Committee on Health, Hospitals and Human Services

Legislature USVI

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0:00:00 Music Music Oh, oh, oh, oh, oh. Thank you. Oh, my God. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Hey, good morning, good morning to everyone. The Committee on Health, Hospitals, and Human Services is now on the record, and I want to say a special good morning to all of my colleagues, the listening and viewing audience, and also to all of the invited testifiers here today. As always, we give thanks and praises to the Most High and blessings to all.

0:07:30 I hope everyone enjoyed themselves at the St. John Celebration this past week. It's cherished time, a lot of culture and carnival spirit. This year's festivities kicked off with the opening of the St. John Celebration Village named in honor of Claudine Scatliff Daniels. You know, my family is a Scatliff. My grandfather is a Scatliff, I'm sure. we're related. Going back, you know, the St. Johnians and the Tartullians have a lot. I'm going to research that. It was good. Cool sessions, brass, opening night. A lot of good performers, including Sean Paul, Asa Bantan, Patricia Roberts. The grand finale on July July 4th was a spectacular parade, Moko Jumbis, all of that.

0:08:29 A special thanks to all of the ferry operators, Valak Ventures, Transportation Services, for running a smooth, smooth operation. You know, thousands of people were going back and forth every 30 minutes. So I'd like to also recognize that July is National Minority Health Awareness Month. And this observance highlights the unique mental health challenges faced by racial and ethnic minority communities, including the impacts of stigma, economic disparities, and limited access to culturally competent care.

0:09:14 important that we continue to work to build a healthcare system that addresses these barriers and ensures that every Virgin Islander has access to the support they need. I want to remind the public that help is available. You can call the 988 hotline and they will answer the phone right now. it's also serves as a suicide and crisis lifeline 988 you can call it now and they will answer you mr clerk can we please have a roll call good morning senator hubert senator hubert l fredericks Yes. Senator Fredericks, present. Senator Marvin A. Blyden. Senator Blyden, present. Senator Reeve Fonseca.

I'm here. Senator Reeve Fonseca, present. Senator Alma Francis Heiliger.

0:10:15 Present. Senator Heiliger, present. Senator Kenneth L. Gittins. Senator Gittins, absent. Senator Milton E. Potter? Here. Senator Potter, present. Senator Kurt E. Verley? Senator Verley, absent. Mr. Chair, five present, two absent. You have a quorum. Thank you, Mr. Chair. Any correspondence to be read into the record? Mr. Clerk?

0:10:46 Yes. Please proceed. Yes, Mr. Chairman. Honorable Ray Fonseca Chairman, Committee on Health, Hospital and Human Services, 36th Legislature, the Virgin Islands. Good day, Chairman Fonseca. I hope this message finds you well. I respectfully request to be excused from the Health, Hospital and Human Services hearing scheduled for today, July 7th, 2025, due to unforeseen circumstances that required my immediate attention. I note the importance of today's hearing and in line with standard protocol i kindly request that all material from today's hearing not previously shared on the legislative drive be made available to my office i will review them and follow up whenever necessary i apologize for any inconvenience my office may have caused thank you for your understanding and i wish you an efficient and productive hearing kind regards senator kenneth l gittins vice president thank you mr clerk mr chair can you please read black one into the record honorable ray fonseca chairman committee and health hospital and human services 36 legislature of the the Virgin Islands, Capitol Building, Charlotte and Mali, St. Thomas, Virgin Islands. Dear Chairman Fonseca, I regret to inform you that I will be unable to attend today's committee on health hospital and human services meeting scheduled for Monday, July 7, 2025 due to a prior commitment. I apologize for any inconvenience this may cause and kindly request that any pertinent information or updates be forwarded to my office. thank you for your understanding sincerely kurt a valley senator 36 legislature of virgin islands that concludes the reading thank you mr clerk can you mark senator veilly and senator gittins as

