

# SCR105/SR59

Measure Title:

REQUESTING THE DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH TO NOT CONSIDER CERTAIN BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT AS INCOME WHEN DETERMINING MEDICAID ELIGIBILITY AND TO ADOPT RULES TO ALLOW A PROVIDER OF MEDICAID ADULT DAY HEALTH SERVICES TO BILL IN FIFTEEN MINUTE INCREMENTS.

Report Title:

Medicaid; Supplemental Security Income; Income Eligibility; Billing

Description:

Companion:

Package:

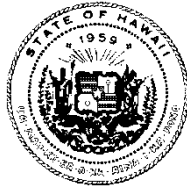
None

Current Referral:

HSH/HTH, WAM

Introducer(s):

CHUN OAKLAND, Baker, Green, Harimoto, Keith-Agaran, Wakai



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339  
Honolulu, Hawaii 96809-0339

March 31, 2015

TO: The Honorable Suzanne Chun Oakland, Chair  
Senate Committee on Human Services and Housing

The Honorable Josh Green, M.D., Chair  
Senate Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **S.C.R. 105/S.R. 59 - REQUESTING THE DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH TO NOT CONSIDER CERTAIN BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT AS INCOME WHEN DETERMINING MEDICAID ELIGIBILITY AND TO ADOPT RULES TO ALLOW A PROVIDER OF MEDICAID ADULT DAY HEALTH SERVICES TO BILL IN FIFTEEN MINUTE INCREMENTS.**

Hearing: Tuesday, March 31, 2015; 1:20 p.m.  
Conference Room 016, State Capitol

**PURPOSE:** The purpose of the resolution is to request the Department of Human Services to consider disregarding certain benefits under Title II of the Social Security Act as income when determining eligibility and to adopt rules to allow a provider of Medicaid Adult Day Health services to bill in fifteen minute increments.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this concurrent resolution but respectfully opposes the resolution.

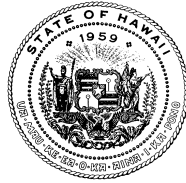
The Department would need to apply the income disregard to all Medicaid recipients who are eligible due to being determined medically needy. While the DHS understands the issue, if

implemented, there will be fiscal impact on the State as it would result in the State being financially responsible for a greater portion of the cost of care.

A solution to address the issue is available without having to disregard the income and DHS has been in discussion with the Department of Health (DOH) to address it. The solution would require the 1915(c) DD/IID Home and Community-Based waiver to be amended. The DHS stands ready to work with DOH to amend the waiver to make the change if that is the decision.

The DHS defers to the DOH regarding adoption of rules or policy to allow adult day health providers to bill in fifteen minute increments.

Thank you for the opportunity to testify on this bill



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

**Testimony COMMENTING on S.C.R. No. 105 and S.R. No. 59,  
REQUESTING THE DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF  
HEALTH TO NOT CONSIDER CERTAIN BENEFITS UNDER TITLE II OF THE  
SOCIAL SECURITY ACT AS INCOME WHEN DETERMINING MEDICAID  
ELIGIBILITY AND TO ADOPT RULES TO ALLOW A PROVIDER OF MEDICAID  
ADULT DAY HEALTH SERVICES TO BILL IN FIFTEEN MINUTE INCREMENTS**

SENATOR SUZANNE CHUN OAKLAND, CHAIR  
SENATE COMMITTEE ON HUMAN SERVICES AND HOUSING  
AND  
SENATOR JOSH GREEN, CHAIR  
COMMITTEE ON HEALTH

Hearing Date: 3-31-15

Room Number: 016

1 **Fiscal Implications:** Defer to the Department of Human Services (DHS) to determine fiscal  
2 implications.

3 **Department Testimony:** The Department of Health (DOH) offers the following comments.  
4 DOH appreciates the intent of S.C.R. 105 and S.R. 59 because the cost share requirement can  
5 jeopardize the ability of individuals with intellectual and developmental disabilities living in  
6 small developmental disability domiciliary homes to remain in these placements.

7 These individuals are often at high risk of losing housing or being institutionalized in  
8 more costly settings. Individuals are required to spend down to an amount that is extremely low  
9 and this often does not even cover their room and board.

