

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

March 18, 2014

TO: The Honorable Mele Carroll, Chair  
House Committee on Human Services

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 2009, S.D.2 - RELATING TO HEALTH**

Hearing: Tuesday, March 18, 2014; 9:45 a.m.  
Conference Room 329, State Capitol

**PURPOSE:** The purpose of this bill is to appropriate unspecified funds to the Department of Health and the Department of Human Services to expand certain health care services to qualified individuals.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this measure.

The sections that apply to DHS are sections 3, 4, and 5. Section 3 would fund the restoration of adult dental benefits; section 4 would fund out-stationed eligibility workers; and sections 5 and 6 would fund a health homes.

Section 3 requests an unspecified appropriation for basic adult dental benefits to Medicaid enrollees. The DHS has requested \$4,000,000 in State funds and \$7,664,163 in federal funds in the Supplemental Executive Budget in HMS 401 (Health Care Payments) to re-establish an adult dental program for Med-QUEST adults. The Department believes dental care is

important to an individual's overall health and proposes to provide dental benefits up to \$500 per person per benefit year and also provide medically needed dentures up to \$500 each for upper and lower dentures.

Section 4 of this measure requests an unspecified appropriation to provide outreach and eligibility services at Federally Qualified Health Centers (FQHCs). The Governor's budget, under HMS 902 - General Support for Health Care Payments, includes \$320,000 to support outstationed eligibility workers (OEWs). In addition to the requested \$320,000 in the Executive Supplemental Budget, the DHS will continue to fund 23 OEWs at FQHCs and hospitals with \$667,000 already included in the DHS base budget. The FQHCs also receive funding for outreach workers through the Hawaii Primary Care Association (HPCA) from the Hawaii Health Connector, federal agencies, or other sources.

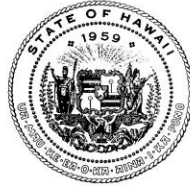
For the additional OEW funding request, the Department will be able to obtain only a 50% match from the federal government. Previously the Department had been able to receive 90% federal match. The HPCA had a contract for OEWs that ended December 31, 2013, for which the last year of funding was \$800,000 (\$80,000 general funds and \$720,000 federal funds).

Section 5 of the bill requests an unspecified appropriation to establish health homes with funds transferred from the Department of Health's community health centers special fund. The Governor's Executive Supplemental Budget includes requests for \$2,016,000 in State funds and \$18,144,000 in federal funds is requested for HMS 401 (Health Care Payments) and \$1,000,000 in state funds and \$1,000,000 in federal funds for HMS 902 (General Support for Health Care Payments) to establish a Health Homes Program under the Medicaid program. The intent of the funding request in the Executive Supplemental Budget is for non-FQHC providers because a

separate funding source is proposed in Section 6 of this bill to fund a health homes initiative through the FQHC providers.

The DHS respectfully requests that the Legislature support the funding requests for dental services, out-stationed eligibility workers, and health homes included in the Executive Supplemental Budget.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

## HOUSE COMMITTEE ON HUMAN SERVICES

### S.B. 2009, S.D. 2, RELATING TO HEALTH

Testimony of Linda Rosen, M.D., M.P.H.  
Director of Health

March 18, 2014

1 **Department's Position:** The Department defers Sections 3, 4, and 5 to the DHS and supports Sections  
2 1, 2, 6, and 7 of this measure, provided that its passage does not replace or adversely impact priorities  
3 indicated in our Executive Supplemental Budget.

4 **Fiscal Implications:** This measure requests unspecified appropriations out of the general revenues of  
5 the State of Hawaii in reference to Sections 2, 3, 4, 5 and 7, and an unspecified sum of monies from the  
6 community health centers special fund in reference to Section 6.

7 **Purpose and Justification:** The purpose of this Act is to provide quality, cost-effective health care for  
8 Hawaii residents who are uninsured, newly uninsured, underinsured, potential Medicaid enrollees, or  
9 Medicaid enrollees. This measure seeks to synchronize the growth of community health centers with the  
10 State's implementation of the ACA and its health care transformation efforts.

