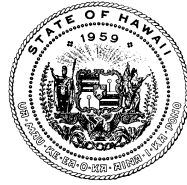


HB 1273 HD 1

Measure Title:	RELATING TO HEALTH.
Report Title:	Medicaid Waiver Administrative Claiming Special Fund; Task Force (\$)
Description:	Creates the Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming Special Fund into which federal moneys may be deposited from DOH's participation in the waiver program established per SSA §1915(c). Establishes task force to examine existing §1915(c) waiver application process. Appropriates funds for FY 2020-2021. (HB1273 HD1)
Companion:	
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	MIZUNO, BROWER, CABANILLA ARAKAWA, CACHOLA, CREAGAN, DECOITE, GATES, HASHIMOTO, D. KOBAYASHI, C. LEE, OHNO, QUINLAN, SAY, TAKAYAMA, TAKUMI, TARNAS, THIELEN, WOODSON, San Buenaventura



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB1273 HD1
RELATING TO HEALTH**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: March 13, 2019
9:00 a.m.

Room Number: 229

1 **Fiscal Implications:** The proposed intellectual and developmental disabilities Medicaid waiver
2 administrative claiming special fund is anticipated to receive federal reimbursement for eligible
3 expenditures using Medicaid administrative claiming. This is estimated at \$700,000 to \$1.2
4 million for FY2020, based upon federal reimbursement at a rate of fifty percent for allowable
5 State costs for administration of programs for the Medicaid population, pursuant to section
6 1903(a)(7) of the Social Security Act.

7 **Department Testimony:** The Department strongly supports the establishment of a special fund
8 for the State's 1915(c) Medicaid Home and Community-Based Waiver for Persons with
9 Intellectual and Developmental Disabilities (HCBS I/DD Waiver) and offers comments and
10 suggests amendments.

11 Regarding SECTIONS 5 and 6: Although SECTION 5 as currently drafted, specifies the
12 development of an intake booklet and training materials that are inconsistent with the terms of
13 the HCBS I/DD Waiver, which are based upon the statutory provisions in HRS chapter 333F, the
14 department recognizes the clear need to work more closely with families needing support.

15 Families and stakeholders have expressed their experiences regarding the difficulty of
16 understanding eligibility criteria for Medicaid services and how to access them. This is especially
17 true for many affected by autism and fetal alcohol spectrum disorders. The DOH understands
18 the request to list particular diagnoses in training materials for Medicaid services, including I/DD

1 waiver services. Because eligibility for Medicaid Home and Community Based Services (HCBS)
2 programs are based on a Level of Care (LOC) assessment of the person's functional limitations,
3 working with stakeholders to provide education about eligibility and access are very important.
4 The DOH is committed to working with DHS and stakeholders to improve information on access
5 to care for all who are in need. Rather than a legislative task force, we suggest that that DOH
6 and DHS work with stakeholders, including the Developmental Disabilities Council, to review
7 informational and educational materials.

8 Further, Section 2, on page 4, line 14 lists training as one of the activities that the monies in the
9 special fund will be used for. DOH believes that these activities can expand to actively
10 supporting families, applicants and other stakeholders and we recognize that more work and
11 support of our community is needed.

12 Section 6 would require DOH to discontinue its current assessment system, which uses the
13 Supports Intensity Scale (SIS) as approved by CMS. The SIS is used to determine support needs
14 and Individual Support Budgets, and serves as the foundation of the rate structure. Both the SIS
15 and the rate methodologies are requirements of the HCBS I/DD Waiver. They have undergone
16 the requisite public comment process and have been approved by CMS. The State is not allowed
17 to change waiver provisions without obtaining federal approval from CMS. Proceeding without
18 CMS approval would likely result in non-compliance with federal waiver requirements, and may
19 jeopardize federal funding of Hawaii's HCBS I/DD Waiver. Therefore, DOH respectfully
20 requests an amendment to delete Section 6.