10 While it is very important to resolve this issue, S.C.R. 105 and S.R. 59 may not be the  
11 best way to address the cost-share issue, as DOH can work with DHS to amend the current  
12 Section 1915(c) Home and Community Based Services (HCBS) Medicaid Waiver and/or include  
13 it in the HCBS Waiver renewal application that will be submitted in March 2016 (if approved,  
14 the effective date will likely be July 1, 2016).

15 Regarding a change to enable providers of adult day health (ADH) services to bill in 15-  
16 minute increments, the DOH-Developmental Disabilities Division (DDD) has been working with

1 DHS Med-QUEST Division (MQD) on this change, which will require approval by the Centers  
2 for Medicare and Medicaid Services (CMS). DOH will be working with DHS to change the  
3 reporting for ADH services in 15-minute increments by including it in the HCBS Waiver  
4 renewal application that will be submitted in March 2016.

5 Thank you for the opportunity to testify.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
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**March 31, 2015**

The Honorable Suzanne Chun Oakland, Chair  
Senate Committee on Human Services and Housing  
and

The Honorable Josh Green, Chair  
Senate Committee on Health  
Twenty-Eighth Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Senator Chun Oakland, Senator Green, and Members of the Committees:

SUBJECT: SCR 105/SR 59 – REQUESTING THE DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH TO NOT CONSIDER CERTAIN BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT AS INCOME WHEN DETERMINING MEDICAID ELIGIBILITY AND TO ADOPT RULES TO ALLOW A PROVIDER OF MEDICAID ADULT DAY HEALTH SERVICES TO BILL IN FIFTEEN MINUTE INCREMENTS

The State Council on Developmental Disabilities (DD) **SUPPORTS SCR 105/SR 59**. The resolutions request that the Department of Human Services (DHS) and Department of Health (DOH) not consider certain benefits under Title II of the Social Security Act as income when determining Medicaid eligibility and to adopt rules to allow a provider of Medicaid Adult Day Health Services to bill in 15-minute increments.

The Council is aware of situations when a dependent adult child receives survivor benefits from a deceased parent resulting in an increase in their monthly income that is just enough to exceed the Medicaid income qualification standard. In order to retain eligibility for Medicaid, the recipient must spend down all of his income as cost share for Medicaid services until his income equals an arbitrary "medically needy" standard of \$469.00 per month. This amount is not enough to cover an individual's living expenses and places the individual in a vulnerable position of losing their provider and residential arrangement.

With regard to the billing of Adult Day Health (ADH) services in 15-minute increments, the Council understands that the current Medicaid Home and Community-Based Services Waiver (Waiver) only allows providers to bill for a six-hour full day or

The Honorable Suzanne Chun Oakland  
The Honorable Josh Green  
Page 2  
March 31, 2015

three-hour half day for ADH services. There is no flexibility in the current structure as providers cannot bill for services rendered to participants designated as half day if they were present at the program for fewer than three hours in one day. For full day participants, if they are present for fewer than six hours in one day, the provider can only bill for half day. Expenses are not reduced when a participant is present for less than a full or half day. It stands to reason that providers should be paid for services that are actually rendered, thus being able to bill in 15-minute increments.

We know that DHS and DOH have had discussions about addressing the actual services rendered structure. It is our understanding that in order to change the current reimbursement structure for ADH services in the Waiver and to allow providers to bill in 15-minute increments, there needs to be an amendment to the Waiver. The current Waiver ends on June 30, 2016, and Hawaii needs to submit a Waiver Renewal application by March 2016 to the Centers on Medicare and Medicaid Services for approval. It would be appropriate for the renewal application to include a new reimbursement structure for ADH services.


In light of the above, the Council recommends that DHS and DOH begin to convene meetings with stakeholders through the DD Division's Waiver Policy Advisory Committee to work on the Waiver Renewal application.