11 The Department defers Sections 3, 4, and 5 to the DHS and supports Sections 1, 2, 6, and 7,  
12 provided that its passage does not replace or adversely impact priorities indicated in our Executive  
13 Supplemental Budget. For purposes of clarity, the intent of Section 2 is to restore the nearly \$6,000,000  
14 in State funds that was reduced by the Director of Health due to severe budgetary reductions in fiscal  
15 year 2010. As a result of the reductions, funding for contracts with thirteen (13) FQHCs for the

1 provision of primary care services (medical, behavioral, dental treatment) and contracts with Hana  
2 Health (urgent/primary care services) and Waianae Coast Comprehensive Health Center (emergency  
3 room services) were switched to the community health centers special fund. If the \$6,000,000 is  
4 restored to its original intended purpose which is to fund the aforementioned contracted services, the  
5 community health centers special fund will be used to provide capacity and infrastructure expansion for  
6 the FQHCs.

7 Thank you for this opportunity to testify on this measure.



EXECUTIVE CHAMBERS

HONOLULU

NEIL ABERCROMBIE  
GOVERNOR

**HOUSE COMMITTEE ON HUMAN SERVICES**

**The Hon. Mele Carroll, Chair  
The Hon. Bertrand Kobayashi, Vice Chair**

**March 18, 2014, 9:45 a.m., Room 329**

**Testimony in Support: SENATE BILL 2009, SD 2, RELATING TO HEALTH**

**Submitted by Beth Giesting, Healthcare Transformation Coordinator, Office of the Governor**

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Thank you for the opportunity to provide strong support for SB 2009, SD 2, Relating to Health. Our network of Federally Qualified Health Centers is a significant part of our plan for transforming Hawai'i's health care system. Their comprehensive approach to health care delivery is a model for patient-centered care since they feature an integrated care experience offering primary care, behavioral health, and dental care, plus a wide variety of access, care coordination, and case management services. They have long experience in chronic disease management strategies and have adopted electronic health records to support their practices. Laudably, FQHCs are going beyond clinical and support services and also breaking ground in addressing social determinants and improving the health of their communities.

We ask your support especially for restoring funds to provide primary dental services for adults covered by Medicaid, as provided in Section 3. Unfortunately, the \$4 million needed for that program was taken out of the Medicaid budget in HB 1700, HD 1, and your support for restoring it is needed. A \$7,664,000 federal match will support these essential services.

We are strongly supportive of Sections 5 and 6, which will enable us to bring in significant federal resources to build critical care coordination, case management, and other services needed by Medicaid patients with especially complex medical and socio-economic conditions. This is a significant step toward

understanding and better meeting needs that will improve lives and save substantial dollars in our health care system. The amount needed for Section 5 is \$1 million, which will be doubled by federal funds to support the many administrative requirements for the health home SPA.

Section 6 would appropriate funds from the health center special fund to attract a 9 to 1 federal match to pay for services tailored to the needs of complex patients using FQHCs. This is a tremendous opportunity to bring in significant federal funds that will change people's lives, support the FQHCs, and further the goals of healthcare transformation well beyond this project.

Thank you for the opportunity to testify.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
HONOLULU, HAWAII 96814  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
March 18, 2014

The Honorable Mele Carroll, Chair  
House Committee on Human Services  
Twenty-Seventh Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Representative Carroll and Members of the Committee:

**SUBJECT: SB 2009 SD2 – RELATING HEALTH**

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 2009 SD2**. The bill appropriates funds to provide primary medical, dental, and behavioral health care to uninsured and underinsured patients and restores basic adult dental benefits to Medicaid enrollees. Additionally, the bill appropriates moneys to community health centers to provide outreach and eligibility services, as well as behavioral services, and to establish health care homes for Medicaid enrollees.

This bill represents a comprehensive package of medical, dental, and behavioral health care services with emphasis on obtaining the maximum Federal matching funds available for the appropriations. The Council is pleased that Section 3 on Page 5, lines 8-15, for Fiscal Year 2014-2015 restores basic adult dental benefits to Medicaid enrollees. This provision would directly benefit adults with DD in providing oral health services that includes preventive, restorative, and prosthetic services.