0:12:57 excused um can you please read black one mr clerk into the record block one bill number 36 that's 0003 an act amending title 19 virgin islands code relating to nurse nursing homes and assisted living facilities by adding a new chapter 76 to establish the services that nursing homes and assisted living facilities are required to provide establishing limitations and financial charges Requirements for Visitation and the Rights of a Residence, sponsored by Senator Angel L. Bolquez, Jr. Invited Testifiers, the Honorable Ooster Encarnacion, Commissioner, Department of Health, the Honorable Avril E. George, Commissioner, Department of Human Services, Mr. Gordon Rea, Esquire, Attorney General, Department of Justice, Mr. Troy Shuster, virgin island state director american association of retired persons that concludes the reading of black one mr chair thank you thank you mr clerk um i'll now proceed with a mic check i want to um make sure that the mic is available also um We'll start with AG Gordon Ray, you may proceed.

0:14:29 Good morning. Gordon Ray, that sounds good. Yes, come down to my left. Good morning, Assistant Commissioner Tayshia Phillips-Dorsett. Good morning, Assistant Administrator Kishma Vincent. Good morning, Director of Residential Services Anavelis Martinez. Um, online? Teams? Yes, good morning. This is Troy Desherbeer-Schuster, State Director, AARP Virgin Islands.

0:15:11 Thank you. Thank you. Thank you. Good morning to all. Yes, just a mic check. Good morning, this is Don Gregor on behalf of the Virgin Islands Water and Power Authority. Maxwell George on behalf of the Virgin Islands Water and Power Authority. Okay, thank you very much. Okay, who speaks to this bill?

0:15:45 Oh, no. We'll proceed with the testimony. Gordon Ray, you may proceed. Thank you. Good afternoon, Chairman Ray Fonseca, Committee on Health, Hospitals, and Human Service members, other senators, legislative staff, and the listening and viewing audiences. I am Attorney General Gordon Ray. It's an honor and privilege to appear before you this morning. The Department of Justice appreciates the opportunity to comment on Bill 36-0003. The Department of Justice has completed a preliminary review of the bill and offers the following comments. Bill 36-0003 seeks to amend Title 19 of the Virgin Islands Code by adding a new Part 8. I'm sorry, it's a V with four I's after it, so I don't know what that should really be. Anyway, nursing homes and related healthcare facilities.

0:16:49 A new Chapter 76, if approved, would cover nursing homes and assisted living facilities. The stated purpose of Bill 36-0003 is, quote, to establish the services that nursing homes and assisted living facilities are required to provide, limitations on financial charges, requirements for visitation and the rights of a resident, end quote, and to ensure seniors in the Virgin Islands have a, quote, right to a dignified existence with access to necessary facilities for their care, end quote, through the development of, quote, the necessary policies to ensure that seniors receive adequate care and support, end quote. According to the National Council on Aging, one in five Americans aged 60 and older reported abuse during the COVID-19 epidemic. These are the cases authorities know about. Another study estimated that only 1 in 24 cases of abuse are reported to authorities. Factors such as age, disability, and social isolation may make residents of a nursing home more susceptible to abuse. The Centers for Disease Control and Prevention defines elder abuse as an intentional act or failure to act that causes or creates a risk of harm to an older adult. Abuse can include physical, sexual, emotional, psychological, or financial abuse and neglect. Federally, the Centers for Medicare and Medicaid Services, or CMS,

enforces the laws and regulations to ensure the health, safety, and quality of care for residents of nursing homes participating in Medicare and Medicaid programs. These nursing homes must comply with federal requirements related to the rights of residents, quality of care, assessments, care plans, health care, dietary services, staffing, and infection control, among others. CMS shares this responsibility with states and territories on the local level. As such, territorial laws should complement federal laws. There are severe consequences for nursing homes found guilty of violating federal and local laws relating to nursing homes, including abuse. Consequences can include loss of patients, loss of Medicare and Medicaid funding, loss of other funding, fines, restitution, suspension of licenses, and closure. Additionally, some states make it a criminal violation for

0:19:26 an individual to abuse a resident of a nursing home. Staff members who physically abuse patients may be charged with assault, battery, criminal neglect or a specific law aimed at preventing elder abuse. In California, anyone found guilty of willfully or repeatedly violating the law is guilty of a misdemeanor and can be punished by a fine of up to $2,500, imprisonment for up to 180 days, or both.

