

HB582 HD2

Measure Title: RELATING TO HEALTH.

Report Title: Caregivers Omnibus Bill; DOH; Inspections; Licenses; Task Force (\$)

Description: Establishes and amends provisions relating to the care of the elderly and disabled in state-licensed care facilities. (HB582 HD2)

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): MIZUNO, SAY, TOKIOKA, San Buenaventura



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

**Testimony in OPPOSITION to H.B. 0582 HD2
RELATING TO HEALTH**

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

Hearing Date: Tuesday, March 19, 2019

Room Number: 229

1 **Fiscal Implications:** None.

2 **Department Testimony:** Overall, the Department OPPOSES this bill but with differing
3 positions on certain parts. House Draft 2 (HD2) includes a variety of issues mostly related to
4 non-institutional residential care homes. It clarifies current statutory language, establishes
5 licensing fees in statute, creates a task force at the Department of Health to determine minimum
6 compensation for caregivers and to address issues on interest on late payments, and expands
7 caregiver criteria to all health care facilities under the Department's regulatory authority.

8 Allow us to address each item.

9 The Department SUPPORTS the clarifying language of online posting of inspection
10 reports.

11 The Department OPPOSES HD2's establishment of facility licensing fees in statute.
12 Licensing fees are currently allowed pursuant to Section 321-11.5 HRS and are deposited in the
13 OHCA Special Fund pursuant to Section 321-1.4 HRS. The Department established Chapter 103
14 Hawaii Administrative Rules (HAR) on licensing fees effective on March 17, 2018. The
15 Department implemented a computer-based invoicing system in order to invoice and collect fees

1 and as part of a broader management information system (MIS) for the Office of Health Care
2 Assurance (OHCA). OHCA is the State program responsible for licensing and certifying health
3 care facilities. This invoicing and fee collection system went live in February 2019. As a result,
4 establishing licensing fees in statute is unnecessary and the Department OPPOSES this proposal.

5 Regarding the convening of a task force, the Department will convene this task force and
6 work with stakeholders to submit a report to the 2020 legislature. However, the Committee
7 should be aware that compensation rates for Medicaid waiver residents or patients is established
8 by the U.S. Centers for Medicare and Medicaid Services (CMS). Residential habilitation, such
9 as for persons with intellectual and developmental disabilities (I/DD), is a service approved in
10 the State's Medicaid 1915(c) waiver program. Rates are set through a rate methodology
11 approved by CMS and room and board payments are paid by SSI and DHS - State Supplemental
12 Payment. This program allows adult foster homes to provide a person-centered, family-focused
13 setting that offer an array of supports for participants with I/DD who do not need continual
14 nursing or medical care but choose to live in the community in the most integrated setting
15 possible. This likely provides little if any leeway for establishing compensation rates locally.
16 Also, the Department respectfully requests that the OHCA not be required to be a member on
17 this task force as caregiver compensation and payment of late fees is not a licensure or
18 certification function and the Department will be represented by others: a general representative
19 and representatives from the Developmental Disabilities Division (DDD) and the Developmental
20 Disabilities Council.

21 Finally, the Department OPPOSES the bill's proposal to expand caregiver criteria to all
22 other facilities. The proposal is too broad. For example, originally, certain criteria applied only

1 to community care foster family homes (CCFFH), such as: primary and substitute caregivers
2 shall be 21 years of age or older; caregivers must meet minimum continuing education hours per
3 year; and primary caregivers may be absent a limited the number of hours. If this criteria is
4 expanded to all other facilities, it has the potential to limit the availability of caregivers. While
5 minimum caregiver requirements are generally intended to be beneficial to patients/residents,
6 this could be problematic for adult foster homes for I/DD persons and for residential care
7 facilities that provide lower levels of care to patients/residents. CCFFHs provide care to nursing
8 level residents while adult residential care homes (ARCH) generally provide care to non-nursing
9 level residents. Given the difference in patient/resident levels of care, it's understandable to have
10 a higher criteria for caregivers in CCFFHs than in ARCHs. As a result, this bill could potentially
11 reduce the number of caregivers and adult foster and care home operators, especially where some
12 caregivers may need part-time employment outside the home as a way to supplement their
13 income or where substitute caregivers are unavailable.