The Council cannot emphasize enough the importance of comprehensive dental care services that include preventive, restorative, prosthetic, and emergency services for people with DD. We are all aware of how oral health, or the lack thereof, affects all aspects (emotional, psychological, and social) of our lives. Numerous individuals can share with you their experience of having a tooth or teeth extracted or acquiring serious health problems because necessary dental services were not available as a result of the termination of the Medicaid adult dental benefit coverage in 1996. Compounding the challenges is the limited number of dentists on the Neighbor Islands who are available and accessible to serve Medicaid and QUEST recipients.



The Honorable Mele Carroll  
Page 2  
March 18, 2014

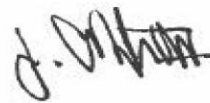
We applaud the Legislature's initiative in restoring basic adult dental benefits to Medicaid enrollees through SB 2009 SD2.

Thank you for the opportunity to submit testimony **supporting SB 2009 SD2.**

Sincerely,



Waynette K.Y. Cabral, M.S.W.  
Executive Administrator



J. Curtis Tyler, III  
Chair



# Community Alliance *for* Mental Health

March, 18, 2014

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To: House Human Services  
Re: SB 2009, SD2

Aloha Chair Carroll and the members of the committee,

On behalf of the Community Alliance for Mental Health along with United Self Help we strongly support the passage of SB 2009, SD2.

This bill is the heart and soul of the omnibus health care for the uninsured and the underinsured. That being said it is critical for our states health care transformation.

Scott Wall  
VP/Legislative Advocate  
Community Alliance for Mental Health

[  
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**HO'ŌLA LĀHUI HAWAI'I**  
*P.O. Box 3990; Līhu'e, Hawai'i*  
*Phone: 808.240.0100 Fax: 808.246.9551*

March 13, 2014

**COMMITTEE ON HUMAN SERVICES**

Rep. Mele Carroll, Chair

Rep. Bertrand Kobayashi, Vice Chair

**Testimony in Support of SB 2009, SB2**

**Relating to Health**

**March 18, 2014, 9:45 A.M., Room 329**

Ho'ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to provide community health centers additional resources to care for the underserved, uninsured, and residents without dental coverage.

We are encouraged that there are dental funds in this bill to restore to the adult dental benefit. It is very important that oral health be at the forefront of health care as many dental problems lead to more serious health deficits and basic dental is not just for cosmetic effect. It is vital to support the dental benefit restoration to Medicaid to those who are most in need. Prevention will save millions in restorative care services in the long term.

Given the critical need to address health care disparities, it is vital that the state maximize its resources by transferring \$2 million out of the community health center fund to bring in additional revenue from the federal government for Patient Centered Health Care Homes. This is a win as no additional funds from the state are required to support this effort.

Lastly, we believe that funding for expanded outreach services are essential. Those additional funds are critical to bring people into care earlier rather than later. It is extremely important to assure that this occurs as it saves lives and money. Further, given the recent re-enrollment methodologies, additional personnel will be needed to assure that individuals and families are not dis-enrolled which could severely impair their health.

Respectfully Requested,

David Peters  
Chief Executive Officer



TO: Rep. Mele Carroll, Chair  
Rep. Bertrand Kobayashi, Vice Chair  
COMMITTEE ON HUMAN SERVICES

FR: Mary Oneha, APRN, PhD  
Chief Executive Officer, Waimānalo Health Center

Date: Tuesday, March 18, 2014

RE: **Support for SB2009 SD2 - RELATING TO HEALTH.**  
Appropriate unspecified funds to the Department of Health and the Department of Human Services to expand certain health care services to qualified individuals.

The Waimānalo Health Center (WHC) **supports SB2009 SD2**, appropriating funds to the Department of Health and the Department of Human Services to expand specific health care services to qualified individuals. Resources to provide health services to specific populations as the uninsured and those seeking behavioral health services are critical to creating healthy communities. Similarly, critical resources are needed to support adult dental care, resources that have been severely limited. Poor oral health can quickly escalate to poor physical health. Prevention, education, and routine oral health care can impact this trajectory. Providing resources to restore basic adult dental benefits to Medicaid enrollees would increase the number of Medicaid adults who seek basic and preventative dental care.