21 Regarding the establishment of a special fund: The Department's Developmental Disabilities
22 Division is the operating agency for the State of Hawaii's 1915(c) HCBS Waiver to serve people
23 with I/DD. The Centers for Medicare and Medicaid Services (CMS) allows administrative
24 claiming for the administrative costs of operating the HCBS I/DD Waiver, where certain
25 requirements have been met. The Department, along with the Department of Human Services,
26 has worked towards meeting the necessary requirements, such as having an approved Cost
27 Allocation Plan that meets federal regulations.

1 The establishment of a special fund for deposits will allow DOH to timely comply with federal
2 requirements for operating the HCBS I/DD waiver, including implementation of the Final Rule
3 on Community Integration and its Home and Community-Based Settings regulations.

4 An adequate infrastructure and practices at all levels of the DDD program are needed to
5 successfully implement these federal regulations and to provide quality services that meet
6 Medicaid 1915(c) waiver requirements. The monies from this special fund will be used to meet
7 these requirements and to modernize overall operations. Specific uses of the proposed fund
8 include:

9 (1) Payment for fiscal management services of the HCBS I/DD Waiver, which is currently paid
10 with 100% State general funds;

11 (2) Training of staff, waiver providers, waiver participants, their families, and their legal
12 representatives, and community stakeholders;

13 (3) Quality management activities for operating the HCBS I/DD Waiver;

14 (4) Ongoing operations and maintenance of the information technology system;

15 (5) Conducting rate methodology studies to define rates for the HCBS I/DD Waiver; and

16 (6) Assessment services for determining I/DD Waiver participants' level of support needs.

17 **Offered Amendments:**

18 DOH is very willing to work with DHS, families and other stakeholders to enhance
19 communication and education about the DDD admission, assessment and service delivery
20 process. DOH is committed to continue to engage, educate, and train so that services can be
21 provided most effectively and efficiently.

22 DOH respectfully requests the following amendments:

23 1. **Amend SECTION 5, on pp. 12-15** The DOH is willing to work with the DHS and
24 others to develop and distribute information about accessing Medicaid services for

1 individuals with intellectual and/or developmental disabilities. Educational and training
2 materials may also address an array of possible Medicaid services for individuals with
3 intellectual disability, autism spectrum disorders, cerebral palsy, epilepsy, and some of
4 the causes of these conditions such as fetal alcohol spectrum disorders.

5 **2. Delete SECTION 6. on page 15.** The DOH believes a better approach would be to
6 strengthen its communication and education of providers, staff, families, and the
7 community. Discontinuing the use of the Supports Intensity Scale without federal
8 approval will result in non-compliance with the waiver, and the State will risk losing the
9 federal match for HCBS I/DD waiver services.

10 **3. Correct misspellings of “waiver” on page 5, line 16, and page 9, line 4.**

11

12 Thank you very much for hearing this bill and for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 12, 2019

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1273 HD 1 – RELATING TO HEALTH**

Hearing: Wednesday, March 13, 2019 9:00 a.m.
Conference Room 229, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the bill in part, offers comments, and suggests amendments.

PURPOSE: The purpose of the bill is to create an Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming special fund. The bill also establishes a task force to examine the existing process for beneficiaries to apply for Intellectual and Developmental Disabilities §1915(c) waiver (I/DD waiver) services. Furthermore, the bill would have the State revert to the prior system for evaluation of clients to determine need levels and support budgets for I/DD waiver services until all providers and recipients have been educated on the new evaluation metrics or January 1, 2021, whichever occurs first.

The Medicaid program is administered and overseen by the Med-QUEST division (MQD) of DHS. The operations for the I/DD waiver are delegated to the Department of Health, Developmental Disabilities Division (DOH-DDD). Because DOH-DDD operates the waiver on the behalf of DHS, DOH-DDD may claim a 50% federal Medicaid administrative match.

HB 1273 HD 1 requests the legislature's approval for the establishment of a special fund for deposits from Medicaid allowable costs to administer the I/DD waiver. DOH-DDD's ability to implement new federal requirements that require significant changes to the I/DD

waiver's operations is negatively impacted without this fund. DHS supports the creation of a special fund so DOH-DDD can build and sustain the necessary infrastructure to meet the challenges of these new federal requirements.