14 At a minimum, the Developmental Disability (DD) programs are an ill-fit under this bill
15 and the bill is likely to create other unintended and negative consequences. As a result, the
16 Department must OPPOSE this bill overall.

17 Thank you for the opportunity to provide testimony on this measure.

18 **Offered Amendments:** None.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

March 18, 2019

LATE

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

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 582 HD 2 – RELATING TO HEALTH**

Hearing: Tuesday, March 19, 2019 9:05 a.m.
Conference Room 229, Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments on Section 9 of the bill and suggests amendments to add a representative from the QUEST Integration health plans to the taskforce; and to delete on page 11, Part V, Section 9 (b) "1) Develop a minimum rate for caregiver compensation" since it is outside of the purview of the Departments of Health or Human Services. We defer to the Department of Health (DOH) regarding the licensing, reporting, and fee collection sections of the bill.

PURPOSE: The purpose of this bill is to create and establish various policies to adequately address the various issues concerning the elderly and disabled and the community healthcare industry while ensuring consumer protection for Hawaii's elderly and disabled.

DHS will comment on the caregiver and case manager compensation task force in Part V, Section 9.

The bill establishes a task force under DOH that shall develop recommendations to the legislature to:

- 1) Develop a minimum compensation rate for caregivers;

- 2) Address issues of compensation based on number of beds available at each facility; and
- 3) Address issues of payment of late fees and the applicability of section 431:13-108, Hawaii Revised Statutes, regarding time frames for insurance reimbursement.

While DHS welcomes the opportunity to work collaboratively with stakeholders on the taskforce, the first objective of setting minimum compensation rates for caregivers is not in DHS or DOH purview. Currently, DHS and DOH do not set caregiver compensation rates as caregivers are hired and paid by home care agencies or paid in accordance with the plan designed by the Medicaid beneficiary if the beneficiary is directing their own care.

Therefore, direct compensation of caregivers is downstream of DHS and DOH and involves different entities like health plans and home care agencies. Thus, the first described objective of the taskforce is not controlled by the state agencies represented on the taskforce. We would suggest either deleting or amending the first objective as it is not achievable as written.

DHS Med-QUEST Division (MQD) currently contracts with health plans that contract and pay for HCBS in the QUEST Integration (QI) program, which encompasses the caregivers and care homes described in this bill. Also, as the State's Medicaid agency, MQD oversees the Medicaid services provided by Developmental Disability Division (DDD) of DOH. In this role, the rates paid by DDD fall under the oversight of DHS as the State's Medicaid agency. For this reason and given the broad scope of the task force's responsibilities, DHS suggests amending page 10 Part V, Section 9 (a) to add at least one representative from one of the QI health plans to serve on the task force. A QI health plan representative would bring expertise and insight into the issues covered by the task force.

Thank you for the opportunity to testify on this bill.

HB-582-HD-2

Submitted on: 3/18/2019 10:56:42 AM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Gangloff	Testifying for Hale Nohea	Oppose	Yes

Comments:

Submitted for:

Hale Nohea, LLC

Patricia Mosher, RN, CRNA, CHRN

ARCH Type II Owner

5071 Maunalani Circle,

Honolulu, HI 96816

808.225.6214

LATE

Dear Senator Baker,

This letter is in regards to House Bill 582 HD2 relating to health. Specifically, I am requesting that the last strikethrough line of Part Two, Section Two NOT BE REMOVED. This line reads, "Annual inspections for relicensing shall be conducted with notice, unless otherwise determined by the department." This particular change would impact the tirelessly work health office, law abiding care facilities, and the clients they cater to. Annual inspection is time consuming for all parties involved and requires combing through every inch of the facility.