Thank you for the opportunity to provide testimony **supporting SCR 105/SR 59.**

Sincerely,



Waynette K.Y. Cabral, M.S.W.  
Executive Administrator



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Chair

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State of Hawaii  
Senate Committee on Human Services and Housing  
The Honorable Senator Suzanne Chun Oakland, Chair  
The Honorable Senator Josh Green, Vice Chair  
Senate Committee on Health  
The Honorable Senator Josh Green, Chair  
The Honorable Senator Glenn Wakai, Vice Chair  
Hawaii State Legislature

March 31, 2015; 1:20 p.m.  
Room 016

SCR 105 / SR 59, Requesting the Department of Human Services and Department of Health to not consider certain benefits under Title II of the Social Security Act as income when determining Medicaid eligibility and to adopt rules to allow a provider of Medicaid Adult Day Health Services to bill in fifteen minute increments

Good afternoon, Chairs Chun Oakland and Green, and Members of the Human Services and Housing, and Health Committees,

Lanakila Pacific **supports** the intent of SCR105 and SR59 to allow Medicaid Adult Day Health providers to bill in 15 minute increments.

Medicaid Adult Day Health programs play a vital role in the lives of adults with Developmental Disabilities by providing opportunities to explore professional, educational, and recreational interests, and subsequently increase their independence in these areas, they otherwise might not have. These opportunities are critical in empowering these vulnerable adults to achieve their personal goals and becoming active members of their community.

Limiting billing to either full or half day provides a barrier for Medicaid Adult Day Health providers to be financially viable and jeopardizes the continued support to the individuals served.

Since January 2004, Medicaid Adult Day Health providers have seen an increase of less than 5% in the daily reimbursement rate while costs continue to rise. This places further burden on the providers to make ends meet while striving to provide quality, outcome based services.

Founded in 1939, Lanakila Pacific is a Hawaii-based non-profit organization. Our programs and social enterprises currently serve over 2,300 Oahu and Kauai residents annually, with services that build independence and self-sufficiency, which in turn supports our greater community. Our programs include employment training and job placement assistance for people with disabilities.



Senate Committee on Human Services & House  
Senate Committee on Health  
March 31, 2015; 1:20 p.m.  
Page Two

Through our Adult Day Health program, over 120 participants are served annually in the Honolulu and Central Oahu communities.

Thank you for the opportunity to provide testimony in support of the intent of this measure.

Respectfully submitted,

Marian E. Tsuji  
President & CEO

Lori Lutu  
Director of Teaching & Learning Center

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**Date:** Friday, March 27, 2015 3:01:51 PM

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**SR59**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Roxann Kehus	Easter Seals Hawaii	Support	No

Comments: I support SCR105 - SR 59. Adult Day Health programs should be paid for the time participates are in the program. A more fair way to do this is by unit billing of 15 minute increments. Quality of service is directly linked to staffing. Thank you

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The Arc in Hawaii  
3989 Diamond Head Road  
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808 737-7995

March 31, 2015

The Honorable Suzanne Chun Oakland, Chair  
The Honorable Josh Green, Vice Chair  
Senate Committee on Human Services and Housing

The Honorable Josh Green, Chair  
The Honorable Glenn Wakai, Vice Chair  
Senate Committee on Health

State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Re: SCR105 and SR58 - Requesting the Department of Human Services and Department of Health to Not Consider Certain Benefits Under Title II of the Social Security Act as Income when Determining Medicaid Eligibility and to Adopt Rules to Allow a Provider of Medicaid Adult Day Health Services to Bill in Fifteen Minute Increments.

Hearing: March 31, 2015 1:20 PM  
Conference Room 016

Dear Chairs Chun Oakland and Green and Vice Chair Wakai and Members of the Committees;

The Arc in Hawaii **STRONGLY SUPPORTS** Senate Concurrent Resolution 105 and Senate Resolution 59, which address two critical areas which seriously impact the provision of services under the Hawaii Medicaid program for persons with intellectual and developmental disabilities.