0:19:56 Because states and territories have the autonomy to enact their own laws to protect seniors from certain individuals and residential facilities, the scope and application of these laws vary greatly. The Department of Justice supports Bill number 36-0003 in principle. With that said, the following should be considered as this committee reviews Bill Number 36-0003. First, the bill doesn't specifically designate which GVI agency will have oversight of the territory's nursing homes and assisted living facilities. This agency should be responsible for conducting on-site surveys of nursing homes and assisted living facilities and reporting the results to CMS to determine whether they are complying with federal requirements. In addition to working with the federal government to enforce regulations and ensure compliance, the local agency can create additional rules and require more frequent inspections. I would recommend that the Virgin Islands Department of Health be memorialized as the government of the Virgin Islands Agency charged with oversight of the territories, nursing homes, and assisted living facilities. And I might add here I understand that since my testimony was prepared, the Department of Human Services has also been considered as a possibility, and I would support that fully as well. Additionally, Bill 36-0003 does not include a system for reporting violations of the proposed legislation. A reporting mechanism will help protect seniors by identifying and addressing violations leading to earlier interventions, greater data collection, better victim support, more accountability, public awareness. I believe that the Department of Health or the Department of Human Services would be appropriate agencies to receive, investigate and manage claims of violations of the proposed legislation. The decision to codify the services that nursing homes and assisted living facilities are required to provide, limitations on financial charges, requirements for visitation and the

0:22:05 rights of residents is a policy decision, not a legal one. However, should this legislature decide to approve this measure, the Virgin Islands Department of Justice stands ready to enforce the law and prosecute violations. I thank the Committee for allowing the Department of Justice to testify on Bill 36-0003. This concludes my formal remarks and I respectfully welcome any questions this body may have. Thank you Attorney General Gordon Severy. Who speaks to this bill?

0:22:42 of Angel Bolkis, you're recognized. Thank you, Mr. Chair. Good morning, Mr. Chair. Good morning, colleagues. I introduce bill number 36-0003, a measure that strengthens the standard of care, transparency, and dignity for our most vulnerable residents, our seniors and individuals living with disabilities who reside in nursing homes and assisted living facilities across the Virgin Islands. This bill establishes a comprehensive framework in Title 19 of the Virgin Islands Code that clearly outlines the required services facilities must provide, protects residents from excessive or unauthorized charges, ensures meaningful visitation rights, and codifies critical resident protections already reflected in federal law under Medicare and Medicaid standards. It prohibits facilities from conditioning admission on prepayment for services covered by Medicaid or Medicare, and mandates full disclosure of non-covered services and associated costs. Beyond these protective measures, the bill also ensures that residents are supported with basic life-sustaining services such as hygiene, nutrition, communication, and mobility, That no resident is discriminated against based on income, disability, or their need for financial assistance. That residents and their families are informed of all available federal and local financial aid and are assisted in applying for such. That residents have the right to designate legal representatives through valid legal documentation such as powers of attorney or healthcare praxis. That facilities policies must be made public and accessible and reviewed annually and submitted to the Virgin Islands Department of Human Services for review and oversight. And that facilities are required to submit written compliance plans with timelines that are held accountable through enforcement mechanisms if they fail to comply. Importantly, the concerns raised by the Attorney General have been addressed through Amendment number 36-406 which will be introduced and adopted to strengthen the bill and the amendment includes a clear designation of the virgin islands department of human services as the territorial agency responsible for oversight technical assistance and monitoring of compliance a requirement that each facility submit a written compliance plan within 90 days and fully met service obligations within 12 months uh penalties for non-compliance to be established by regulation and a directive for the department to maintain and publish a reference