Funding for outreach and eligibility services needs to be restored at community health centers. Historically health centers have received funding for this important work from the State, however this ended in 2013. Outreach workers at community health centers provide an essential service to the State and communities by assisting individuals and families in applying for not just Medicaid, but other State assistance programs which help to address the social determinants of health. It would be in the best interest of the community to continue having these resources and services available to assist individuals with navigating through their insurance and entitlement options.

Lastly, the Waimānalo Health Center strongly supports a CHC SPA. Section 6 of SB 2009 SD2 allocates \$2 Million in Community Health Center (CHC) funds to be used specifically for a Patient-Centered Health Care Home initiative in Medicaid. This funding to seed the project is CHC-specific, money already committed to CHCs for patient care that we will invest in this vital project. This \$2 Million, already allocated for health centers, will draw down \$18 Million in Federal matching funds, for a total of \$20 million for advanced, coordinated patient care with zero dollars from Hawaii's Medicaid program. These monies will be used to create a health home pilot in the Medicaid system targeted to patients who have a specific set of chronic illnesses. CHCs are the group to lead this effort, as they have demonstrated their focus on patient-centered care and have taken the lead in receiving NCQA recognition as patient centered medical homes.

The Waimānalo Health Center urges your support of SB2009 SD2. Thank you for the opportunity to provide testimony.



**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

**House Committee on Human Services**  
The Hon. Mele Carroll, Chair  
The Hon. Bertrand Kobayashi, Vice Chair

## **Testimony in Support of SB 2009 SD 2 with Amendments**

### **Relating to Health**

**Submitted by Robert Hirokawa, Chief Executive Officer**  
**February 26, 2014, 9:00 A.M., Room 211**

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, also known as “community health centers,” supports **Senate Bill 2009 SD2**, making appropriations to the Departments of Health and Human Services for services to qualified individuals and families. We offer the following comments with amounts contained in the original measures SB 2009 and HB 1752:

- Section 2 of this measure appropriates \$6 million dollars in general funds to provide direct health care for uninsured and underinsured individuals; **we request the following amendment at page 5, line 1 “underinsured patients at community health centers, including but not limited to...”.**
- Section 3 of this measure appropriates \$4 million dollars to restore an adult dental benefit in Medicaid. All fourteen of our community health centers provide dental services. Given the correlation between dental health with other health conditions, and the fact that 50% of community health centers patients are Medicaid enrollees, we have long advocated for the restoration of adult dental benefits (aside from emergency procedures) and see this as a start.
- Section 4 appropriates \$800,000 in outreach funding for community health centers. **This funding is very different from the Out-stationed Eligibility Worker funding contained in the House Budget.** Historically health centers have received funding for comprehensive outreach work from the State, however this ended in December 2013. Comprehensive outreach workers at community health centers provide an essential service to the State and communities by assisting individuals and families in applying for State assistance programs (including Medicaid) such as housing assistance, child care, food assistance (SNAP eligibility); we help identify services that may help the individual or family to stabilize their situation and improve the health of not only their person, but their circumstances...in other words this is one way in which we work to address the social determinants of health. The appropriation in Section 4 provides for a need in our communities that is not provided by any other service or existing funding stream.
- Section 6 provides \$2 million dollars from the community health center special fund as an interdepartmental transfer from the Department of Health, to the Department of Human Services,

to be used as the state match for a Medicaid health home state plan amendment to provide health home services to qualified patients at community health centers. Community health centers have been involved in health homes for over six years and completed our own health home pilot project last year with positive results. Thirteen of our fourteen health centers have applied for NCQA recognition as patient centered medical homes and six have been awarded Level 1, 2, or 3 (3 being the highest) recognition in the past few months. Health centers are ready to implement health homes and appreciate the opportunity to leverage \$2 million dollars from the community health center special fund to draw down a federal match of \$18 million dollars.