DOH-DDD needs adequate infrastructure to implement these requirements as well as to continue to operate a high-quality program. Specifically, the monies from the special fund would be used for:

- 1) Payment for fiscal management services of the Hawaii section 1915(c) Home and Community-Based Services for Persons with Intellectual and Developmental Disabilities waiver;
- 2) Training of staff, waiver providers, waiver participants, their families, and their legal representatives, and community stakeholders;
- 3) Quality management activities for operating the Hawaii section 1915(c) Home and Community-Based Services for People with Intellectual and Developmental Disabilities waiver;
- 4) Ongoing operations and maintenance of the information technology system;
- 5) Conducting rate methodology studies to define rates for the Hawaii section 1915(c) Home and Community-Based Services for People with Intellectual and Developmental Disabilities waiver; and
- 6) Assessment services for determining I/DD Waiver participants' level of support needs.

Sections 5 and 6 of the bill are related to issues that beneficiaries and providers have raised in stakeholder meetings, briefings, and testimonies for this bill and for similar bills this session. Individuals with autism or fetal alcohol spectrum disorder (FASD) and their families face many difficult and profound challenges on a daily basis. DHS appreciates that the legislature and stakeholders have highlighted how the present system of care can be complicated to navigate for beneficiaries and providers.

DHS also appreciates and understands the desire to list particular diagnoses and to review training materials for Medicaid services, including I/DD waiver services. However, rather than a legislative task force to draft and create materials, DHS suggests that DOH and DHS work directly with stakeholders, including the Developmental Disabilities Council, on a

review of intake materials and training materials. To ensure accountability, DOH could submit a report to the legislature on the result of this stakeholder engagement.

To put this approach into place, DHS would suggest deleting the current Section 5 and insert the following:

“SECTION 5. (a) The Department of Health shall work with the Department of Human Services and other stakeholders to develop information about accessing Medicaid services for individuals with intellectual and/or developmental disabilities. Educational and training materials may also address array of possible Medicaid services for individuals with intellectual disability, autism spectrum disorders, cerebral palsy, epilepsy, and some of the causes of these conditions such as fetal alcohol spectrum disorders.

(b) The Department shall submit a report to the legislature of its activities no later than twenty days prior to the convening of the regular session of 2020.”

DHS also suggests an amendment to delete Section 6. DHS is sympathetic to the providers, case workers, and families regarding the major changes made between the prior and present systems. DHS strongly believes that the State should continue to educate and train providers so that services can be provided most effectively and efficiently. However, the current criteria to determine need levels and supports budgets for the I/DD waiver program was approved by the federal government when the I/DD waiver was renewed. It is not an option under the current approval to go back to the previous process for even a short period of time.

The state will be in non-compliance with the federal government if it reverts to a previous evaluation method without federal approval of a waiver amendment. This will put the state at risk of having to pay for some, or perhaps all, I/DD waiver services with state-only funds if it changes the evaluation process before an amendment may be approved. In the experience of DHS, waiver amendments and approvals can take months or more than a year to develop, draft, circulate with stakeholders, finalize, submit to the federal government, negotiate, and finally receive approval.

DHS believes that a better course of action is to build on the State’s educational efforts for providers and beneficiaries to make sure the current system is working effectively.

Thank you for the opportunity to testify.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 Richards Street, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

March 13, 2019

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health
Thirtieth Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Baker and Members of the Committee:

SUBJECT: HB 1273 HD1 - Relating to Health

The State Council on Developmental Disabilities **supports HB 1273 HD1**. The proposed measure will create the Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming Special Fund into which federal moneys may be deposited from DOH's participation in the waiver program established per SSA §1915(c). Establishes task force to examine existing §1915(c) waiver application process. Appropriates funds for FY 2020-2021.

