

HOUSE OF REPRESENTATIVES
THE TWENTY-SIXTH LEGISLATURE
INTERIM OF 2012

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Jo Jordan, Vice Chair

NOTICE OF INFORMATIONAL BRIEFING

DATE: ~~Wednesday, June 13, 2012~~
TIME: ~~11:00 a.m.~~
PLACE: ~~Conference Room 329~~
~~State Capitol~~
~~415 South Beretania Street~~

A G E N D A CANCELLED

**THIS BRIEFING HAS BEEN CANCELLED. DEPARTMENT OF HUMAN SERVICES HAS
RESCIND CUTS**

~~The purpose of this informational briefing is to discuss the possible reduction of Physical Therapy coverage under the Medicaid Program. The Medicaid Program, which is administered under the Department of Human Service, through various healthcare providers, provides healthcare coverage to approximately 286,000 Hawaii residents or 1 in 5 residents.~~

~~The second issue to review is the non-emergency transportation services provided under the Medicaid Program. In an effort to reduce Medicaid costs, the Department of Human Services has worked to streamline non-emergency transportation services. However, some concerns still persist with such transportation services, such as, but not limited to, late or failure to pick up patients for their scheduled dialysis appointments and other health related appointments.~~

~~At the conclusion of the briefing, the chair will summarize the suggested solutions ascertained from this briefing and review proposed policy changes, via administrative or proposed bills and resolutions to better address the issues of concern from the service providers and recipients of Medicaid.~~

~~The following organizations or individuals have been invited to participate:~~

~~The State Department of Human Services
Healthcare Association of Hawaii
Physical Therapists (providing services under any Medicaid contract)
Ohana Health Plan
Evercare Health Plan
Community Ties of America
Hawaii Social Worker Organizations & Social Workers (under contract with Ohana Health or Evercare)
Physicians (providing services under any Medicaid contract)
Community Case Management representatives
Alliance of Residential Care Administrators (under contract with Ohana Health or Evercare)~~

Hearing HUS 06-13-12 Info



~~The Primary Care Providers of Hawaii
Adult Foster Homecare Association of Hawaii
Foster Homes of the Pacific
United Group of Home Operators (under contract with Ohana Health or Evercare)
Non-Emergency Transport Services under contract with DHS
Neighbor Island—Community Care Foster Family Home Associations &
Adult Residential Care Home Associations (under contract with Ohana Health or Evercare)
Other individuals or organizations related to caregivers, case managers, care home operators and adult foster home operators with Medicaid clients and/or under contract with Health plans providing Medicaid coverage.~~

~~ONLY TESTIMONY FROM THOSE ON THE TESTIFIER LIST WILL BE ACCEPTED.~~

~~Persons on the testifiers list wishing to offer comments should submit testimony at least 24 hours prior to the hearing with a transmittal cover indicating:~~

- ~~• Testifier's name with position/title and organization;~~
- ~~• The Committee the comments are directed to;~~
- ~~• The date and time of the hearing or briefing;~~
- ~~• Measure number if applicable; and~~
- ~~• The number of copies the Committee is requesting.~~

~~While every effort will be made to copy, organize, and collate all testimony received, materials received on the day of the hearing/briefing or improperly identified or directed to the incorrect office, may be distributed to the Committee after the hearing.~~

~~Submit testimony in ONE of the following ways:~~

~~PAPER: One copy (including an original) to Room 315 in the State Capitol;~~

~~FAX: For comments less than 5 pages in length, transmit to 586-8524 (Oahu) or 1-800-535-3859 (Neighbor Islands); or~~

~~EMAIL: For comments less than 5 pages in length, transmit to HUS testimony@Capitol.hawaii.gov.~~

~~Testimony submitted will be placed on the Legislative Web site after the hearing adjourns. This public posting of testimony on the Web site should be considered when including personal information in your testimony.~~

~~For further information, please call the Committee Clerk at **586-6050**.~~

~~No public testimony will be accepted.~~

~~If you require special assistance or auxiliary aids and/or services to participate in the informational briefing (i.e., sign language interpreter or wheelchair accessibility), please contact the Committee Clerk at 586-6050 to make a request for arrangements at least 24 hours prior to the briefing. Prompt requests help to ensure the availability of qualified individuals and appropriate accommodations.~~

~~For further information, please call the Committee Clerk at **586-6050**.~~



Rep. John M. Mizuno
Chair

APPROVED

Rep. Calvin K.Y. Say
Speaker of the House