- Section 7 provides funding for behavioral health services at community health centers. We recognize the critical need for these services in our communities; we are in crisis. Community health centers provide integrated primary care and behavioral health services and appreciate the support offered by Section 7. Behavioral health and its integration with primary care are key elements of the Governor's healthcare transformation plan and we look forward to continuing the discussion on how community health centers can support that effort.

Thank you for the opportunity to testify.

**kobayashi1-Joni**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 13, 2014 8:07 PM  
**To:** HUS testimony  
**Cc:** buckd@hawaii.edu  
**Subject:** Submitted testimony for SB2009 on Mar 18, 2014 09:45AM

**SB2009**

Submitted on: 3/13/2014

Testimony for HUS on Mar 18, 2014 09:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Buck	Individual	Support	No

Comments: Dental treatment and prevention is a serious issue that can cause future health problems. Poor dentition can lead to serious mental and physical abnormalities. The end result can be a painful and infectious outcome. The key is to start with the children, but most children who have bad dental hygiene and dental abnormalities also have parents with bad dental hygiene. Parents will be more likely to take care of their children's teeth and take them to a dentist if they themselves are going to the dentist. Most childhood dental abnormalities affect children of lower income. A bill allowing easier dental coverage especially for those patients with government insurances would decrease the number of dental abnormalities and issues for all members of the family.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**kobayashi1-Joni**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, March 12, 2014 9:58 PM  
**To:** HUS testimony  
**Cc:** Awai76@aol.com  
**Subject:** Submitted testimony for SB2009 on Mar 18, 2014 09:45AM

**SB2009**

Submitted on: 3/12/2014

Testimony for HUS on Mar 18, 2014 09:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ellen Awai	Individual	Support	No

Comments: Please support SB2009 SD2. I continue to support this bill. Community Health Centers are culturally appropriate and person-centered medical home model, a nationally accepted leading practice. Thank you!

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## kobayashi1-Joni

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 17, 2014 1:16 PM  
**To:** HUS testimony  
**Cc:** jus4funhawaii@yahoo.com  
**Subject:** Submitted testimony for SB2009 on Mar 18, 2014 09:45AM

### **SB2009**

Submitted on: 3/17/2014

Testimony for HUS on Mar 18, 2014 09:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jason y hiramoto	Individual	Support	No

Comments: Regarding SB2009 Adult dental benefits are important not only to ensure good oral health but also overall health, importance of oral examinations for detecting early signs of nutritional deficiencies and systemic diseases. Other concerns regarding oral health that are particular to the adult medicaid population include: Employability. Good oral health enhances Medicaid beneficiaries ability to obtain and keep jobs. An estimated 164 million work hours each year are lost due to oral disease Children's Oral Health. The bacteria that cause dental disease are usually passed from parent and other caretakers to their children. Access to dental care and education for parents can lessen the children's chances of severe dental disease, and can also improve the family's oral hygiene habits, such as maintaining regular dental visits. Inflammatory Disease. There is a growing body of research that points to associations between untreated oral disease and an exacerbation of chronic conditions such as diabetes, heart disease, and stroke. Adverse Pregnancy Outcomes. Several studies have suggested an association between untreated periodontal (gum) disease and increase likelihood of pre-term labor and low-birth weight. Cancer Detection. Oral cancer is more common in older Americans than leukemia, melanoma, Hodgkin's disease, and cancers of the brain, liver, bone, thyroid, stomach, and ovaries. Oral cancer kills more Americans every year than cervical cancer. HIV Prevention. The earliest manifestations of HIV disease often occur in the mouth, so dental professionals can play a critical role in the early detection of this disease. Early detection allows earlier intervention, extending the productive life spans of effected individuals, improving their quality of life, and reducing the opportunity for further transmission of HIV. Adults with Special Needs. Individuals with disabilities and the elderly may have physical, cognitive, or behavioral limitations that impair normal oral self-care; chronic and complex conditions that are adversely affected by oral disease; and medication regimens that reduce saliva flow (a natural defense against cavity-causing bacteria). Additionally, poor oral health may impair their ability to maintain proper nutrition. Despite these needs, Medicaid beneficiaries are more likely to face barriers in accessing oral health care and poorer oral health outcomes than individuals with higher incomes. Dear State Senators, I am humbly asking on behalf of these medically at risk adults that you restore the 4 million dollars of state funding with 7.7 million federal match dollars to the budgetto restore medically necessary oral health care. I sincerely thank you for the opportunity to testify. Jason Y. Hiramoto, DDS

