TO:

Representative John M. Mizuno, Chair Representative Jo Jordan, Vice Chair Committee on Human Services



Representative Ryan I. Yamane, Chair Representative Dee Morikawa, Vice Chair

Committee on Health

FROM:

Sarah Suzuki, MBA, BSN, RN

President, Case Management Council Managing Partner, Blue Water Resources

94-408 Akoki Street Suite 205

Waipahu, HI 96797 (808) 678-3661 office (808) 678-3662 fax

DATE:

Tuesday, March 20, 2012 (10:00 a.m., Conference Room 329)

RE:

SB 2126-Relating to Health Care. Consolidates the authority, duties, responsibilities and jurisdiction of the DHS and DOH as they relate to various healthcare services; transfers the programs of DHS relating to home and community-based case management, community care foster family homes, and adult day care to DOH on 7/1/2014.

I represent the Case Management Council. The Case Management Council is a small group of DHS licensed agencies that provide case management services to approximately 1300 patients in Oahu and the neighbor islands.

Although SB 2126 creates uncertainty for many of us who have worked with the DHS, we understand the aim of this bill is to improve health care in the State of Hawaii by making changes now to help improve government efficiency.

The Case Management Council is in support of this bill and would like to offer our assistance to both DHS and DOH during the transition.

I thank you for allowing me to provide this testimony on behalf of the Case Management Council.

morikawa2 - Grant

From:

mailinglist@capitol.hawaii.gov

Sent:

Tuesday, March 20, 2012 7:39 AM

To: Cc: HLTtestimony

Subject:

espihawaii@juno.com Testimony for SB2126 on 3/20/2012 10:00:00 AM

Attachments:

Deanna_Espinas-SB2126SD2.pdf



Testimony for HLT/HUS 3/20/2012 10:00:00 AM SB2126

Conference room: 329

Testifier position: Support Testifier will be present: No Submitted by: Deanna Espinas Organization: Individual E-mail: espihawaii@juno.com Submitted on: 3/20/2012

Comments:

Charlene Cuaresma 728 Nunu St. Kailua, HI 96734



Testimony in Strong Support of SB 2126 SD2 House Committee on Health & House Committee on Human Services Hawai'i State Capitol, Room 329 March 20, 2012, 10:00 a.m.

Dear House Committee on Health Chair Rep. Ryan I. Yamane, Rep. Dee Morikawa, Vice Chair; and Members; House Committee on Human Services Chair Rep. John M. Mizuno, Rep. Jo Jordan, Vice Chair, and Members:

My name is Charlene Cuaresma. I strongly support this important bill. I grew up with many family members who have not only worked as care home operators for over thirty years, but also as family caregivers themselves.

I fully support the spirit of this bill. Consolidation and streamlining of government will make an unprecedented systems change in response to community concerns for improvements to support, respect, and build the capacity for high standards of care in the good work and services of home and community-based case management, community care foster family homes, and adult day care programs.

I congratulate you and thank you for hearing this bill. I urge you to consider passage of this bill, as my large baby boomer generation enters the stage of life, where long term care issues are of great need.

Thank you very much,

Charlene Cuaresma
Concerned Citizen



Aim Healthcare Institute

Excellence in Education = Excellence in Care

Testimony in Strong Support of SB 2126 SD2
House Committee on Health & House Committee on Human Services
Hawai`i State Capitol, Room 329
March 20, 2012, 10:00 a.m.

To:

House Committee on Health Chair Rep. Ryan I. Yamane, Rep. Dee Morikawa, Vice Chair; and Members House Committee on Human Services Chair Rep. John M. Mizuno, Rep. Jo Jordan, Vice Chair, and Members

From:

Nancy Atmospera-Walch, RN, BSN, MPH, LNHA, MCHES, CCHN, CMC

President, AIM Healthcare Institute

President, ADVANTAGE Health Care Provider

Report Title:

RELATING TO HEALTH CARE.

Description:

Consolidates the authority, duties, responsibilities, and jurisdiction of the DHS and DOH, as they relate to various health care services; transfers the programs of DHS relating to home and community-based case management, community care foster family homes, and adult day care to DOH on 7/1/2014. Appropriates funds to DOH for the duties that are not wholly covered by the transfer of funds from DHS. Effective 1/1/50.

