

SCR 71 / SR 30

Measure Title: ENCOURAGING THE DEPARTMENT OF HUMAN SERVICES TO IMPLEMENT MANDATORY TRAINING AND OTHER IMPROVEMENTS TO STRENGTHEN COMMUNITY CARE FOSTER FAMILY HOMES.

Report Title: Community Care Foster Family Homes; Department of Human Services

Description:

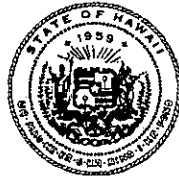
Companion:

Package: None

Current Referral: HMS, WAM

Introducer(s): CHUN OAKLAND, Baker, Espero, Fukunaga, Galuteria, Ige, Ihara, Kahele, Ryan, Shimabukuro, Solomon, Wakai

NEIL ABERCROMBIE
GOVERNOR



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March 27, 2012

MEMORANDUM

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

FROM: Patricia McManaman, Director

SUBJECT: **SCR 71/SR 30 ENCOURAGING THE DEPARTMENT OF
HUMAN SERVICES TO IMPLEMENT MANDATORY TRAINING
AND OTHER IMPROVEMENTS TO STRENGTHEN
COMMUNITY CARE FOSTER FAMILY HOMES**

Hearing: Tuesday, March 27, 2012; 10:00 a.m.
Conference Room 224, State Capitol

PURPOSE: The purposes of SCR 71/SR 30 are to encourage the Department of Human Services (DHS) to implement mandatory training prior to certifying a Community Care Foster Family Home (CCFFH); to provide greater authority to Case Management Agencies (CMA) and to consider limiting the number of CMAs; to establish a predefined infraction list, to implement cost saving measures relating to patient medication, creation of a centralized pharmacy, and mandatory caregiver compliance with dietary requirements; to expand the treatment team; to measure quality outcomes; and to improve the financial outcomes of the CCFFH program.

DEPARTMENT'S POSITION: While the Department of Human Services (DHS) recognizes that training may be beneficial for the CCFFHs, implementation of a training program within the DHS is not financially prudent at this time. The Department of Health (DOH) and the DHS are in agreement with consolidating licensure functions for

the CCFFHs, the CMAs, and adult day care centers under the DOH. Since the DOH already has an established training program for its adult residential care homes, it is recommended that a similar training program for the CCFFHs be incorporated at the time the licensure functions are consolidated within the DOH.

The CMAs cannot be given greater authority and the ability to hold caregivers in CCFFHs accountable because CMAs do not have the statutory authority to provide certifications for the CCFFHs.

The DHS has the following comments regarding suggestions for improvement for the CMAs and the CCFFHs:

- (1) The CMAs already have the authority to choose, with the consent of the client, the most appropriate home that will meet the needs of the client. Limiting the number of CMAs receiving a license to operate will not impact the CMA's ability to find homes that will meet the appropriate standards of care for the benefit of the clients being placed.
- (2) CCFFHs cited for not meeting certification requirements that do not jeopardize client health and safety are given a corrective action plan with a specified period of time by which corrections are to be made. Failure to meet certification requirements where client health and safety issues are involved results in the immediate revocation of the CCFFH's certification and the closure of the home. Therefore, the development of an infraction list with penalties and consequences is not necessary.
- (3) Because the CMAs do not have statutory authority to provide certification for the CCFFHs, the CMAs have no authority to place CCFFHs on probation or to issue corrective actions plans to the CCFFH. If the CMA is not satisfied with the care provided, the CMA has the option to move the client, with the client's consent, to another setting. In addition, the CMA may notify the DHS

designee, Community Ties of America (CTA), about any complaints regarding the home's ability to meet certification requirements.

- (4) The Med-QUEST Division's (MQD) health plans are responsible for authorizing medications for CCFFH clients. The dietary requirements for CCFFH clients are required to be part of the treatment (service) plan. If a CCFFH caregiver is not following the treatment plan, then this failure should be reported to the DHS designee, CTA, as a violation of the certification requirements.
- (5) The development and implementation of the treatment (service) plan is the responsibility of the CMA. The CMA may include any number of individuals during meetings to discuss the treatment plan, as the CMA deems appropriate for each client.
- (6) The MQD health plans already measure quality outcomes for their clients, including the use of independent satisfaction surveys.
- (7) The DHS is not responsible for improving the financial outcomes of service providers. We are responsible for ensuring that the clients we serve receive appropriate services and for ensuring the client's health and safety.

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