



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809

February 7, 2008

MEMORANDUM

TO: Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Public Housing

FROM: Lillian B. Koller, Director

SUBJECT: S.B. 3164 - RELATING TO LONG-TERM CARE

Hearing: Thursday, February 7, 2008, 1:15 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of S.B. 3164 is to allow eligible persons who receive Medicaid funds for care at nursing home facilities to remain at home and receive home and community-based long-term care.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill to allow individuals in Medicaid institutionalized settings to receive home and community-based long-term services. However, this bill is not necessary and is duplicative of services currently provided as part of Medicaid. This bill is also potentially harmful in that it may conflict with Federal terms and conditions specified in our Medicaid programs under which the Department currently operates.

Since July 2003, the "Going Home" program has enabled over 834 "waitlisted" individuals requiring intermediate and skilled nursing care to relocate from acute hospital settings statewide to alternative residential care in Community Care Foster Family Homes (CCFFHs), Expanded Adult Residential Care Homes (E-ARCHs), or their own home, with care in home and home-like settings rather than institutions.

An increase in CCFFH beds has also expanded the availability of home and community-based services. Since September 2005, statewide, there has been a 35% increase in CCFFHs. There are currently 795 certified CCFFHs. Thus, capacity for this service continues to increase.

Additionally, the Department was recently awarded Federal funding from the Centers for Medicare and Medicaid Services (CMS) to implement the "Going Home Plus" project. This project will expand the "Going Home" program by further assisting individuals with nursing home level of care in securing housing as well as providing other supports. This program will begin the transfer process for participants in August 2008.

Currently, a broad-based group of community stakeholders is meeting as part of "Going Home Plus" to determine if there are further barriers that need to be resolved to ensure availability of home and community-based long-term care services to all Medicaid participants who want them.

In conclusion, although the Department appreciates the intent of this bill to allow individuals in Medicaid

institutionalized settings to receive home and community-based long-term care services, this bill is not necessary and is duplicative of our current programs, and may conflict with the Federal terms and conditions of our home and community-based programs.

Thank you for this opportunity to testify.



HAWAII DISABILITY RIGHTS CENTER

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TESTIMONY TO THE TWENTY-FOURTH STATE LEGISLATURE, 2008 SESSION

To: Senate Committee on Human Services and Public Housing

From: Gary L. Smith, President
Hawaii Disability Rights Center

Re: Senate Bill 3164
Relating to Long Term Care

Hearing: Thursday, February 7, 2008 1:15 PM
Conference Room 016, State Capitol

Members of the Committee on Human Services and Public Housing:

Thank you for the opportunity to provide testimony supporting Senate Bill 3164, Relating to Long Term Care.

I am Gary L. Smith, President of the Hawaii Disability Rights Center, formerly known as the Protection and Advocacy Agency of Hawaii (P&A). As you may know, we are the agency mandated by federal law and designated by Executive Order to protect and advocate for the human, civil and legal rights of Hawaii's estimated 180,000 people with disabilities.

We support this bill because it offers excellent potential to secure the placement of individuals in community settings. The legislature has seen many examples in the past year or two of the long waitlist for community housing experienced by patients in acute facilities. In addition, a briefing was recently provided by the Healthcare Association on the problems of placing "challenging" patients into community settings. One of the barriers identified has been the low cost of Medicaid reimbursement for these individuals. At the same time, Medicaid payments are made to facilities far in excess of what might otherwise be paid to these home and community based settings. Providing flexibility to the Department and the ability to transfer these Medicaid funds to pay more for the care of such individuals should greatly help to facilitate their community placements.

Thank you for the opportunity to provide testimony in support of this bill.





**National
Multiple Sclerosis
Society**
All America
Chapter

February 4, 2008

TO: SENATE SGT.-AT-ARMS OFFICE

FAX: 586-6659

FROM: Lyn Moku

Phone: 532-0806

**SUBJECT: Testimony Submitted to Committee on Human Services
& Public Housing
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair**

**DATE & TIME OF THE HEARING: Thursday, February 7, 2008 @1:15 p.m.
Room 016**

REF: SB3164 RELATING LTC; MEDICAID; TRANSFER OF FUNDS

REQUIRED NUMBER OF COPIES NEEDED FOR SUBMITTAL: 1 copy

Thank you for your help.