The Council held Task Force meetings as requested in last year's proposed HB538. The DOH/DDD and the Hawai'i Disability Rights Center (HDRC) were contributing members. Although we felt we fulfilled the requirements of the Task Force as outlined in proposed HB538, HDRC reports; parents and individuals with developmental disabilities continue to need the support of a Task Force to address broader issues. We appreciate the legislatures support in addressing these issues.

Thank you for the opportunity to submit testimony in **support of HB 1273 HD1**.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus
Executive Administrator

HB-1273-HD-1

Submitted on: 3/8/2019 5:45:13 PM

Testimony for CPH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Comments	Yes

Comments:

We strongly support the provision in the bill that establishes a Task Force within the DD Council to examine the practices of the Developmental Disabilities Division. Last year, our office received an increase in the number of complaints about the DD Division. The nature of the complaints ranged from concerns about the restrictive eligibility policies as well as an intake system that is very unfriendly to the consumers. Parents had experienced lengthy delays in the processing of applications and it appeared that the Division's Compliance Office was thwarting requests for openness and information. In response to these concerns, Rep. Mizuno convened several meetings at the request of several parents. The DD Division was in attendance as was HDRC. There was some consensus that it would be very helpful if the legislature could convene a Work Group to evaluate some of these problems and propose solutions.

The DD Council voluntarily undertook to convene this Work Group. We applaud the effort of the DD Council in the past year. However, we believe that the work needs to continue and to also have the authority of an act of the Hawaii Legislature. Beyond that, however, it seems that the problems with the DD Division have gotten worse-not better. In addition to the aforementioned problems, there has been a serious reduction in services to the clients. Clients are being re-evaluated utilizing a new tool and the Division has been using that as an excuse to reduce services. People are not being provided with a clear explanation of the reasons for the cuts or with sufficient information on their rights. There is a tremendous amount of confusion among the recipients of DD services. So, a Task Force is needed now more than ever.

Additionally, we noted that during this session, there have been proposals to create an autism waiver as well as to include fetal alcohol spectrum disorder within the definition of developmental disability. The DD division has opposed both of those measures. While we too had some questions about some specifics of those bills, we believe that both of them were well intentioned and that the issues they raised merit further discussion. We were pleased to see that this bill was amended in the House to have the DD Council Task Force examine issues related to the concepts that were contained in those bills. We were also pleased to see that the Committee Report from the House Committee on Health noted the concerns we stated regarding the Developmental Disabilities Division.

We suggest further amendments to the bill. We believe that the directive to cease using the current evaluation tool is a good provision. However, it qualifies its language by stating that the cessation shall last until providers and recipients have been educated on the new evaluation metrics. We believe this language is too open ended and allows the Division to claim that everyone has been trained and so in effect that can nullify the provision. We believe the better course would be for legislature to have the Legislative Auditor conduct a financial and management and programmatic audit of the DD Division and direct the Department to refrain from any reductions in services until the Audit is completed and the Legislature has had an opportunity to receive a full briefing next session.

Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995



Testimony in SUPPORT of HB1273_HD1
RELATING TO HEALTH

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Wednesday, March 13, 2019, 9:00AM
Conference Room 229
State Capitol
415 South Beretania Street

Hawai'i Psychological Association (HPA) supports HB1273_HD1 and its intention to capture more federal funding for use by the Developmental Disabilities Division. HPA especially endorses the idea of a task force to study the waiver process that is part of this bill. HPA supports all efforts by the state to find ways of utilizing federal Medicaid reimbursement to better meet the needs of the people of Hawai'i, particularly the large group of people with developmental disabilities who do not qualify for services under the current Medicaid waiver.

Thank you for the opportunity to provide input into this important bill.

Sincerely,

Julie Takishima-Lacasa, PhD
Chair, HPA Legislative Action Committee



HAWAII SUBSTANCE ABUSE COALITION

HB1273 HD1 Medicaid Administration Waiver

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Se. Baker, Chair; Sen. Chang, Vice Chair
- Wednesday, Mar. 13, 2019: 9:00 am
- Conference Room 229

Hawaii Substance Abuse Coalition Supports HB1273 HD1:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 non-profit alcohol and drug treatment and prevention agencies.

