

ACT 208

S.B. NO. 1725

A Bill for an Act Relating to Public Assistance.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Chapter 346, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§346- Eligibility for chore services. (a) An applicant for chore services shall be eligible when the applicant meets program requirements for chore services and income eligibility standards as established by the department of human services. Income eligibility standards shall include individuals who have been found eligible for medical assistance under the department’s Medicaid program.

(b) For the purposes of this section, “chore services” means essential housecleaning and related activities such as marketing, cooking, and cleaning.”

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of \$272,340 or so much thereof as may be necessary for fiscal year 1988-1989, for chore services. The sum appropriated shall be expended by the department of human services.

SECTION 3. Act 192, Session Laws of Hawaii 1983, as amended by Act 207, Session Laws of Hawaii 1985, and Act 134, Session Laws of Hawaii 1987, is amended to read as follows:

“SECTION 1. Purpose. The legislature finds and declares that the provision of comprehensive home services for the chronically ill and disabled residents of the State of Hawaii is a priority concern. The development of more economical methods of caring for this growing population group as an alternative to the construction of additional institutional facilities should be a primary focus of the State’s action.

Comprehensive services rendered to clients in their homes reduce the possibility of prolonged institutionalization or the inappropriate utilization of scarce institutional beds, as well as the concomitant high costs and other associated adverse social and medical implications of institutionalization.

The legislature intends that there be a public commitment to the appropriate provision and expansion of home services which will provide a single point of entry

and access to a comprehensive and coordinated program of care in the home for Hawaii's growing aged and chronically ill population.

SECTION 2. Definitions. For the purpose of this Act:

"Certified home health agency" means an agency licensed by the State to provide health services, such as skilled nursing, home health [aides,] services, and physical therapy in the client's home.

"Comprehensive assessment" means the evaluation of the client's medical, social, and environmental needs.

"Comprehensive home services" means the provision of a broad range of services which will ensure the client's safety and well-being at home over an indefinite period of time.

"Non-Medicaid recipient" means an individual whose income is at least two hundred per cent of and not more than four hundred per cent of the current medical assistance community income limit; and whose personal reserve is at least one hundred per cent of and not more than four hundred per cent of the current medical assistance limit for personal reserve retention.

"Plan of care" means a written plan, including goals, objectives, and methodology, designed to meet the service requirements of the client, caregiver, or both, as approved by the physician.

"Safety and well-being" means an assessment of [and determination that] the client's home environment and the determination that it is safe and that the care requirements of the client have been determined and can be provided for in the home setting.

"Waiver" means an intentional relinquishment of certain rights or obligations.

SECTION 3. Establishment of a community [long term] long-term care/nursing home without walls program. (a) A community long-term care/nursing home without walls program shall be established in the department of [social services and housing] human services to provide comprehensive home services for acute or chronically ill and disabled clients who are certified as requiring acute, skilled nursing, or intermediate level care.

(b) The provision of services shall be statewide.

[(c)] The duration of the program shall be from July 1, 1983, through June 30, 1989.

(d) [(c)] A ceiling shall be placed on the nursing home without walls program expenditures, limiting total expenditures to not more than seventy-five per cent of the Medicaid cost to maintain the nursing home without walls program caseload at their appropriate level of institutional care. The [cost of] Medicaid [for institutional care] cost which shall be the basis for the expenditure ceiling shall be determined by the department of [social services and housing.] human services.

[(e)] [(d)] A ceiling shall be placed on individual client care expenditures so that the annual cost of client care through the nursing home without walls program does not exceed seventy-five per cent of the annual Medicaid cost to provide the appropriate level of care for the client [in either a skilled nursing or intermediate care facility]. If there is more than one client in a family, the expenditure ceilings of each client shall be added together and the costs of their care combined and evaluated against the sum.

[(f)] [(e)] If the client from the nursing home without walls program does not utilize the entire funds available for the client's care, "paper credits" shall be accrued on the client's behalf to be utilized during a period of higher service requirements.

SECTION 4. Determination of client eligibility for participation in the program. (a) Clients shall meet the following eligibility criteria:

(1) They shall be certified by the department of [social services and housing] human services physicians to be in need of acute, skilled nursing, or intermediate level [institutional] care;

(2) They shall be determined by the department of [social services and housing] human services to be eligible for Medicaid assistance; and

(3) They shall be deemed by their personal physician as able to be cared for at home with the provision of appropriate services in the home.

“Non-Medicaid recipients will be eligible to receive the same array of comprehensive home services as nursing home without walls clients who are eligible for Medicaid.”

(b) Clients approved for the program shall receive a:

(1) Comprehensive assessment of their medical, social, and environmental needs;

(2) Written plan of care listing the types, frequency, and duration of all services which are necessary to maintain the client at home;

(3) Budget based on the services defined in the plan of care; and

(4) Periodic review of their status to assure continued medical and financial eligibility for service.

SECTION 5. Provision of services. (a) Services which shall assure the safety and well-being of the client shall be provided in the client's home or in the home of a responsible relative or other adult.

(b) The program shall provide the services in the most economic manner feasible which is compatible with preserving quality of care through:

(1) Informal care providers, such as family members, friends, or neighbors who regularly provide specific services without remuneration and not as a part of any organized volunteer activity;

(2) Contracts with agency providers, such as certified home health agencies and public or private health and social service agencies;

(3) Contracts with individual providers, such as physicians, nurses, and therapists who privately enter into a contract to provide services for the program; or

(4) Program personnel, such as social workers and nurses who are hired by the program to provide specific services.

SECTION 6. Cost-sharing by clients not eligible for Medicaid assistance. Clients ineligible for Medicaid shall share in the cost of services according to a sliding fee scale established by the department in rules adopted under chapter 91. The sliding fee scale shall be based on income, assets, and family size. Persons having higher levels of income or assets in relation to family size shall be required to pay a larger share of the costs.

SECTION 7. Annual report. The director of [social] human services shall report to the legislature at least twenty days prior to the convening of each regular session during the period of the program. The annual report shall include a comprehensive report on the status of the program and recommendations for amendments to the law and to the rules of the department pertaining to the program.

SECTION [7.] 8. Rules. The department of [social services and housing] human services shall adopt rules in accordance with chapter 91, Hawaii Revised Statutes, for the purpose of this Act.

SECTION [8.] 9. **Personnel exempt.** Personnel employed for the program shall not be subject to [the provisions of] chapters 76 and 77, Hawaii Revised Statutes. The terms of service for these personnel shall begin on July 1, 1983, or as soon thereafter as deemed appropriate by the department of [social services and housing, and shall not continue beyond June 30, 1989.] human services.

SECTION [9.] 10. This Act shall take effect on July 1, 1983[, and shall be repealed as of June 30, 1989].''

SECTION 4. **Appropriation.** There is appropriated out of the general revenues of the State of Hawaii the sum of \$599,360, or so much thereof as may be necessary for fiscal year 1988-1989, to provide program services to non-Medicaid program recipients, including the hiring of necessary staff. The sum appropriated shall be expended by the department of human services.

SECTION 5. Statutory material to be repealed is bracketed. New statutory material is underscored.¹

SECTION 6. This Act shall take effect on July 1, 1988.

(Approved June 7, 1988.)

Note

1. Edited pursuant to HRS §23G-16.5.