The triggering of **Medicaid Cost Share** spend down for residents of Developmental Disabilities Domiciliary Homes

Permitting providers of Medicaid Waiver Adult Day Health programs to bill in **15 minute intervals** instead of half day or full day intervals

## Medicaid Cost Share

Individuals with a disability rely upon federal Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) and a State Supplement to SSI (State Supp) for living expenses and upon Medicaid for health and home and community based services. If the individual's other countable income exceeds the aggregate limit of SSDI, SSI and State Supp income, eligibility for SSI and State Supp ends, and, as a result, eligibility for Medicaid also ends. In such cases, under current Department of Human Services practice, the individual may retain eligibility for Medicaid only by "spend down" of all of his or her income except \$469 as "Medicaid Cost Share" in order to remain eligible for Medicaid services. The remaining \$469 is the only resource the person has available for rent, food, clothing and all other ordinary living requirements. Obviously, no one can survive on this income in Hawaii or anywhere else.

In the case of residents of The Arc's developmental disabilities domiciliary homes, if Medicaid Cost Share is triggered, the resident is no longer able to pay for his or her rent, board and services in the home. The Arc then faces the dilemma of putting the resident on the street to compete for shelter and food with \$469 or continuing to house him or her at a loss of almost \$915.90 per month in room and board income for each affected resident.

Often the excess countable income is due to the receipt of, or an increase in the amount of, federal Social Security Title II Disabled Adult Child (DAC) benefits (sometimes called Childhood Disability Benefits (CDB)). This is Social Security Disability Income (SSDI) that a disabled adult child receives on his or her parent's social security account. When the child becomes eligible for DAC/CDB, or when the DAC/CDB benefit is increased, this amount sometimes increases the countable income of the recipient over the SSI, State Supp and Medicaid eligibility standard, resulting in the Medicaid Cost Share spend down described above.

This result is not mandated by federal law. If Hawaii were not one of the eleven "209 (b) states" that apply Medicaid eligibility standards more restrictive than the federal SSI program, then Hawaii would be **mandated** to disregard the receipt of or the increase in the SSDI in determining continued eligibility for Medicaid. In the case of Hawaii, it is **optional** for the State to disregard the amount of the SSDI receipt or increase.

A little known provision of the Social Security Act, 42 USC §1383c (c), provides that persons eligible for categorically needy Medicaid benefits who receive, or receive an increase in, Social Security DAC/CDB benefits resulting in income exceeding the Medicaid categorically needy eligibility standard remain eligible for Medicaid benefits as long as the person would have been eligible if the receipt or increase had not occurred.

We request that DHS be urged to adopt regulations that disregard so much of the DAC/CDB benefit or increase thereof as makes the individual ineligible for SSI, State Supp and Medicaid and that any spend down from total income be limited to the amount necessary to bring total income down to the SSI, State Supp and Medicaid eligibility standard. This would avoid the harsh result of throwing the resident of a developmental disabilities domiciliary home onto the street with inadequate income to remain alive merely because of an increase in SSDI/DAC/CDB benefits. It would result in no adverse fiscal impact to the State (the person would continue to receive exactly what they received before the receipt of the DAC/CDB income). But it would also assist The Arc to continue to provide room, board and services to the persons without exacerbating its financial condition.

In House testimony, DHS said "the request to disregard income would have to be applied to all Medicaid recipients and will have a fiscal impact on the Department." This is a patent misunderstanding of the law. The disregard for the DAC/CDB group is a free-standing provision of the Social Security Act (42 USC §1383c (c)). Nothing suggests that this special provision for the DAC/CDB group is to apply to any other group of Medicaid recipients.

Further, the same section of the Social Security Act (42 USC § 1383c) that provides for the DAC/CDB disregard also provides income disregards to other groups. These are certain disabled widows and widowers

who lost benefits due to a statutory change or are aged 60-64. Also, the federal “Pickle Amendment” disregards COLA income that causes loss of benefits. DHS DOES give these other groups the income disregard in its own Rules (HAR §1724.1-46 (38), (40) and (39)). Allowing these income disregards did not trigger income disregard for all Medicaid recipients, as DHS claims would occur if it disregarded DAC/CDB income.

Indeed, of the three income disregards provided in 42 USC §1383c, the State disregards ONLY the DAC/CDB disregard. Why discriminate against people with disabilities as opposed to widows?