HSAC supports the collection of 50% federal funds match to administer a waiver that would help to defray the rising costs to states for administration of Medicaid programs. This special fund will indirectly help people with intellectual and development disabilities, especially to promote community integration, quality and accountability.

Federal funds are needed to advance infrastructure for fiscal management, training stakeholders, quality management, IT, rate determinations and assessing support needs.

We appreciate the opportunity to provide testimony and are available for questions.



Responsive Caregivers of Hawaii
91-1241 Saratoga Avenue, Building 1924
Kapolei, Hawaii 96707

A private, non-profit organization

March 12, 2019

TO: The Honorable Representative John M. Mizuno, Chair House Committee on Health

FROM: Michael P. Marsh, MA, CFRE
President/CEO

SUBJECT: HB 1273
Testimony for Hearing on 3-13-19

I am the new President/CEO at Responsive Caregivers of Hawaii, a non-profit organization with locations in Kapolei, Kapalama, Aiea and Dillingham. Responsive Caregivers of Hawaii is committed to empowering self-directed choices and expanded opportunities for adults with developmental disabilities and others with special needs.

We understand the joys and challenges of having a loved one with disabilities and that's why we exist, to serve individuals with intellectual and development disabilities and their loved ones and families. Our generous-spirited, dedicated and talented staff deliver high quality, person-centered services for each of our program participants.

Our aim is to expand opportunities for people to fully participate in community life, to discover their talents, cultivate their interests, nurture their skills and interests, and actualize their joy and the fullness of their lives. We strive to facilitate opportunities for families, caregivers and natural supports – as a community - to learn, share and experience together to fully support each person's needs.

RCH shares the position of both the State of Hawaii Dept. of Health and the Dept. of Human Services in support of creating an Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming fund. Further, RCH requests amendment to delete Sections 5 and 6 which create a task force to develop materials that are counter to statute, and to delay implementation of assessment program, which is a waiver requirement. It's our understanding the task force met last year and there is no longer a need for this endeavor.

Mahalo for the opportunity to submit comments.

MAILING ADDRESS

P.O. Box 127
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OFFICE LOCATIONS

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KAPAAU

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OCEAN VIEW

92-1804 Keaka Parkway

Federal ID

99-0108896

To: Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Committee on Commerce, Consumer Protection, and
Health

Date: March 13, 2019, 9:00 am, Room 229

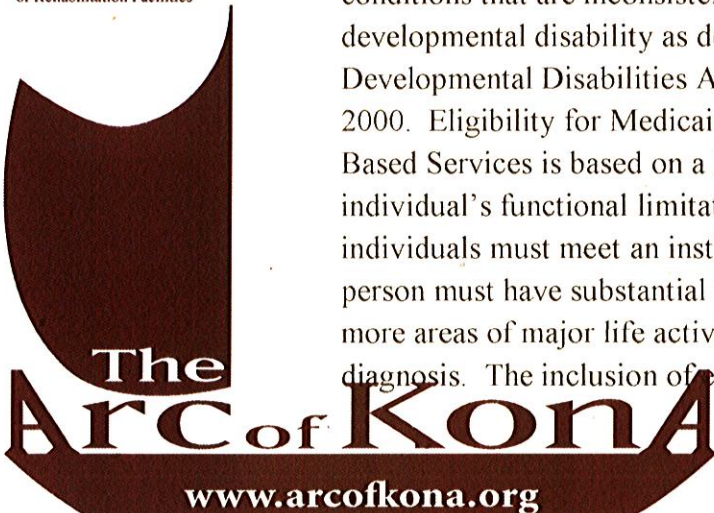
RE: HB 1273, HD 1
Relating to Health

LATE

The Arc of Kona supports HB 1273 HD 1, which would establish the Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming Special Fund. We do not support the two amendments found in Sections 5 and 6 of HB 1273 HD 1.

