solution is not just about allowing access, but about making it workable. The provisions directing the Department of Health and Med-QUEST to align waiver language, provider qualifications, and payment structures are essential to ensuring that this model can be successfully implemented in real life.

For families like mine, this bill is not theoretical. It represents the possibility of creating residential options in Hawai‘i that do not currently exist—options that would allow individuals with high support needs to live in real homes, within real communities, without sacrificing the quality and consistency of their care.

This measure supports person-centered planning, promotes community integration, and helps prevent individuals from being unnecessarily pushed into more restrictive or institutional settings due to administrative limitations. It is fully aligned with the principles of the HCBS Final Rule and the intent of the Olmstead decision to ensure individuals with disabilities can live in the most integrated setting appropriate.

Most importantly, it gives families hope that Hawai‘i can become a place where our loved ones can live—not just in theory, but in practice.

I respectfully urge you to pass SB 2340.

Mahalo for the opportunity to provide testimony.

Sincerely,
Cindy Fowler

SB-2340-SD-2

Submitted on: 3/23/2026 11:52:33 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

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

Comments:

Aloha Chair and Vice Chair,

My name is Kaili Swan. I am in strong support of this measure. I am a self advocate and I advocate for people with disabilities. I like living with my mom but other people with disabilities that want to live on their own should be able to. This measure gives people with disabilities more options to live where they want.

Please pass this measure,

Kaili Swan