

**LATE**

EXECUTIVE CHAMBERS  
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA

Testimony of **John Mizuno**  
Governor's Coordinator on Homelessness  
Before the  
**Senate Committee on Health & Human Services**  
March 18, 2024  
1:00 p.m., Conference Room 225

In consideration of  
**House Bill No. 408 HD2**  
**RELATING TO HEALTH**

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

I am writing in **strong support** of HB408 HD2. This measure is in alignment with Governor Green's priorities for the Statewide Office on Homelessness and Housing Solutions (SOHHS), specifically on **creating more space for individuals experiencing housing instability with various health needs.**

I humbly request that HB408 allow for community care foster family homes to add a third Medicaid client who is experiencing housing instability, and thus expand the capacity from a limit of two Medicaid and one private pay clients to three Medicaid clients and two private pay clients if they are married.

Thank you for the opportunity to testify in strong support of this measure.

Mahalo,

John Mizuno  
Governor's Coordinator on Homelessness



**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 18, 2024

The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services  
The Thirty-Second Legislature  
State Capitol  
State of Hawai'i  
Honolulu, Hawai'i 96813

Dear Senator Buenaventura and Committee Members:

SUBJECT: HB408 HD2 RELATING TO HEALTH

The Hawaii State Council on Developmental Disabilities **provides comments to HB408 HD2**, which grants the Department of Health discretionary authority to certify community care foster family homes (CCFFH) for a fourth adult, specifically a Medicaid recipient experiencing documented housing instability, under certain conditions. We oppose increasing the bed count from 3 to 4 without first filling the current vacancies of CCFFH on the island needing additional beds.

As stewards of the DD Act of 2000 (P.L. 106-402), it is our obligation to alert policymakers to potential adverse impacts on individuals with developmental disabilities and, when warranted, those with other disabilities. While we acknowledge the well-meaning intentions behind this proposal, we harbor significant reservations for your consideration.

Foremost among our concerns is the current surplus of 500 vacant beds in community care foster homes. This glaring excess raises serious doubts about adding a fourth bed when existing resources remain underutilized. Rather than expanding capacity, our focus should be squarely on addressing the root causes of these vacancies. Effective utilization of existing beds must take precedence over the creation of additional ones.

Moreover, it's crucial to recognize that the demographic targeted by this measure could already be accommodated within existing community care family foster homes. Despite the ample availability of 500 vacant beds, these homes have consciously elected not to host this specific population. This calls into question the suitability of these homes for the intended beneficiaries of this measure and suggests that merely augmenting capacity may not effectively tackle the underlying issues.

Furthermore, we harbor deep concerns regarding the potential repercussions of integrating individuals experiencing housing instability with a highly vulnerable population, namely those with developmental disabilities. Housing instability often exacerbates stress and uncertainty, posing significant challenges when these individuals are cohoused with others requiring specialized care and support. Safeguarding the safety and well-being of all residents must take precedence, prompting us to urge meticulous consideration of the potential risks entailed in this proposed expansion.

In light of these apprehensions, we respectfully request the reassessment of the provisions of HB408 HD2 and explore alternative strategies to address housing needs within our communities.

We respectfully recommend a pilot project within our current licensed or certified homes instead of augmenting bed numbers. By offering increased care payments to homes accommodating Medicaid recipients with documented housing instability, caregivers can afford to employ additional staff to support these individuals in adjusting to their new environment. This approach, proven effective during the closure of Waimano Training School and Hospital, entails smaller populated homes with awake staff throughout the night, fostering reassurance and trust-building for individuals facing difficulties adjusting.

We do recognize, that a need to increase capacity from 3-4 beds may happen once all the vacancies are filled. We respectfully request that the measure be amended to state, once all vacancies in the CCFFH are filled on the island, a caregiver of an CCFFH may submit a request to increase their bed capacity from 3-4.

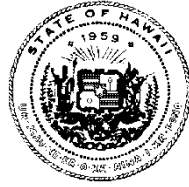
We remain steadfast in our commitment to collaborative efforts aimed at ensuring that all individuals, including those with developmental disabilities, have access to safe, supportive, and inclusive housing options.