Unannounced annual inspections would cause even more back up to the already strained health office due to a variety of reasons. The health office workers spend at least one to two days at each facility they inspect. When our inspection on any given Tuesday or Wednesday in April of this year comes, we will patiently wait all Tuesday every Tuesday for the whole month to see if they arrive instead of going out to client appointments or attending to other facility needs. If they do arrive, we walk into our office and sit for countless hours for the first day. During this time we provide them with a neat list of all of our current staff employment records, which includes proof of fifteen

hours of continuing education, proof of dietary training, physical and TB clearance, CPR and first aid training, background checks, proof of license and training documentation. After they have meticulously reviewed each employee through our prepared files, we move on to our residents. They will randomly select a couple of clients to review. For the entire year, they must go line by line (no skimping) of their medication administration record (at least 12 pages per month), narrative notes (at least 8 paragraph pages per month), vital signs (at least 30 entries per month), progress notes (at least 3 pages per month), and incident reports (if needed). That's just the start. After they have reviewed each and every month for the entire year, they must review our facilities records of those clients. Keep in mind that not all facilities are like Hale Nohea and have it available in PDF form and organized in a nice folder for them. Our inspector will move from these nicely prepared forms to each client binder. They will go through each page of a year's worth of doctors/hospital visits, medication lists, weights, dietary specifications, vaccination lists, and on and on. This is just the paperwork needed. After hours and hours of combing through paperwork, they go through every inch of our home to make sure that the facility is complying with all the state rules. If we had to list every detail of what we need ready for this portion, we would take up several other pages and quite frankly, we've wasted enough time trying to explain the entirety of an annual inspection.

Therefore, facilities need a year to prepare for the most important inspection they will have and it is impossible to give unannounced notices for these reports. The prior paragraph is more than enough reason to understand how much time and energy all parties spend to pass state requirements for inspection. Not all facilities organized their files as Hale Nohea does, but we have been told that they spend less time with us compared to other facilities. Hale Nohea spends at least two full days with several inspectors; I don't want to know what annual inspection looks like at other care facilities. State inspectors already spend an ungodly amount of hours to visit every licensed home they can for planned visits. Imagine how many hours they would have to wait for each facility to pull required documentation on the spot. Unannounced annual inspections would create chaos and exponentially increase the time and effort put into paperwork instead of focusing on client quality care.

Every care facility does not go unchecked for the entire year before a planned annual inspection. Unannounced visitations are preformed throughout the year by a variety of inspectors that complete a spot check on the care facilities. These include but are not limited to, fire, dietary, sanitary, environmental, and safety. Spot check unannounced visitations are appropriate and should be continued.

I hope the State Government will take the time to consider the impact the wording of this bill could have on the already overworked health office, law abiding care facilities, and the clients being served. If there are any questions or concerns regarding this major issue, please feel free to contact me.

Sincerely,

Patricia Mosher, RN, CRNA, CHRN

HB-582-HD-2

Submitted on: 3/18/2019 10:09:08 AM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rosemarie S. Sebastian	Testifying for United Group of Home Operators	Support	No

Comments:

Our organization, UGHO, is in support of HB582 HD2; however, we ask for minor amendment to:

Part II, Section 2, Page 3 that (Annual inspections for relicensing shall be conducted with notice, unless otherwise determined by the department.) be unstricken.

Thank you for your consideration.

ADULT FOSTER HOMECARE ASSOCIATION OF HAWAII

P.O. Box 970092, Waipahu, Hawai'i 96797

LATE

March 19, 2019

Maribel Tan
President
Adult Foster
Homecare Association
of Hawaii

Testimony in Support of HB 582 – CPH - Mar. 19, 2019, 9:05 a.m., Rm. 229

Chair Baker, Vice Chair Chang, and Members of the Committee:

The Adult Foster Homecare Association of Hawaii (AFHA) supports HB 582, the caregivers' omnibus bill. This bill contains provisions that protect the welfare of our clients, the elderly and disabled, while providing much needed relief for caregivers who have not seen any increase in reimbursement for over 10 years. We provide 24/7 care 365 days a year for a flat-rate, which calculates to less than \$3.50 per hour – no overtime, no benefits – just \$3.50/hr for 24/7 care.

We are willing to agree on raising the standards of care if we can get an increase in reimbursements – it's just so difficult financially, especially with the cost of housing and living in Hawaii is one of the highest in the nation, while our reimbursement rates are nowhere near comparable states. We will accept unannounced visits, provided it is not the annual relicensing visit as this particular visit requires us to prepare various documents. We are open to all other improvements to the standard of care.