The Arc of Kona is located on the Big Island of Hawaii and provides Medicaid Waiver Home and Community Based Services to individuals with Intellectual and Developmental Disabilities (I/DD) island-wide. We appreciate and support DD Division's continuous efforts to build, further strengthen, and sustain the infrastructure that supports Hawaii's Medicaid Waiver services. There have been numerous necessary changes to the waiver and this fund would enable DD Division to meet federal requirements and implement these requirements efficiently and effectively throughout the state. The fund would be utilized in six key areas which we believe would have tremendous positive impact on both service providers and the individuals we serve.

Amendment #1, Section 5: This section calls for the development of a task force that would be responsible for developing appropriate materials to include a broad range of additional eligible conditions that are inconsistent with the definition of a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Eligibility for Medicaid Waiver Home and Community Based Services is based on a Level of Care assessment of the individual's functional limitations. In our HCBS waiver, individuals must meet an institutional Level of Care meaning the person must have substantial functional limitations in three or more areas of major life activity. Eligibility is not based on a diagnosis. The inclusion of eligible conditions that do not meet



"Expanding the Possibilities"
"Ho'o Nui Ka Hiki"

Level of Care requirements would likely not be approved by the Centers for Medicare and Medicaid Services (CMS) which could result in the need for 100% state funds to provide services.

Amendment #2, Section 6: This section would require DD Division to discontinue the current Supports Intensity Scale (SIS) assessment system which is the foundation of the current rate structure and used to determine support needs and Individual Support Budgets. The SIS and the rates are requirements of the HCBS Waiver approved by CMS. Discontinuance of this waiver requirement without CMS approval through a waiver amendment process would result in non-compliance with the waiver. This could likely result in the need for the state to fund the full cost of waiver services which is currently approximately \$140 million per year.

Thank you for the opportunity to submit testimony regarding HB 1273 HD1.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michele L. Ku", with a large, stylized flourish at the end.

Michele L. Ku
President and Chief Executive Officer

Testimony for HB1273 HD1

Dear Chairman Senator Baker and Committee,

I am writing in support of the above measure and ask that you please consider the importance of this bill for those with lifelong developmental disabilities such as fetal alcohol spectrum disorders. The need for services is critical for the success of these individuals. With support and much coaching, they can be productive, empowered, and lead meaningful lives. Currently these services stop after age of majority. Once these structured services are removed, individuals with FASD often are left bereft and end up in our systems of care: substance abuse facilities, jail, homeless, with challenging mental health problems.

My experience as a psychologist and marriage and family therapist shows how little I can be of help without other structures in place: community based services that help find financial support, living situations, employment appropriate for this population. A teen I treated with FASD is now entering the adult criminal justice system because the teen never learned to regulate their emotions. The brain has difficulty regulating itself, so other people are needed to help. People with FASD are teachable but they forget and need constant reminding.

I do hope support services for a brain damaged in utero will be offered to individuals with FASD.

Mahalo nui for your consideration.

Ann S. Yabusaki, Ph.D., MFT

HB-1273-HD-1

Submitted on: 3/9/2019 9:34:42 AM

Testimony for CPH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Yabusaki	Individual	Support	No

Comments:

Testimony for HB1273 HD1

Dear Chairman Senator Baker and Committee,

I am writing in support of the above measure and ask that you please consider the importance of this bill for those with lifelong developmental disabilities such as fetal alcohol spectrum disorders. The need for services is critical for the success of these individuals. With support and much coaching, they can be productive, empowered, and lead meaningful lives. Currently these services stop after age of majority. Once these structured services are removed, individuals with FASD often are left bereft and end up in our systems of care: substance abuse facilities, jail, homeless, with challenging mental health problems.

My experience as a psychologist and marriage and family therapist shows how little I can be of help without other structures in place: community based services that help find financial support, living situations, employment appropriate for this population. A teen I treated with FASD is now entering the adult criminal justice system because the teen never learned to regulate their emotions. The brain has difficulty regulating itself, so other people are needed to help. People with FASD are teachable but they forget and need constant reminding.

I do hope support services for a brain damaged in utero will be offered to individuals with FASD.

Mahalo nui for your consideration.

Kenichi K. Yabusaki, Ph.D.