We sincerely appreciate the opportunity to present our **comments for HB408 HD2 and offer a viable solution.**

Sincerely,

Daintry Bartoldus  
Executive Administrator

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
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STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
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March 16, 2024

TO: The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services

FROM: Cathy Betts, Director

SUBJECT: [HB 408 HD2](#) - RELATING TO HEALTH.

Hearing: March 18, 2024, 1:00 PM  
Conference Room 225 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services appreciates the intent of this measure, offers comments, and defers to the Department of Health.

**PURPOSE:** This measure authorizes the Department of Health to, in its discretion, certify community care foster family homes for a fourth adult who is a Medicaid recipient and has documented housing instability, if certain conditions are met. Requires the Department of Health to submit a report to the Legislature. Effective 7/1/3000. (HD2)

The House Committee on Health & Homelessness (HD1) amended the short form measure by inserting substantive contents of the bill in long form so that a public hearing may be properly held on its substantive contents.

The Committees on Health & Homelessness and Human Services (HD2) amended the measure by:

- (1) Reverting to existing statutory language allowing married private-pay individuals to reside in the same community care foster family home;
- (2) Clarifying requirements for certification for a fourth bed;

- (3) Removing language that would have expanded community care foster family home certifications to include expanded adult residential care homes and assisted living facilities; and
- (4) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style. (HD2)

The Department of Human Services (DHS) appreciates the intent of this measure and supports the availability of community-based resources for residents. The Community Care Foster Family Home (CCFFH) is an integral part of the continuum of long-term care and provides a less restrictive community-based home for Medicaid recipients at a nursing facility level of care, which is a much more expensive level of care.

The CCFFH allows recipients to remain in the community rather than go into a nursing home. Currently, CCFFHs are licensed for two residents, one of whom must be a Medicaid recipient. The CCFFH may request for a third bed, which is used for a Medicaid recipient, or a second private pay person under specific conditions - the second private pay individual must be in a relationship (spouse/civil union) with a private pay individual who has been residing in the CCFFH for at least six (6) months prior, and there is no Medicaid individual.

This bill would allow a fourth individual who is a Medicaid recipient with housing instability if certain conditions are met. Although today's current criteria would allow for an individual who is experiencing housing instability and who meets the nursing facility level of care to live at a CCFFH, this proposed change may increase the capacity and bring increased focus on helping to serve the needs of this vulnerable population.

DHS defers to the DOH regarding any licensing or safety concerns that would need to be addressed by adding the option for a fourth bed.

Thank you for the opportunity to testify on this measure.

**HB-408-HD-2**

Submitted on: 3/16/2024 9:32:49 PM

Testimony for HHS on 3/18/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rosemarie S. Sebastian	Testifying for ILWU - LOCAL 1000/SEBASTIAN'S ARCH LLC	Comments	Written Testimony Only

Comments:

Dear Chair, San Buenaventura, Vice-Chair Aquino & all Committee members:

Thank you for this bill.

I/we understand that there's a great need for homes for placement; however, adding a 4th medicaid client to a Foster Home might not be in the best interest of the both caregiver and client. Why? Because in doing so, it adds more burden of care to the caregiver. I/we would have like to see that Foster Home caregiver receives their LTC reimbursements pay increase first before implementing this plan to add more medicaid clients. Right now, a Foster Home caregiver is quite underpaid that the caregiver can't hire an additional help/substitute so by adding more responsibility, it will be disastrous to caregiver's home/business. Caregiver will be very tired due to additional work plus stress about budget. This scenario will not be beneficial to either Caregiver or client.

Pls. support increase of Foster Home caregiver's LTC reimbursements pay first before adding more burden of care/client.

Now, on the other hand, Expanded ARCH has the ability to care for all private pay clients; though, some E-ARCH also have medicaid clients; budget isn't an issue in most E-ARCH homes and because of it, the E-ARCH caregiver can hire employees or substitutes to help care for their clients. So perhaps, E-ARCH might be the home who has the capacity to take on additional medicaid burden of care/clients. But to be honest, an E-ARCH Caregiver will not do so because the LTC reimbursement pay for medicaid client is very low; it's really not feasible for their business. Bottomline, the State has to increase the LTC reimbursements pay for these caregivers.

Thank you!

Respectfully submitted,

Rosemarie S. Sebastian, Treasurer

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