

## CARE HOME OPERATORS SEEK FAIR TREATMENT AND RESPECT AS LONG TERM CARE PARTNERS

By Mila Medallon

Over the years, the care modality for Hawaii's elderly and disabled populations has shifted from a social to a medical model, and it's partly because of the progressive shortage of long term care beds. Care homes were originally established to meet the domiciliary, non-medical needs of residents who only need supervisory oversight and assistance with their activities of daily living (ADLs).

Today's elderly have more health issues than in previous generations, and with the worsening shortage in skilled and intermediate care facilities (thanks to the shortsightedness of healthcare planners), the State Department of Health (DOH) promulgated rules in 1998 to license care homes as Extended Care (EC-ARCHs) to provide care to nursing home level residents.

Gradually, they've turned these EC-ARCHs into mini-nursing institutions, requiring care home operators to meet nursing level training and certifications. Later the Department of Human Services (DHS), through their contracts with case management agencies, began placing Intermediate Care Facility (ICF) level residents in the Residential Alternatives Community Care (RACC) Program (adult foster homes).

Besides the growing shortage in nursing home beds, the shift in care modality was also driven by the cost implications of placing the increasing number of skilled care level residents in nursing facilities. EC-ARCHs and adult foster homes receive only a third of what it would normally cost the State in Medicaid payments to nursing homes. Payment for ICF-level residents in EC-ARCHs and adult foster homes range from \$1,500 - \$2,300, compared to a range of \$6,000 to \$8,000 in nursing homes.

By placing these residents in smaller EC-ARCHs and adult foster homes, the State of Hawaii has saved and continues to save (over the years) millions of dollars in reimbursements via the Medicaid -waiver program. Because some are private payees, the cost benefits of lower payments in care and adult foster homes also extend to families and residents themselves.

This explains why the State was relentless in obtaining Medicaid waivers from the federal government in the early 90's to allow placement of Medicaid recipients into non-Medicaid approved facilities such as EC-ARCH and adult foster homes. This also explains the exponential rise in the number of adult foster homes with ICF level residents in recent years. Adult foster homes now number between 800 to 1,000, compared to approximately 475 care homes.

Approximately 98% of care and adult foster home caregivers are Filipino immigrant women and men. Uncomplainingly, they have complied with increasingly stringent rules and regulations that require them to acquire nursing level skills and certification and the harsh treatment of some DOH care home surveyors.

As we all know, Filipinos tend to be culturally predisposed to be nurturers and care givers, and we are socially programmed to be non-complaining, submissive to authority, but alas easily exploited. This is no different from the labor exploitation that happened in the early days of the sakadas. Do you know that if we do the math and calculate how much the caregivers are paid on a 24/7 basis? They are generally paid less than \$1.65 per hour.

The DOH has established rules and regulations, called Chapter 100.1, which was implemented in January, 2007. Standardized monitoring guidelines are lacking, however, so each surveyor enforces the rules according to his/her own whims, bias, and subjective interpretation. There's a lot of room for subjectivity and inconsistency in enforcing the rules. This gives rise to abuse of authority and unfair enforcement of the DOH rules and regulations.

The Healthcare Association of Hawaii, which represents the full spectrum of the State's health care system, including acute care hospitals, SNFs, ICFs, home care and hospice providers, has published reports on the dangerous trends and potential long term care crisis in Hawaii in the years to come. Hawaii has one of the fastest growing populations in the age 85 years and over category. Besides in-home care, care and adult foster homes are probably one of the most affordable options for Hawaii's elderly and disabled populations.

It has been reported that many potential applicants are discouraged from applying for care home licenses and many others are either leaving or contemplating to leave the business. Additionally, the care providers, who are mostly first generation immigrant men and women from the Philippines, are getting close to retirement age. There are

fears that second or third generation immigrants will not be inclined to go into the care home business, particularly in light of the hostile climate and work environment for caregivers.

There are dire consequences to the growing population of elderly in Hawaii if this happens. The magnitude of the long term care crisis in Hawaii will be exacerbated.

Our community supporters need us to speak for care home administrators. Many have tried to speak out but have become victims of retaliation from the DOH surveyors. Let's work together with the department of health to change the paradigm from government "Terror Squad" to government "Partnership."

End