The skyrocketing costs of providing care to the elderly and disabled make it nearly impossible to operate. Caregivers must pay their mortgage for their homes, most of which is used by the residents. Caregivers must also pay for electricity, water, and sewer costs that residents use; for property taxes, general excise taxes, and income taxes; for food, and kitchen, bathroom, and laundry supplies consumed by residents; for their cars and gasoline used to bring their residents to the doctor; for the insurance they are required to carry; for any entertainment they are expected to provide their residents. We help our residents preserve their dignity giving them the feeling that they still belong in the community. All this for \$3.50 per hour.

Other states have much higher reimbursement rates and have much higher standards of care. It's time we show some Aloha for our Kupuna

Very truly yours,

Maribel Tan
President

About AFHA

The Adult Foster Home Association of Hawaii (AFHA) is the industry trade association of providers under the Community Care Foster Family Home program under the Department of Human Services, State of Hawaii. With a membership of almost 750 providers, AFHA's mission is to promote the interests of providers as well as resident clients. AFHA members provide 24-hour care to resident clients 7 days a week, 365 days a year.

HB-582-HD-2

Submitted on: 3/17/2019 10:26:29 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Estela Ellazar	Testifying for Big Island Adult Residential Care Home Operators	Support	No

Comments:

I fully support this bill, HB582. My reason for this is that our basic commodities keep getting higher and higher every year. We also don't have any discount or reconpensation when it comes to providing our residents with food and supplies that they are using on a daily basis. For this, we would like to be compensated to help us provide excellent care and services to these residents. We also would like to lower our certification fee to \$50 to help lessen our expenses that will help us afford these commodities today. I feel that unannounced inspections and visits for re-certification and re-licensing should be conducted with notice.

HB-582-HD-2

Submitted on: 3/17/2019 11:56:53 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maria Corazon E. Cariaga	Testifying for Big Island Adult foster home operators	Support	No

Comments:

This bill is very important for all of us caregivers who are working legally in serving the needy kupunas of the community in our own residences. We work 24 hours a day 7 days a week 365/366 days in a year. Community Care Foster Family Home, Adult Residential Care Home and Expanded Adult Residential Care Home are the most cost effective means in rendering care and housing to our needy kupunas compared to the big facilities. This is the reason why Caregivers in this program (part V section 9) should be compensated higher because we never had pay raise since then. And we are the lower paid workers in the State. We are receiving wages below the minimum wage compared to all of the other workers .

On Section 7 Chapter 321, we are begging to lower our certification-recertification, licensing-relicensing fee to \$50.00 because we are the only program that help the State in saving million of dollars in serving the aged , sick and disabled population of our community. However we would like to request a friendly amendments also to the following: To remove the strike through on part 11 section 2 last line which reads "Annual Inspection for relicensing, recertification" shall be conducted with notice unless otherwise determined by the department."INSPECTION " is the time for recertification and relicensing while "VISIT" is the scheduled monthly routine checks of the Case Managers from different agencies, and Health Plan Representatives for assessing ur clients. On Part V1 Section 10 Sub"C" can we please increase the hours of substitute caregivers in The Community Care Foster Family Home from twenty eight hours a week five hours a day to thirty five hours a week 8 hours a day. Primary Caregivers needs time off also to relieve stresses from this very challenging job. The last but not the least is if we can change the age limit of the substitute caregivers in the Community Care Foster Family Home from 21 to 18;years old. Eighteen years old individuals are considered adult and they were trained to be a responsible caregiver in the School where they took the Nurses Aide Class and had passed the test given by an Agency in order to be Certified Nurses Aide.

Thank you for allowing me to submit my testimonies.

Very respectfully Yours,

Maria Corazon E. Cariaga

HB-582-HD-2

Submitted on: 3/17/2019 11:58:20 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
WANNETTE GAYLORD	Individual	Support	Yes

Comments:

I strongly support HB 582, HD 2--I am requesting a friendly amendment to DELETE Part VI-Section 10 (5) "and any other facility licensed or certified under the department," also in (C) and (D), "or other facility.

Licensed carehomes are overseen by the DOH and we have administrative rules in regards to primary and secondary caregiver qualifications.

Date: March 6, 2019

To: Hawaii State Senate

Commerce, Consumer Protection and Health Committee

Chairperson Rosalyn Baker and members

From: Darryl Tanaka

RE: HB 582

This testimony is to comment on items in HB582, that relates to the care of elders.