We believe there are other solutions to this predicament, but the income disregard solution is the easiest to achieve for now. If that cannot be accomplished for some reason, DHS and DOH should be urged to explore other solutions.

### **Medicaid Waiver Adult Day Health (ADH) Billing**

The Arc and many other providers offer Medicaid Waiver home and community based Adult Day Health services. The Department of Health allows providers to bill only for full day (6 hours) or half day (3 hours). As a result, if a half-day client receives services for only 2 hours and 45 minutes on a day, the provider can bill nothing. If a full day client is present only 5 hours and 45 minutes, the provider may bill only for a half day. These rules are patently unfair. It is a basic principle that providers should be paid for services actually rendered at the very least. Expenses are not reduced when a client is absent or is present for less than a full or half day. Services are rendered during the period when the individual is present. Basic fairness requires that adult day health providers be paid for all services actually rendered.

The Resolution urges the Department of Human Services and the Department of Health to take all actions necessary to allow a provider of Medicaid home and community based adult day health services to bill in 15-minute increments instead of only full- or half- day increments.

For these reasons, The Arc in Hawaii strongly supports SCR 105 and SR 59 in all respects.

Thank you for the opportunity to testify on these important issues.



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**Subject:** \*Submitted testimony for SCR105 on Mar 31, 2015 13:20PM\*  
**Date:** Friday, March 27, 2015 3:27:47 PM

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Agnes Osan	Individual	Support	No

**Comments:**

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I, Aisha Aoki, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes. This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not 6 or more hours, they get paid \$34 (half day rate). This is also not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii. Thank you very much.



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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Alvarado	the arc in hawaii	Support	No

Comments:

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
angie dace	The Arc in Hawaii	Support	No

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**Attachments:** [SCR 105.pages](#)

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Becky Tyksinski	Individual	Support	No

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Toyama	Individual	Comments Only	No

Comments: I, Bradley Toyama, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
bret peterka	Arc Advocates	Support	No

Comments:

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## **SCR105**

Submitted on: 3/29/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carmencitia Bishop	Individual	Support	No

Comments: I, Carmencitia Bishop, support SCR 105. I feel that Adult Day Health programs should be paid for all the services that are provided. Current rules do not allow ADH providers to bill for services under 3 hours. Also, if they provide services for more than 3 hours but less than 6 hours, they can only get paid for 3 hours. Even if they provide services for 5 hours and 59 minutes, they can only bill for 3 hours. This is not right! Additionally, DHS and DOH should look at their rules when determining Medicaid eligibility so that certain individuals are not left with only \$469 a month for room and board. Who can receive 3 meals a day in a clean safe environment anywhere in the U.S., much less Hawaii for \$469 per month!

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Kioi	The Arc in Hawaii	Support	No

Comments: I, Cathy Kioi, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii. Thank you.

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## **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charles Whitt	Arc Advocates	Support	No

Comments: I Charles Whitt stand in support of SCR 105. I strongly believe that Adult Day Health programs should be paid for services rendered.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Bujoli	Individual	Support	No

**Comments:**

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Hogan	Individual	Support	No

Comments: I am in support of SCR 105 I believe that services provided should be services paid for and the ADH program is no exception. The full day rate and half day rate is based on a ridiculous formula and should be changed. Furthermore,DHS and Doh should review the Medicaid Eligiblity so that individuals are not left with \$469 a monthe for room and board - Who can live on that in the state of Hawaii? We are attempting to repair the homeless situation of individuals NOT add more individuals to the homeless problem.

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
christine menezes	Individual	Support	No

Comments: I, Christine Menezes , stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Claretta Wakita	Individual	Support	No

Comments: I, Claretta Wakita, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Crystal Romero	Easter Seals Hawaii	Support	No

Comments: I, Crystal Romero, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes. This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Darren Bishop	The Arc in Hawaii	Support	No

Comments: I, Darren Bishop, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Duane P Bartholomew	Individual	Support	No

Comments: I strongly support SCR 105. I believe that Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes. This is patently unfair. Additionally, if services are provided to a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. Service providers are providing an essential service to the State and deserve equitable treatment, not nickel and dime pettiness. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive three meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
eric kenny	Individual	Comments Only	No

Comments: I, Eric Kenny, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
estrella erice	Individual	Support	No

Comments:

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Hilda Eugenio	Arc in Hawaii	Support	No

Comments:

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Hanamoto	Individual	Comments Only	No

Comments: I, Janet Hanamoto, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid zero dollars even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if a client is serviced for 5 hours and 59 minutes, and not the 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii. Thank you.