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**LATE**

March 18, 2014

TO: Mele Carroll, Chair  
Bertrand Kobayashi, Vice Chair

Members of the House Committee on Human Services

March 18, 2014 9:45am Conference Room 329

FROM: Terilynn Francisco, BSW

RE: **HB 2009: Relating to Health - SUPPORT**

I am in support of SB 2009 as it proposes a solution to the need for improved medical, dental, and behavioral health care for uninsured and underinsured patients through a system that has proven to work: Community Health Centers. SB 2009 also targets to enhance current outreach approaches in CHC's which expands to more than just enrolling individuals/families into a health insurance program- it encompasses a system of direct efforts to reach patients on the streets and with appropriate referrals and linkages connect them to necessary services.

For CHC's within DHS these appropriations are detailed in Sections 3, 4, 5, 6 and 7 of the bill. Section 3 would fund the restoration of adult dental benefits; section 4 would fund out-stationed eligibility workers; and section 5 would fund a health home pilot. Section 6, establishes a CHC specific patient- centered health care home initiative within Medicaid. To fund this initiative the CHC's will place \$2 million (CHC money) to be matched with federal funds to generate \$20 million for this endeavor. Funding the development of CHC's is proactive to economic and social security in the state as CHC's are evidence-based models of comprehensive medical care that saves on emergency and specialty treatment. Also within CHC's section 7 provides funding for behavioral health services at community health centers.

Prevention will save millions in restorative care services in the long term in all these social aspects targeted by SB 2009. Studying social change as a current Masters of Social Work student, concentrating in mental health services, I find that this bill moves our state into this national movement of progressive healthcare. Also in accordance with the Governor's healthcare transformative plan we are at a pivotal point for intervention. Especially considering the demand for services within CHC's far exceeds supply at each of the 14 facilities throughout Hawaii.

Terilynn Francisco, BSW  
University of Hawaii- MSW Candidate





**LATE**

March 17, 2014

**TO:** House Committee on Human Services  
Representative Mel Carroll, Chair  
Representative Bertrand Kobayashi, Vice Chair

**FROM:** Dr. Vija Sehgal, Pediatrician, Chief Quality Officer and Associate Medical Officer  
Waianae Coast Comprehensive Health Center / 697-3457 or wcchc@wcchc.com

**RE:** Support for SB2009: Relating to Health

The Waianae Coast Comprehensive Health Center (WCCHC) strongly supports SB 2009: Relating to Health. Of WCCHC's 31,152 patients, 67% are at 100% of the federal poverty level or below, 11% are uninsured, and 58% are receiving coverage under QUEST, the State's Medicaid program. Morbidity and mortality indicators show that the Waianae coast ranks highest in the City and County of Honolulu, as well as the state, for obesity (43.5%), adults who smoke (26%), adults with diabetes (13.7%), diseases of the heart (260.4 deaths per 100,000), and cancer (197 deaths per 100,000).

The WCCHC has found from its own experience that an effective means of improving these dire statistics is through implementing the Patient-Centered Health Care Home (PCHCH) model, which has been shown to improve health outcomes, reduce long-term cost, and enhance the patient experience.

There are multiple and important components of this bill, all critical to improving the health and well-being of patients we serve throughout Leeward Oahu.

Related to the uninsured, 13.3% of the population on the Waianae coast is uninsured, which is the highest in the City & County of Honolulu.

Related to adult dental health services, 44% of the adult population on the Waianae Coast has not had a dental visit, which is the highest in the state. It is critical to restore adult dental benefits to address dental health needs and its relationship to other health conditions.