In Hawaii, as described in HB582, the elder population is growing prompting a “silver tsunami”. Hence the problem of elder care is becoming an issue that cannot be ignored. There is a culture that is special in Hawaii to respect and care for elders that cannot be lost. Whether we call them Kupuna, Elders, Mom, Dad, Uncle, Auntie or otherwise, we all have someone in our family, or related to someone or know of someone that meets those criteria. In fact, each of us will become one of them, so it is in our self-interest, also.

Elders are continually losing the respect they deserve. My mom had a negative experience that I am not at liberty to discuss. Still, the challenges we faced in the legal scope started when multiple attorneys turned down the case due to Mom's age of 93. This presented a bad business case for attorneys thereby creating a minimal chance for any litigation and further lack of incentive for facilities to improve. We also faced a bias in our MICP hearing where the chair attorney said at the onset (paraphrasing), “Why are we here? She was a 93 years old.” Luckily we were allowed to proceed, but the inherent bias devalued my mother’s life. I can only assume other elders experienced similar age discrimination. Everything must be done to protect the safety of our elderly. Any compromise to the items in the bill only bends to the special interests that place elder welfare as secondary to their bottom line.

There are two main issues that concern me about the bill:

1. Section 2, item a: Unannounced inspections by DOH inspectors. There should be no distinction in visits for licensing, relicensing, verification of violation corrections, investigations and other monitoring activities. It cannot be limited to only inspections. The posting of all visit reports must be mandatory and any push for delays, reduction or removal of information should not be swayed by special interests. All visits should be non-intrusive and require minimal staff time and any impact operations, thereby removing the burdens to budgets. Announcement of visits allow facilities to prepare, thus reducing the importance and intent of such visits. Every effort must be made to side on the interest and safety of the elders.
2. Section 6, item c: Posting of inspection reports and removing them after three years. Yes, the inspection reports must be posted in a timely manner, with correction plans, and verifications. The posting should also include citations, verified complaints, reported incidents with root cause analysis, criminal actions, and any punitive civil actions that affect public safety. Removal after three years does not make sense, except to protect the interests and reputation of the facilities. Comments can be entered by inspectors to mitigate incorrect or negative

impressions, unintended actions, improved operations, or sincere correction to improve care. Long term and continuous violations must be exposed and retained for repeated violations. All of this adds to the essential information the public needs to know to make an informed decision to identify the right home for their loved one. Currently, the system hides this and reduces elder care to the lowest criteria and creates a lack of trust in the system. Think of how you, as a son or daughter, would qualify a home for your parents.

Hawaii cannot allow our health care systems to be compromised. The legislature must show the public that they are working to improve elder care and their interests. Otherwise, we accomplish nothing and simply waste time and resources that result in a compromised system at the expense of our elders. No one gains in the overall scheme, including the legislators and care homes, as Hawaii loses its identity and the culture of caring. It erodes a key characteristic that shapes Hawaii's identity and contributes to reasons for millennial generations to leave "home". We all must work to alter this trend.

HB-582-HD-2

Submitted on: 3/18/2019 8:40:36 AM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Benita Riingen	Individual	Support	No

Comments:

Good morning, this bill is very important for all of us caregivers however, can you make a friendly amendments to the following: to remove the strike through on part 11 Section 2, Section 7 Chapter 321, part v1 Section 10 sub"c" and on part v section 9.

Thank you for allowing me to submit my testimonies.

HB-582-HD-2

Submitted on: 3/18/2019 8:59:37 AM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Maria E. Cariaga	Testifying for CCFFH	Support	No

Comments:

Good morning, thank you for allowing me to submit my testimony online.

This bill is very important to us caregivers however, can we request a friendly amendments lfollowing the testimony of Maria Corazon E. Cariaga.

Thank you and have a nice day everyone.