guide on reimbursable services under medicaid and medicare and to aid transparency and accountability while the original bill focused on codifying services and rights this amendment ensures operational enforcement agency oversight and a path for accountability responding directly to the Attorney General's request, in addition to very high collaboration with the Department of Human Services, who also had many recommendations to provide, which I thank them for. In addition, these services are not optional or discretionary, they are a condition under 42 CFR 483 and participation in the federal Medicare and Medicaid programs. Bill number 36-0003 does not create new federal obligations, but rather aligns and reinforces these protections under the Virgin Islands Code to ensure that they are respected, enforced, and consistently applied here at the local level. In doing so, we affirm that the Virgin Islands should not be, should be, I apologize, we affirm

0:26:30 that no Virgin Islander should not be denied of care or suffer diminished quality of life due to the financial hardship or lack of representation or unclear policies i respectfully ask colleagues for you to support this legislation and i look forward to working with each of you to ensure that it's effective effective implementation is to benefit our seniors their families and the integrity of long-term care long-term care in our territory thank you mr chair thank you senator bold kids next we'll go to troy deshaber chuster aarp you may proceed sorry i had to unmute myself here i am good day honorable senator ray fronseca chair of the committee on health hospitals and human services and senators of the 36th legislature Thank you for the opportunity to provide comments on this discussion about establishing standards and protections of our older Virgin Islanders. This legislation not only acknowledges their enormous contributions, but also creates a pathway for a comprehensive continuum of care that reflects the unique values of the Virgin Islands. As the State Director of AARP in the virgin islands and a proud native son i have seen these islands shaped by persons of great strength and resilience they are the matriarchs and patriarchs of our families and bearers of our rich culture deserving to live with dignity and deserving to remain in their island home as they age i'm pleased to present this testimony in strong support of this legislation sponsored by senator Angel Bolkis, Jr. Today, I'm here not only on behalf of the more than 22,000 AARP members living in this territory, but on behalf of the elders of this community and those generations to come. This bill signifies a monumental turning point in long-term care policy for the territory. The U.S. Virgin Islands is rapidly aging. According to the U.S. Census Bureau,

0:28:49 over 20 percent of our population is now age 60 and older with projections showing continued growth in our aging population over the next two decades yet our territory currently lacks the infrastructure necessary to meet this demand we no longer have a medicare medicaid certified nursing home our elders our beloved bearers of culture faith and wisdom are aging without adequate supports, and our caregivers, mostly family members, are overburdened and under-resourced. With this reality, many Virgin Islanders are forced to seek costly and often isolating care options off-island. This bill introduces long overdue structures and definitions, and for that we commend Senator Bolkis. We support this bill as a step in the right direction, putting the needs of older adults first by focusing on the kind of care and support they need that we all need and deserve right here at home but support must come with clarity aarp is concerned that unless this legislation is strengthened with clear federal medicaid alignment and rooted in community-focused care it risks replicating the very systems that continue to fail elders across the mainland united states at aarp our values are rooted in dignity equity and transparency we believe all people especially those living in this territory who often excluded because of our geographical location deserve care models that are culturally sensitive and the untethered right to age in place with dignity. We also believe that this

0:30:43 care can be delivered in an innovative, appropriate way right here in our island home. As it stands, federal funding streams that have too long bypassed this community are available to us if we do this right. AARP has drafted a package of amendments that we are ready to share with Senator Bulkus. My testimony today will highlight the core values these amendments present so that, with our support, this bill can evolve from promising to transformative. First, expand definitions for justice-aligned care. The law must define terms such as small home nursing homes and community-based services and person-centered planning in ways that align with Medicaid 1915 and 1115 waiver dollars to unlock federal partnership and opportunities for investment. Next, establish transparent licensing and oversight.

0:31:52 new licensing language must require clear staffing ratios workforce training standards and greenhouse model alignment for small home care this is how we ensure high quality patient-centered care next build a true continuum of care plan not an institution this bill must pivot toward home and community-based care as the ideal model of care. Virgin Islanders deserve more than nursing homes. We can build deinstitutionalized, intergenerational, inclusive systems from the ground up. Next, codify the right to access and oversight. Mandate the development and submission of Medicaid state plan amendments and federal waiver applications by 2028.