Outreach and eligibility is an essential component of the PCHCH. Restoration of state funding is needed to support our patients and families to stabilize not only their health care needs but also their life circumstances that often negatively impact their health.

With the dramatic reduction of state behavioral health services over the past years, WCCHC is the critical safety net on the Waianae coast for individuals suffering from a broad scope of behavioral health conditions.

One key feature of SB2009 (Section 6) is the allocation of \$2 million dollars from the Community Health Center Special Fund as a interdepartmental transfer from the Department of Health to the Department of Human Services to be used as the state match for a Medicaid health care home state plan amendment to provide health care home services to qualified patients at community health centers. This \$2 million dollars (already allocated for community health centers) will be drawn down for a federal match of \$18 million dollar, for a total of \$20 Million for advanced, coordinated patient care for those with the most complex and severe illnesses – all with \$0 dollars from Hawaii's Medicaid program.

This is a tremendous opportunity that comes along very rarely. We appreciate your consideration.

## kobayashi1-Joni

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 18, 2014 3:44 AM  
**To:** HUSstestimony  
**Cc:** tututmaui@gmail.com  
**Subject:** Submitted testimony for SB2009 on Mar 18, 2014 09:45AM

**LATE**

### SB2009

Submitted on: 3/18/2014

Testimony for HUS on Mar 18, 2014 09:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
susan miller	Individual	Support	No

Comments: March 17, 2014 Regarding SB2009 Medicaid Buy-in for Workers with Disabilities Aloha Honorable COMMITTEE ON HUMAN SERVICES Chairwoman Rep. Mele Carroll, And Rep. Bertrand Kobayashi, Vice Chair and esteemed committee members Rep. Della Au Belatti Rep. Dee Morikawa Rep. Richard Creagan Rep. Marcus R. Oshiro Rep. Mark J. Hashem Rep. Justin H. Woodson Rep. Jo Jordan Rep. Beth Fukumoto Mahalo for this important opportunity to submit written testimony today regarding SB2009: the Medicaid Buy-in Implementation plan. My apologies for the late submittal. My name is Susan Miller. I live and work on Maui with adults with disabilities who are working toward returning to work. I also have numerous family members with disabilities - they all have gainful employment outside Hawaii. I know that disability is a natural aspect of human life as well as working for a living is a natural part of life. I stand in ardent support of the immediate passage of the Hawaii Medicaid Buy-in bill. However, I respectfully urge the HS committee to edit the measure's implementation date to no later than 2016. The longer we wait the longer people with disability stay unemployed, downwardly mobility and in poverty. There is no reason to delay until 2017. Further delays are unacceptable for all the right reasons, including the impact to the state's bottom line - cost to the state in all sorts of documented negative side-effects and fall-out cost related to unemployment, poverty, hospitalization, institutionalization, prison, etc. All due respects to DHS, the Buy-in rules are simple and uncomplicated administratively -- far, far less complicated than the MedQuest MAGI groups renewal process, which needs to urgently reach 240,000 people in six months. The proposed Buy-in Group by comparison is less than 1,000, far, far fewer people than the MAGI. Last night, during a buy-in task force meeting State of Hawaii Medicaid director Dr. Ken Fink submitted that the MAGI Groups Administrative renewal process "took forever to write!! Six months to a year," Fink reported. In stark contrast, DHS has had 11 years to research, plan and implement the Buy-in administrative rules. Now DHS wants two more years until 2017 - which I respectfully submit is unacceptable and unnecessary - another four-dragging tactic. DHS has the advantage of 45 other states currently running CMS buy-ins, including the state of Ohio - which created a federally funded package on "how to write administrative rules" and implement Medicaid Buy-in. A simple Google search reveals a treasure trove of current resources. I'm submitting testimony as the a private citizen, and as the former Hawaii state Medicaid Infrastructure Grant director -- a position funded for eight years by the Centers for Medicaid and Medicare Services (CMS). Background: In 1999, then-Congressman Neil Abercrombie co-sponsored the federal legislation to fund this CMS buy-in measure! The expressed purpose was two-fold - 1) build personal assistant services. (PAS) into Medicaid funded DD/I waiver services to allow people with significant intellectual and developmental