HB-582-HD-2

Submitted on: 3/18/2019 12:21:21 PM

Testimony for CPH on 3/19/2019 9:05:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
MARFE RETUNDO	Testifying for CCFFH	Support	No

Comments:

Good day ladies and gentlemen,

I support this bill, because we need an increase on our pay too. Our cost of living is going up every year and our pay is not. We want to lower our recertification fee to \$50. We want to remove the unannounced visit for our recertification/relicensing our home, that it should be conducted with a notice. Each client in our home have a CM that come every month to visit our client and do assistment on client for our care plan. For our SCG we want to change the age requirement FROM 21 yrs old to 18 yrs old, we all follow all the rules, regulations and requirements of our SCG. I thank you ladies and gentlemen for giving your precious time reading my testimony. Have a great day

HB-582-HD-2

Submitted on: 3/18/2019 11:00:21 AM

Testimony for CPH on 3/19/2019 9:05:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Grace Jadulang	Individual	Support	No

Comments:

We caregivers need to be compensated higher because cost of living allowance is increasing every year.

I would like to lower our recertification fee to \$50.00.

Recertification/Inspection should be scheduled date due to a hectic schedule, appointments for our clients and for ourself. Also we need to give time to relax and spend time for our family.

Change SCG ages to 18 years old, this is a legal age, they are adults, more chances for caregivers to find SCG.

Date: Tuesday, March 18, 2019
Time: 9:05 AM
Place: Conference Room 229
State of Hawaii
415 South Beretania St.

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

RE: HB 528, HD2

LATE

Good Morning Chair, Vice Chair,

My name is Lilia Fajotina, 21 years Carehome owner.
I strongly support HB 582, HD2, However, we would like to request a friendly Amendment to remove the strike through on Part II Section 2, the last line which read "Annual Inspection for Relicensing shall be conducted with notice, unless otherwise determined by the department"

The current practice of the Dept. of Health through the office of Health Care Assurance(OHCA) is to send notice to the care home operator regarding an upcoming annual relicensing inspection. The department has to give the certain day of the month but it does not announce the exact date. The reason of the Office of Health Care Assurance has to promulgated this system to allow the care home operator to be present during the inspection. OHCA requires that the primary caregiver, the care home operator and the residents must be present during the annual inspection.

The statute already has the provision for unannounced visits. Office of Health Care Assurance can conduct unannounced visit at any interval at its discretion to confirm correction of deficiencies and/or to investigate complaints for suspicion of neglect and abuse.

In general, caregiver in all the community-based care facilities are providing excellent care of our aging and frail kupuna.

Thank you for allowing me to testify.

Lilia Fajotina
Carehome Operator

HB-582-HD-2

Submitted on: 3/18/2019 9:42:22 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
sandra kapela	Testifying for BIAFHO	Support	No

Comments:

This bill is very important to all caregivers in community care foster family home, adult residential care home and expanded adult residential care homes who has contracted by Department of Human Services and DOH, however, can we request a friendly amendment like the annual inspection for relicensing and recertification to be conducted with notice unless determined by the department. To have caregivers be compensated more. Decrease the licensing, relicensing, certification, recertification to \$50.00. To allow individuals of 18 years old as a substitute caregiver for CCFFH. Increase the time of substitute caregivers from 28 hours weekly-5 hours a day to 35 hours weekly-8 hrs a day. Primary caregivers needs a time off also to relieve stresses from the challenging job. Thank u for allowing me to submit my testimonies online.

Respectfully yours,

sandy

HB-582-HD-2

Submitted on: 3/18/2019 10:20:38 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Ruth Raza	Testifying for Big Island Adult Residential Carehome	Support	No

Comments:

On behalf of Big Island Adult Residential Carehome . I strongly support HB 582 HD, however I would like to request a friendly ammendment to remove this breakthrough on part 2 section 2 , which reads, "Annual inspections for relicensing shall be conducted with notice , unless otherwise determined by the department."

Thank you for giving me the opportunity to testify.

Ruth Raza, BSN RN

HB-582-HD-2

Submitted on: 3/18/2019 2:45:20 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Arcelie Weaver	Individual	Support	No

Comments:

I am supporting this bill because I know it's very important but just a friendly request to amend the Annual Inspection for relicensing/ recertification shall be conducted with notice. To lower the recertification/ relicensing fee to \$50.00. Higher compensation for caregivers under Community Care Foster Family Home, Expanded Adult Residential Care Home licensed by OHCA and Adult Residential Care Home . Increase the number of hours for substitute caregivers under the Community Care Foster Family Home from 28 hours a week 5 hours a day to 35 hours a week 8 hours a day. To lower the age limit of substitute caregivers in Community Care Foster Family Home from 21 to 18 years of old. Eighteen years old individuals are considered adult already and they are taught to be responsible and dependable during their training to become a Certified Nurse Aide as their profession.