National
Multiple Sclerosis
Society

All America Chapter - Hawaii Division
418 Kuwili Street, #105
Honolulu, Hawaii 96817

Phone: 808- 532-0806
Fax: 808-532-0814

To: Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Vice Chair
COMMITTEE ON HUMAN SERVICES & PUBLIC HOUSING

From: Lyn Moku, Division Manager Phone: 532-0806

Date: Thursday, February 7, 2008

Subject: **Support of SB3164 RELATING TO LONG-TERM CARE;
MEDICAID; TRANSFER OF FUNDS**

The National Multiple Sclerosis Society supports the concept of SB3164 which allows persons eligible to receive Medicaid funds for care at nursing home facilities to remain at home and receive home and community-based long-term care.

Due to the chronic, often disabling nature of MS, approximately 20% to 25% of individuals with MS need long-term care at some point during the course of their illness. In working with people with MS, nursing home care is rarely an option they will consider or even talk about. Even for those people with the more progressive type of multiple sclerosis, their first choice is to remain at home with their families, participate in community activities, and live the fullest life they can, for as long as they can.

Since many of the services they need when living at home are not covered by Medicare or Medicaid and few can afford the cost of hiring someone to help, family members often become the primary caregivers. For the caregivers who are still employed, going to school, married and raising a family, or living on their own – the new role and added responsibilities can be overwhelming. Being able to transfer Medicaid funds for home care, would allow people to remain at home while receiving the skilled nursing care they need, and would provide relief for family caregivers.

People with MS may require long-term care at a much younger age than the general population, but nursing homes often do not provide an environment where younger individuals can function at their highest level, especially if in appropriately grouped with the elderly. The proposed Bill would allow those who prefer to remain with their families and near friends to receive the level of care they need in their homes.

Individuals should have a choice in the type of care they need and the type of care they want. The MS Society supports bills that provide for:

- the expansion of public and private long-term care options, especially those that keep the individual at home or in the community as long as possible, and functioning at the highest possible level;
- establishment of programs to help the caregiver cope with constant, often overwhelming duties; and
- age-appropriate care.

Please support SB3164. Thank you for the opportunity to testify in support of this Bill.

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Testimony SB 3164

Please find attached my testimony on behalf of the Policy Advisory Board for Elder Affairs in support of SB 3164, Relating to Long-Term Care, which is being heard at the following hearing:

Hearing: Senate Committee on Human Services and Public Housing
1:15 pm on Thursday February 7, 2008 in Conference Room 016.

Thank you very much,
Eldon Wegner
Policy Advisory Board for Elder Affairs (PABEA)

TO : COMMITTEE ON HUMAN SERVICES AND PUBLIC HOUSING
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara , Vice Chair

FROM: Eldon L. Wegner, Ph.D.,
PABEA (Policy Advisory Board for Elder Affairs)

SUBJECT: SB3164 Relating to Long-Term Care

HEARING: 1:15 pm Thursday February 7, 2008
Conference Room 016, Hawaii State Capitol

PURPOSE: Allows persons eligible to receive Medicaid funds for care at nursing home facilities to remain at home and receive home and community-based long-term care.

POSITION: PABEA supports in principle SB 3164 to use Medicaid funds for home and community-based long-term care rather than nursing home facilities whenever appropriate. However, we are not certain what this bill proposes to do in this regard and whether it is needed in view of the pending implementation of the new QUEST-EX program later this year.

RATIONALE:

I am offering testimony on behalf of PABEA, the Policy Advisory Board for Elder Affairs, which is an appointed board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA but of the Board. I am also a professor of medical sociology at UH-Manoa who has worked with elderly services in Hawaii for more than 20 years.

§ The population of Hawaii is aging rapidly and there is general consensus that we face a significant challenge to assure appropriate care to the frail elderly. Channeling more of our resources into home and community-based care is necessary because there is a strong preference for individuals to remain at home for as long as possible, and the number of institutional beds is not likely to grow significantly.

§ Therefore, we must develop and finance home and community-based long-term care services. Hawaii already has Medicaid waiver programs, such as Nursing Home Without Walls, as well as the Residential Alternative Community Care (RACC) Program. The caps on these programs should be expanded, and to the extent allowable under the waivers, they should also extend services on a sliding fee scale to the non-Medicaid frail elderly.

§ The new Quest-Extension program for the Aged, Blind and Disabled will begin later this year and will fold together the existing waiver programs. It is unclear in what ways this program may expand options for clients, but it is important that this new program continue to emphasize consumer choice and consumer direction as called for in this bill.