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jenilyn Parangan	the arc in hawaii	Support	No

Comments:

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Doria	The Arc in Hawaii	Support	No

**Comments:**

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ji Eun Kim	Individual	Support	No

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
John Buker	Individual	Support	No

Comments: I, John Buker, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid full for services provided. Further, I think DHS and DOH should examine their rules when determining Medicaid Eligibility so that all individuals are left with enough to provide for room and board.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Justin Sataraka	Individual	Support	No

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### **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
karla	Individual	Comments Only	No

Comments: I, Karla Castanares, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
karlette Kaulia	Individual	Support	No

**Comments:**

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kuuipo Kumukahi	Individual	Support	No

**Comments:**

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lee-ann Nicholas	Individual	Support	No

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### **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Leon Knight	Individual	Comments Only	No

Comments: I, Leon Knight, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Guess	The Arc in Hawaii	Support	No

**Comments:**

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Liz Sappington	The Arc in Hawaii	Support	No

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lola Jean Amarin	Individual	Comments Only	No

Comments: I LolaJean, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid only \$ x.xx. even if they provide ADH services for 2 hours and 59 minutes.. This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it not for 6 hours or more, they get paid \$ 34.00 (half day rate) .. Not right... I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$ 469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$ 469.00 a month.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

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

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
MAE T. DILORETTO	THE ARC IN HAWAII	Support	No

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## **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Pearson	Individual	Comments Only	No

Comments: I Mary Pearson, Stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34.00 ( half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medical Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/ month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mckinzeyp Porter	Individual	Support	No

Comments: I fully support SCR 105.

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### **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Merle Takashima	Individual	Support	No

Comments: I, Merle Takashima stand in support of SCR 105 as I believe that Adult Day Health programs should be paid for services provided. When participants attend program whether for 1 hour or 6 hours, it is necessary for programs to have staff present and when we are not able to bill for the full day, it creates financial hardships for agencies.

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## **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mese Lui	The Arc in Hawaii	Comments Only	No

Comments: I, Mese Lui, stand in support of SCR 105. Anyone rendering services should be sufficiently compensated. There are times when a participant has come to ADH and picked up 2 hours later by care home operators for a doctors appointment or some other reason. We are left unable to bill for the services that were given because the current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. All we are asking is for fair compensation, and for our legislators to help us get it. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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## **Testimony Favoring SCR 105**

**I fully support SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. So if a provider provided 2hrs & 59min of service to a client, the provider cannot bill for the services provided even though they have no control of when parents or guardians can pick-up their child. So the provider gets "ZERO DOLLARS". The normal billing for 3hrs – 5hrs & 59 minutes is \$34 (half day rate). Additionally, if a provider services a client for 6hrs or more they receive the full rate. However, if services are provided for 5hrs & 59minutes the provider can only bill for a ½ day rate and "NOT" a full day. This is a total injustice for the Providers providing the services.**

**Additionally, I believe DHS and DOH should look closely at their rules when determining Medicaid Eligibility so certain individuals are not left with only \$469 a month for room and board. I don't know that anyone can receive 3 meals a day and have a safe roof over their head for \$469/month anywhere in the United States, let alone Hawaii.**

**Thank you for consideration.**

**Sincerely,**

**Michael Nakagawa**

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Michael A Owen	Individual	Comments Only	No

Comments: I, Michael A Owen, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Nenita Batara	Individual	Support	No

Comments:

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Nona Takasaki	Individual	Support	No

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Equila	Individual	Comments Only	No

Comments: I, Renee Equila, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Subee	The Arc in Hawaii	Support	No

Comments:

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Reuben Dunaway	Individual	Support	No