(SD2)

Dear Chair Rep. Yamane and Vice Chair Morikawa of the House Committee on Health, Chair Rep. Mizuno and Vice Chair Jordan of the House Committee on Human Services, and Committee Members:

My name is Nancy Atmospera-Walch, a Master's Prepared Registered Nurse, a Master Certified Health Education Specialist, a Licensed Nursing Home Administrator, a Certified Care Home Nurse, a Certified Case Manager, an Entrepreneur, a Health Care Advocate and a Health Care Consumer. As a Health Care Professional, I am and I have been involved in global, national and local health care issues through my memberships as an officer, founder or just as a member of global, national and local health care associations. Locally, I am the immediate past president of the Filipino Nurses Organization of Hawaii, an organization with over 500 members, and the founding president of the Filipino Nurses Foundation, a member of the Hawaii State Board of Nursing Advisory Committee and a Board Member of the Hawaii Waiver Provider Association. I have been a member for over ten years of the Minority Women's Health Panel of Experts on the Office on Women's Health of the US Department of Health and Human Services in Washington DC. In relation to SB 2126 SD2, I have worked in every setting of the Home and Community Based Long Term Care – ARCH, Expanded ARCH, HCBS fka as RACC and DDMR.

As such, I understand fully the health care issues that affect all of us, but most especially what affects our clients in relation to SB2126 SD2. Therefore, I am excited, proud and honored to submit my strong support of SB2126 SD 2.

Why Do I Support SB2126 SD2? I do for the following reasons:

1. It will benefit the reason why people are in Home and Community Based Long Term Care Business – the Clients, for this measure will provide a <u>Consistent Standard</u> for the client. As I tis NOW, the client has to mold with the system depending in which program she/he will be placed. If we practice what we say that we are <u>Patients' Advocate</u> and we believe in <u>Patient Centered Approach to Care</u>, every community based long term health care provider should be supporting SB2126 SD2, for the client should NOT be the one trying to fit in in the system and instead, the system should have a consistent standard, since the patient has not changed when he/she moves from one program to the other.

Aim Healthcare Institute



We all think of our business and that is why we either support a Bill or Not, but first, we should support what is the Right Thing for the reason why we are in Business – our clients! SB 2126 SD 2 is the Right Thing for them!

- 2. The **Quality of Care** will definitely improve as a result of Consistent Standard, for **Consistency** is one of the key ingredients to Quality. Every health care provider will be referring to the same standard but yet specific to the care of the individual client.
- 3. The <u>world</u> is in a <u>Financial Turmoil</u> and the <u>State of Hawaii is no exception</u>. However, through consolidation and therefore avoiding duplication, this Bill will contribute to the improvement of the <u>Financial Health of our State</u>. Let us all be responsible in creating opportunity to protect and advocate the health of the people of Hawaii for <u>our Health is our Wealth</u>.
- 4. Currently, we have six (6) Home and Community Based Services and they are:
 - a. DD Foster Home Licensed by the DOH, DD Division
 - b. HCBS fka RACC Foster Home Licensed by DHS/CTA
 - c. ARCH Licensed by the DOH, OCHA Division
 - d. Expanded ARCH Licensed by the DOH, OCHA Division
 - e. Domiciliary Homes Licensed by the DOH, OCHA Division
 - f. Child Foster Home Licensed by APS

Letter a, d, e and f above, service the DD population and yet the placements are licensed by three different departments. Why? The client is the same and definitely his/her condition has not changed when he/she moves from a to d or e to f, but the poor client has to follow the standard of that particular program. For example, a Nursing Facility Level of Care client can live in the community if they are placed under E-ARCH or RACC Homes via the Nursing Delegation Practice of the Nurse Practice Act. However, if this client is a DD client, this client must be placed in a home with a Nurse caregiver. Why the double standard? Well, this is what we get when we have too many divisions creating the rules and standards, but not following the current State Standard of Practice, such as the Nurse Practice Act.

Letter b, c & d above service the ABD (Adult, Blind and Disabled) population, but again for the same client who may be moving from b to c, the poor client has to be the one to mold in with the rules and standards, instead of the system molding in to the needs of the client. For example, in E-ARCH, a Licensed Case Management Agency is not required, but if the client is placed in RACC Foster Home, the Case Management Services must be provided by a Licensed Case Management Agency. In this case, the disparity in the care and standard are glaring and who is the recipient of the inconsistencies? The Client!

In analogy is for us that we all go and obtain our Driver's License and we all have different capability of which type of car or truck that we can drive, but we all go to ONLY One place – the DMV!. And that is why I strongly support SB2126, because I believe that the DOH OCHA Division should be responsible for the licensing of ALL the Home and Community Based Services since they are already responsible for most of them and they will be the only department overseeing the standards and monitoring, which means there will be consistent standard when it is necessary like HCBS Licensing and yet individualized when it comes to client's care like the Level of Care.

In closing, I congratulate the Dept. of Health and the Dept. of Human Services for undertaking this consolidation to streamline government for continuous improvement toward cost savings, efficiency, consistency in policy, clarity in communication for all stakeholders, and accountability in service delivery.

Thank you for this opportunity to provide my strong support, and for hearing this bill.

Respectfully submitted,

Nancy Atmospera-Walch President, AIM Healthcare Institute President, ADVANTAGE Health Care Provider