

**LATE**

TO: Senator Suzanne Chun Oakland, Chair  
Senator Les Ihara, Jr., Vice Chair  
Committee on Human Services

Senator Josh Green, M.D. Chair  
Senator Clarence Nishihara, Vice Chair  
Committee on Health

Senator Clayton Hee, Chair  
Senator Maile S.L. Shimabukuro, Vice Chair  
Committee on Judiciary and Labor

FROM: Sarah Suzuki, MBA, BSN, RN  
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DATE: Monday, February 06, 2012 (2:45 PM, Conference Room 229)

RE: SB 2126 – Consolidation of the authority, duties, responsibilities, and jurisdiction of human services and the department of health, as they relate to various health care services relating to home and community-based case management, community care foster family homes, and adult day care to department of health on July 1, 2014.

My name is Sarah Suzuki. I have been a registered nurse for over 20 years and a community case manager for 10 years. I am the current Chair of the Case Management Council. The Case Management Council (CMC) is comprised of a small group of licensed DHS agencies who provide case management services to approximately 1300 patients in Oahu and the neighbor islands.

Although S.B. 2126 creates uncertainty for many of us who have worked with the DHS, we understand the aim of the bill is to improve health care in the State of Hawaii by making changes to help improve government efficiency. With a minor changed, the Case Management Council is in support of this bill and wants to have an opportunity to work with both departments as the transition happens.

The CMC recommends that subsection 321-C (i), which states that “the department shall establish a review board consisting of three (3) operators of community care foster family homes and three (3) operators of expanded adult residential care homes be changed or deleted. Per this section, “the review board will monitor referrals and placement of clients by each home and community based case management agency on a monthly basis.” This section also recommends that “each home and community based case management agency shall be required to provide monthly reports to the review board.”

Many factors are considered before referring a patient to a home. Some of these factors are, but not limited to: level of care of the patient, skills of the primary and substitute caregivers, the type of payee, the setting, other residents in the home, preferences of the client and family, and availability of caregivers. In essence, what a licensed case management agency is obligated to do is to "match" the clients to the caregiver & the home. When referring clients to potential homes, the case managers also use their professional nursing and/or social work judgment. Ultimately, the client and or POA have the say as to where the client or their loved one would be placed.

With the exception of a few agencies, most licensed DHS case management agencies refer clients to community care foster family homes and not expanded adult residential care homes. Some of the reasons are:

1. Acuity of the client – maybe a client will be better served in a home that has two to three patients versus five.
2. The case management agencies are aware of the community foster family home vacancies. We are not necessarily aware of openings in an expanded adult residential care home.
3. Community foster family homes are willing to accept Medicaid patients. Some expanded adult residential care homes are not.
4. Expanded adult residential care homes and their patients have a choice of working with not only licensed DHS case management agencies but also private case management agencies

We question how the monthly referral and placement report would be utilized. The Case Management Council requests that if such a board were to be established, we ask that licensed case management agencies be represented.

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