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## HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO CONDUCT A STUDY ON THE FEASIBILITY OF INCREASING THE MEDICAID REIMBURSEMENT PAYMENT RATE FOR HAWAII'S COMMUNITY CARE FOSTER FAMILY HOMES AND EXPANDED ADULT RESIDENTIAL CARE HOMES FOR MEDICAID CLIENTS IN 2032 AND EVERY TEN YEARS THEREAFTER.

WHEREAS, Hawaii has a limited number of beds in nursing 1 homes for patients requiring a nursing home level of care; and 2 3 4 WHEREAS, community care foster family homes (CCFFHs) and expanded adult residential care homes (E-ARCHs) provide 5 additional options for a nursing home level of care throughout 6 7 the State; and 8 9 WHEREAS, caregivers in CCFFHs and E-ARCHs effectively 10 provide the proper care needed for nursing home level patients, including assistance with activities of daily living (ADLs); 11 specialized care, such as care with feeding tubes and catheters; 12 13 basic wound care; maintenance exercise programs; cognitive 14 stimulation; dietary management; and other custodial care, as needed; and 15 16 17 WHEREAS, the availability of beds in CCFFHs and E-ARCHs can reduce the length of hospital stays; provide emotional, 18 financial, and physical relief to families caring for a frail 19 20 senior or family member in their own home; and reduce the risk 21 of homelessness, morbidity, and mortality in patients who require a nursing home level of care; and 22 23 24 WHEREAS, the ARCH program was introduced in Hawaii in the 1950s to provide assisted living-type care and was expanded in 25 1994 to provide a nursing home level of care as the E-ARCH 26 program under the Department of Health, serving approximately 27 28 fourteen hundred patients, with the potential for an even greater number; and 29



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1 WHEREAS, the pilot CCFFH program was started in 1979 by The 2 Queen's Medical Center; began receiving Medicaid funding under a 3 4 federal Medicaid waiver in 1984, initially under the direction of the Department of Human Services and now under the Department 5 of Health; and serves approximately three thousand patients, 6 7 with the potential for an even greater number; and 8 WHEREAS, the 1984 federal Medicaid waiver for CCFFHs was 9 10 approved based on its success as a high-quality alternative to nursing home care for Medicaid patients, and because it costs 11 12 two-thirds or less than placement in a nursing home; and 13 14 WHEREAS, the level of CCFFH reimbursement has not kept up 15 with that two-thirds target, resulting in a reimbursement rate to CCFFH providers in 2020 that is approximately one-sixth of 16 17 that for nursing home placements; and 18 19 WHEREAS, caregivers who accept Medicaid patients into their CCFFH receive \$47.06 per day, plus the patient's Social Security 20 assistance, for a maximum of \$2,500 per month for room, board, 21 and all patient care, while a nursing home receives \$280 per 22 23 day, plus the patient's Social Security assistance for the same patient, for a maximum of \$10,100 per month (with HMSA, Kaiser 24 Permanente, and UHA insurance at slightly higher rates); and 25 26 27 WHEREAS, Hawaii has an ethnically diverse population that lives in sparsely-populated rural and densely-populated urban 28 29 areas, and it is projected that the number of residents above age sixty will increase by seventeen percent between 2020 and 30 31 2030 and those over eighty-five years of age will increase by 32 thirty-two percent; and 33 34 WHEREAS, studies by AARP show that Hawaii needs to improve 35 efforts to provide lower-cost long-term care services to the community under Hawaii's Med-QUEST Medicaid program rather than 36 37 the more expensive care in nursing homes; and 38 39 WHEREAS, many caregivers who operate CCFFHs and E-ARCHs are also employed in nursing homes, hospitals, assisted-living 40 41 facilities, and other health care facilities around the State in 42 order to supplement their income and maintain their own health benefits, which potentially creates a greater risk for the 43 spread of infectious disease; and 44 2024-2655 HCR94 SD1 SMA.docx



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1 2 WHEREAS, many CCFFH caregivers will decline to accept a Medicaid patient and instead save empty beds for private pay 3 4 patients in order to maximize their income, thus reducing the total number of beds available to Medicaid patients; and 5 6 7 WHEREAS, very few caregivers in E-ARCHs will accept Medicaid patients because of the low reimbursement rate and 8 instead save their beds for private pay patients; and 9 10 WHEREAS, one of the outcomes of such a low reimbursement 11 rate is the limited availability of beds in the community for 12 Medicaid patients who require placement in nursing homes at the 13 14 higher rate, thus increasing the total cost of care; and 15 WHEREAS, many Medicaid patients remain hospitalized in 16 acute care beds throughout Hawaii at a financial loss to the 17 acute care facilities due to a lack of available community beds 18 19 to which they can be discharged; and 20 21 WHEREAS, Senate Resolution No. 4, S.D. 1, adopted during 22 the Regular Session of 2022, requested the Department of Human 23 Services to study the feasibility of increasing the Medicaid reimbursement rates for CCFFHs, E-ARCHs, and other types of 24 25 home- and community-based services care providers and services, and in response, the Department submitted a report of its 26 findings and recommendations to the Thirty-Second Legislature in 27 December 2022; now, therefore, 28 29 30 BE IT RESOLVED by the House of Representatives of the Thirty-second Legislature of the State of Hawaii, Regular 31 Session of 2024, the Senate concurring, that the Department of 32 33 Human Services is requested to conduct a feasibility study similar to the study it conducted pursuant to Senate Resolution 34 No. 4, S.D. 1 (2022), relating to increasing the Medicaid 35 reimbursement payment rate for Hawaii's home- and community-36 based services care providers and services, in 2032 and every 37 38 ten years thereafter; and 39 BE IT FURTHER RESOLVED that each feasibility study is 40 requested to include the following: 41 42 A review of the existing payment model for Medicaid 43 (1)44 reimbursement and a determination of whether overall 2024-2655 HCR94 SD1 SMA.docx



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1 2		savings can be achieved by increasing the rate for CCFFH and E-ARCH care providers;
3 4 5	(2)	The feasibility of increasing the Medicaid reimbursement payment rate for Hawaii's CCFFHs and
5 6 7		E-ARCHs for Medicaid clients; and
8 9	(3)	implemented rate increases on uptake, utilization, and
10 11		cost savings to the Medicaid program; and
12 13	BE IT FURTHER RESOLVED that the Department of Human Services is requested to request funding by 2031 to conduct the	
14 15	feasibility study in 2032; and	
16 17	BE IT FURTHER RESOLVED that the Department of Human Services is requested to submit a report to the Legislature	
18 19	after the completion of each study no later than twenty days prior to the Regular Session following the completion of each	
20 21	study; and	
22 23	BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Director of Human	
24 25	Services, President of the Adult Foster Homecare Association of Hawaii, and President of the Alliance of Residential Care Home	
26	Administrators.	