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DISABILITY AND COMMUNICATION ACCESS BOARD

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April 6, 2015

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

House Bill 1236, House Draft 1, Senate Draft 1 - Relating to Persons with Disabilities

The Disability and Communication Access Board (DCAB) is a statewide Governor-appointed Board with a majority of its members being persons with disabilities or family members. The Board's mission is to advocate and promote full inclusion, independence, equal access, and improved quality of life for persons with disabilities in society. This testimony represents a position voted upon by the Legislative Committee of the Board.

DCAB supports House Bill 1236, House Draft 1, Senate Draft 1 that establishes the Department of Human Services (DHS) Medicaid Buy-In Program for workers with disabilities and appropriates funds for outreach and training relating to the programs. The bill also appropriates funds for a Department of Health Medicaid Buy-In Pilot Program.

Many adults with disabilities do not want to risk losing Medicaid health benefits by becoming employed. This bill would address that issue in allowing Medicaid recipients with disabilities who find jobs to buy-in to Medicaid while earning up to \$2,000 per month that the Medicaid Task Force agreed upon in DHS drafted Hawaii Administrative Rules. Our office supports efforts such as this bill that improves employment opportunities for people with disabilities.

Thank you for the opportunity to testify.

Respectfully submitted,

BARBARA FISCHLOWITZ-LEONG
Chairperson
Legislative Committee

FRANCINE WAI
Executive Director

WILLIAM M. MIHALKE



April 6, 2015

Dear Senators:

Please pass HB 1236 HD1, with the following considerations:

- a) In our sister states that have Medicaid Buy-in for working persons with disabilities, 70% - 80% are already in the Medicaid system, and would be no additional cost to the State.
- b) As such, a pilot of 100 people would likely cost the state, on estimate, the capitation rate of QExA, times 20-30 individuals, as we are already paying for a vast majority of the people who would access the new program.
- c) The pilot seems better suited to sit in DHS, rather than DOH, particularly given the system changes that have occurred since ACA.
- d) The pilot could either fall under the State Plan as an independent group, fee-for-service, or under the 1115-waiver, and this should be left at the discretion of DHS.
- e) The new program would create new taxpayers, and would reduce the need for other benefits for the individuals that utilize the program.
- f) Individuals that are working generally have better health outcomes, and in the long run cost the state less in healthcare costs.

Thank you for your time and thoughtful deliberation on this matter.

Aloha nui loa,

William Mihalke