disability disabilities the right to supported employment. Second, the Buy-in, gives people eligible for SSI and SSDI and Medicaid the option and dignity to earn money working towards overcoming the poverty of being a person with a significant disability and help fund their healthcare by providing means of premium sharing. The proposed Hawaii buy-in allows the working poor folks to pay a sliding scale cost share based on income/earning - rather than getting kick off Medicaid. Win-win. Not a single downside to setting up this proven federal work incentive that will result in state revenue. The proposed Hawaii buy-in should've happened 10 years ago. Shame on us for allowing DHS to drag its feet and keep working aged adults 18-64 with significant disabilities from equal access -- DHS has denied equal access equal treatment. The state of Hawaii has a growing number of working age adults with disabilities -- 18-64 -- who are well enough and ready to work - however they cannot risk losing their health insurance - and risk losing their health and well being. DHS' stall tactic is mean-spirited and runs counter to the will of people with disabilities and their families who want their family members to work and prosper!! Beginning in 2004, the state of Hawaii received hundreds of thousands of dollars annually through 2011 to study, outreach and educate on the the issues of systems and attitudinal barriers to employment for Hawaii residents with disabilities. DHS for 10 years rejected the MIG support to implement the buy-in From 2004 to the present -- DHS has maintained one position. "Never gonna happen." As the former director of the MIG - I were arrogantly snubbed and told by a high ranking longtime senior DHS program specialists with an MSW - "it's never gonna happen - people with disabilities can't work." For 10 years, DHS has ducked, dodged, snubbed and ignored community attempts and hard work to promote the administratively implementation the proposed buy-in, which is running in 45 other states. DHS had tried to get the "clock to run out" thinking we - the civil right advocates, disability self-advocates and other fair-minded people would go away! We haven't gone away. We are now coming to the legislature as volunteers to stand up for the buy-in. As the former Hawaii Medicaid Buy-in Infrastructure Grant - Hire Abilities - I personally witness the negative sentiment play itself out by DHS staff who willful dug their heels in to defeat the implementation of the CMS Medicaid buy-in. The Buy-in could have seamlessly happened, administratively - long before funding expired In 2011. On behalf of the hundred of individual who signed petitions in favor of the Buy-in, I reject DHS's brand of access or Dr. Kenneth Fink's lip-service brand of access. We want equal access and equal treatment! For 10 years, DHS defied the will of disability advocacy community, and stonewalled the passage -- first defying then-Gov. Linda Lingle and her DHS director Lillian Koller - both of whom submitted annual letters to CMS stating intended to Implement the buy-in and PAS. DHS public servants, who've grown jaded and callus against people with disabilities -- refused to attend meetings - or did so but did nothing to engage in administrative processes. This legislative bill was unnecessary -- DHS forced the disability community since 2012 to resort to urging implementation by legislation. Pitifully the same detractors are now running roughshod over this legislative process as well. Shame on us for letting Dr. Fink get away with little or nothing on behalf of the proposed Buy-in group. Despite all the federal support and 45 states' evidence that supports the CMS supported buy-in as an affordable and sustainable work incentive for individuals with disabilities, DHS staff and administrators continue to keep legislators confused with their biased, double talk awkward silence/non answer testimony. Most of those who will immediately use the Buy-in - -- who are impatience waiting to use the buy-in -- are already on Medicaid -- and would actually cost the state less than what they currently cost being unemployed and living below FPL. There are no more excuses, implement no later than 2016!! The Entire lot of DHS stigmatizers who think of people with disabilities as burdens in the system are misinformed and perpetuate discriminatory bias. The times come to put an end to this -- this time consuming, resource wasting, shameful display of discrimination. The DHS system is the remaining systemic barrier. And more that \$7 million of federal funds - tax payers' money will have been wasted if this buy-in isn't sensibly expedited and respectfully implement. Thank you.

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