Thank you for allowing me to submit my testimonies.

Sincerely,

Arceili Weaver

m

HB-582-HD-2

Submitted on: 3/18/2019 4:13:18 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Ninfafabia	Individual	Support	No

Comments:

I support HP 582 HD to however we would like to request a friendly amendment to remove this strikethrough on part 2, section 2, the last line which reads, "Annual inspections for relicensing shall be conducted with notice, unless otherwise determined by the department." With visits to an adult residential carehome, there is a big difference with an annual inspection and an unannounced visit. I like that we currently have scheduled annual inspections (Determined by the department of Health) but also like that the state conducts unannounced visits to hold care homes accountable. The difference is with unannounced visits, it is normally done for investigations as if there is something that needs to be check without notice and versus annual inspections where it is planned out.

HB-582-HD-2

Submitted on: 3/18/2019 10:58:31 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Jocelyn Rosabia	Individual	Support	No

Comments:

My name is Jocelyn Rosabia, I am one of the Adult Foster Family home caregiver from Kona. We provide care 24/7. We are asking that our compensation to be increased, the cost of living is increasing every year. We cannot find a second job due to lack of substitute caregivers because of strict guidelines and not enough resources/ finances to pay them.



Marylo Farinas

Dbas: CMC Kafamilya Adult Foster Home

LATE

March 18, 2019

Re: **HB582 HD2 – STRONGLY SUPPORT**

Dear Chair Baker, Vice Chair Chang and Members of the Committees:

My name is Marylo Farinas, a foster home operator of CMC Kafamilya Adult Foster Home for over 10 years now. I dynamically support HB582 HD2 due to the following amendments:

PART II Section 2. Section 321-15.6 Adult residential care homes; community-based care homes; adult day care centers; licensing. (a) All adult residential care homes shall be licensed to ensure the health, safety, and welfare of the individuals placed therein. The department of health to conduct unannounced visits other than the inspection for relicensing. This will help the department to catch those un-licensed homes that are in operations and getting paid three to four times higher than us, who are licensed works very hard and yet compensated very little.

PART IV Section 11, Chapter 321—Compensation for caregivers and case managers. The department of health shall ensure that caregivers are fairly compensated. Currently, Adult foster home is being paid an average amount of \$2,500.00 for level 2 client per month this include \$418.00 therefore pay is only \$2,082 after room and board.

Calculations (average):

365days per yr @ 24hrs per day = 8,760hrs per yr / 730hrs monthly
\$2,082.00 / 730 hrs = \$2.85hourly
\$2.85 @ 24hrs = \$68.45 per day

Above rate has been since I started year 2008, cost of living gone up every year. From what I remember bag of 25lb rice was \$7.00 back then it gone up double, yet our pay never gone up a penny-- very sad. McDonald pay is even more appetizing but because caring our elderly is our passion that's what keeping us moving forward. Not only cost of living to consider, we are also required to secure finger printing where we need to pay \$80 every year, APS clearance \$15, Abstract, \$5.00 and also In-service trainings and continuing education which is roughly \$150. We also pay our own medical health insurance which is very expensive, liability insurance and GET tax. Now here comes recertification fees are in the talk, it appears to me this system is very very unfair, ridiculous which I don't understand. I would like to request Chair Baker sir, Vice Chair Chang sir, and the members of this Committee to please take a deeper look, review, study



Marylo Farinas

Dbas: CMC Kafamilya Adult Foster Home

and consider giving us a rate increase to at least be competitive to current State of Hawaii Minimum wage of \$8.60 per hour from \$2.85 per hour. Thank you.

However, I would like to ask a friendly amendment to REMOVE Part IV Section 9 Chapter 321 License, relicense, certification and recertification fees. Again, how can we be charged if our pay hasn't gone up in decades.

Thank you for this opportunity to testify.