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## **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sally S Bartholomew	Individual	Comments Only	No

Comments: I strongly support SCR 105. I believe that Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes. This is patently unfair. Additionally, if services are provided to a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. Service providers are providing an essential service to the State and deserve equitable treatment, not nickel and dime pettiness. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive three meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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### **SCR105**

Submitted on: 3/28/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Sillanpaa	Individual	Support	No

Comments: I, Sharon Sillanpaa, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes. This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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## **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shereen Doi	Arc in Hawaii	Support	No

Comments: I, Shereen Doi, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**Subject:** Submitted testimony for SCR105 on Mar 31, 2015 13:20PM  
**Date:** Friday, March 27, 2015 1:51:46 PM

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sonja Punsalan	Individual	Comments Only	No

Comments: I stand in support of SCR 105. The current rules for Adult Day Health do not allow providers to bill for services under 3 hours even if only minutes short nor does it allow providers to bill for services under 6 hours even if only minutes short. The State must correct this at once! The State must also look at the rules for determining Eligibility so that an individual is not left with only \$469/month for room and board. No one can purchase 3 meals a day and pay for rent with \$469 a month! This must be corrected at once.

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**Subject:** \*Submitted testimony for SCR105 on Mar 31, 2015 13:20PM\*  
**Date:** Monday, March 30, 2015 10:21:20 AM

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Stone Wolfsong	Full Life	Support	No

**Comments:**

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**SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

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

**Comments:**

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## **SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
tauasosi annie ki	Arc In Hawaii	Comments Only	No

Comments: I, Tauasosi Ammie Ki, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Terry Lopez	The Arc in Hawaii	Support	No

Comments:

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## **SCR105**

Submitted on: 3/29/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas P Huber	Individual	Support	Yes

Comments: I SUPPORT SCR 105 and the two important issues it addresses. First, Adults with developmental disabilities who reside in developmental disabilities domiciliary homes sometimes lose eligibility for Medicaid because payments received under Social Security Disability Insurance exceed the income eligibility limit for Medicaid coverage. When that happens, they must spend down all of their income on Medicaid expenses until the amount they retain is only \$469. This is all the money they have to pay for room, board and services other than Medicaid. As a result, they cannot afford the room and board services that they receive in a DD Dom home. They run the risk of being evicted from the home. This is very unfair. There are steps that the Department of Human Services and Department of Health can take to avoid this result. They should be urged to do so. I also SUPPORT SCR 105 because it also covers an unusual billing rule for providers of Adult Day Health services to the aged, blind and disabled. ADH services can be billed in only two increments – full day (6 hours) and half day (3 hours). If a person is absent for less than 3 full hours, the agency may not bill at all even though services are provided. If a person is present for more than 3 but less than 6 hours, the agency may bill only for a half day. This is unfair. Providers should be paid for the services they actually provide. Allowing billing in 15-minute increments would solve this fairness issue.

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**SCR105**

Submitted on: 3/30/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Alvarado	the arc in hawaii	Support	No

Comments:

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**Subject:** Submitted testimony for SCR105 on Mar 31, 2015 13:20PM  
**Date:** Friday, March 27, 2015 3:57:17 PM

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### **SCR105**

Submitted on: 3/27/2015

Testimony for HSH/HTH on Mar 31, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Verdallie K. Puni	Individual	Support	No

Comments: I, Verdallie K. Puni, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this. Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.

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I, Wendy Correia, stand in support of SCR 105. I believe that the Adult Day Health programs should be paid for services provided. The current rules do not allow ADH providers to bill for services under 3 hours. They get paid \$0.00 even if they provided ADH services for 2 hours and 59 minutes! This is not fair. Additionally, if they service a client for 5 hours and 59 minutes, because it's not for 6 or more hours, they get paid \$34 (half day rate). This is not right. I ask that the State fix this.

Additionally, I believe DHS and DOH should look at their rules when determining Medicaid Eligibility so that certain individuals are not left with only \$469.00 a month for room and board. I don't know that anyone can receive 3 meals and a safe roof over their head for \$469/month anywhere in the U.S., let alone Hawaii.