

LATE

NEIL ABERCROMBIE
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February 10, 2011

MEMORANDUM

TO: The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

The Honorable Josh Green M.D., Chair
Senate Committee on Health

FROM: Patricia McManaman, Interim Director

SUBJECT: **S.B. 1469 - RELATING TO HEALTH CARE**

Hearing: Thursday, February 10, 2011; 1:15 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of S.B. 1469 is to consolidate the authority, duties and responsibilities, and jurisdiction of the Department of Human Services (DHS) and the Department of Health (DOH) as they relate to various health care services, to the Office of Health Care Assurance in the DOH on July 1, 2012.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this bill but requests deferral to allow the new administrations of the Department of Health (DOH) and Department of Human Services (DHS) to confer on the feasibility of the transfers that this bill proposes.

The discussion and careful consideration of the issues between the DOH and DHS will ensure the development of a plan that will improve the efficiency, capacity and quality of health care services. This is critical to ensure that the provision of services to the clients of both departments is not adversely affected. An open process of rule

making, with a goal of melding the best practices of both agencies for the benefit of the clients served should be the goal of any consolidation.

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

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To: Senator Suzanne Chun Oakland, Chair
Committee on Human Services

Senator Les Ihara, Jr., Vice Chair
Committee on Human Services

Senator Josh Green, M.D., Chair
Committee on Health

Senator Clarence K. Nishihara, Vice Chair
Committee on Health

From: Sarah Suzuki, MBA, BSN, RN
Managing Partner, Blue Water Resources, LLC
Past President, Case Management Council

Date: Thursday, February 10, 2011

Time: 1:15 p.m.

Place: Conference Room 016, State Capitol
415 South Beretania Street

Subject: SB 1469 – Consolidates the authority, duties, responsibilities, and jurisdiction of the Department of Human Services and the Department of Health, as they relate to various health care services, to the Office of Health Care Assurance in the Department of Health on July 1, 2012.

Position:

The members of the Case Management Council (CMC) understand the need to improve government efficiency and health care by consolidating certain health services that are currently managed by the Department of Health and the Department of Human Services. Consolidation and capacity decisions are standard business practice. We know that SB 1469 is only a part of a larger cost-cutting effort for the State.

We understand this because we are case managers. Case Management is a collaborative process of planning, assessment, facilitation, and advocacy for services and options to meet our client's health needs through communication and available resources to promote quality cost-effective outcomes.

Our concerns about this bill are primarily related to the potential fallout of consolidation. Although Section 6 states that all rules, policies, procedures, and

guidelines shall remain in full force, many of us are worried about the potential changes that may occur. These changes may adversely affect the way we provide services to the aged, blind, and disabled population.

With that, we respectfully ask that certain key components of the RACCP program be kept intact, if consolidation were to occur. These components include:

- A designated oversight body. Currently, that body is DHS and CTA. If DOH were to assume this responsibility, we ask that the DOH be given adequate staff to continue to provide the oversight and guidance that is needed to maintain the RACCP program.
- Maintain ongoing requirements of licensure for case management agencies. Currently, all licensed DHS case management agencies are mandated to meet certain requirements to maintain licensure. These requirements include, but are not limited to, having experienced licensed and administrative staff, professional liability insurance, and comprehensive liability insurance.
- Maintain ongoing requirements of health and government clearance. Currently, all licensed DHS case management agencies are required to have criminal and health clearance checks.
- Maintain ongoing requirements of case management responsibilities. Currently, all licensed DHS case management agencies are available 24/7 and have other responsibilities such as admission, monitoring, and crisis intervention.
- Continue and improve upon the current quality assurance model. The quality assurance model is designed to monitor, prevent, and correct quality deficiencies. The licensed case management agencies participate in quality assurance activities three ways: internally, externally, and via the Case Management Council activities.
- Continue current certification requirements for Community Care Foster Family Homes. Currently, all Community Care Foster Family Homes are required to meet certain requirements for certification. This includes having liability insurance and obtaining criminal background checks.

We want to help during this consolidation process by doing the following: assuring continued coordination of care via the provision of case management services, decreasing fragmentation and duplication of services, working with key stakeholders to continue to build a program that incorporates patient safety and quality, building upon our already established community network, and holding ourselves accountable for our part in the provision of care to the aged, blind and disabled population.

Thank you for allowing me to provide this testimony.