0:32:47 Prioritize local governance, including elders, caregivers, community advocates, and community leaders in all oversight boards. Furthermore, promote equity, accountability, and workforce development empower a new care workforce rooted

in universal worker model require transparency public reporting on ongoing monitoring systems that protects both workers and those they serve beyond the care benefits this legislation can serve as a powerful economic driver for the virgin Islands, creating a system of Medicaid-supported small homes and HCBS programs would generate new employment opportunities in the caregiving and health services fields and pathways to private investments. It would allow Virgin Islanders to receive specialized training and fair wages while providing care to our elders within their communities. The bill, As a mandate can serve not only as a care strategy but also as an economic development engine for the Virgin Islands, one that is most needed right now.

0:34:09 We also recognize the importance of cultural relevance in care. Too often care systems in mainland disregard the cultural values of the populations they serve. The Virgin Islands has a unique heritage that must be embedded into any long-term care framework. This includes hiring staff who are for us, about us, and understand the importance of honoring the family-centered caregiving that is the foundation of our communities.

0:34:42 The time for us to act now has come. We have a rare opportunity to shape a system that not only meets compliance standards but truly reflects the values, voices and needs of all Virgin Islanders. The amendments we are proposing will strengthen this bill's foundation and ensure that it fulfills its promise to creating a continuum of care that is just, comprehensive and sustainable. In conclusion, AARP stands ready to work alongside this body to make this bill a beacon of what aging can look like, not a hand-me-down system from the mainland, but a bold, homegrown future worthy of the elders who built this place and the generations who will inherit it. To the members of this committee, we urge you to support this legislation unanimously the opportunity to vote arises and to adopt the proposed amendments as it moves toward the full body. Let your vote reflect a commitment to the well-being and dignity of every Virgin Islander who has contributed to building this community and who deserves to age at home and in dignity. And to our community members, this is your moment. Advocate boldly. Stand with AARP for our elders. Secure your future, which is our future. Let your elected officials know that care for our elders is not an option. It's our moral obligation. Together we can create a care system that honors our past and protects our future. To this end, Senator Fonseca, we respectfully submit our full amendment package to the legislature and is prepared to assist in its integration into this legislation thank you senator bolquez for this bold and transformative legislation and i welcome your questions and thank this body for the opportunity to speak on behalf of older virgin islanders and their families thank you troy deshabut schuster of aarp next we'll hear testimony from department of human services tasia dorsett phillips assistant commissioner

0:37:04 you may proceed. Good morning, Honorable Senator Rick Fonseca, Chairman of the Committee on Health Hospitals and Human Services, committee members and other senators present, colleagues and the listening and viewing audience. My name is Tayshia Phillips Doroset, Assistant Commissioner of the Virgin Islands Department of Human Services. Accompanying me today are Senior Citizens Affairs Assistant Administrator Kishma Vincent and Anna Velez Martinez, Director of Residential Services. On behalf of the Department of Human Services, I'm pleased to testify in strong support of Bill Number 36-0003, an act amending Title 19, Virgin Islands Code relating to nursing homes and assisted living facilities by adding a new chapter 76 to establish the services that nursing homes and assisted living facilities are required to provide, establishing limitations on financial charges, requirements for visitation, and the rights of a resident, proposed by Senator Angel L. Bulquez, Jr. As the agency responsible for the oversight and daily administration of nursing homes and assigned living facilities in the Virgin Islands, DHS fully endorses this legislation. This bill is a critical advancement towards fostering improved accommodations, living conditions, and protections for residents, while clearly specifying the services these facilities are mandated to provide alongside important financial safeguards. As the department's own long-term care facilities, the Herbert Grigg Home for the Age on St. Croix and the Queen Louise Home for the Age on St. Thomas, our practices already reflect core principles found in this legislation.

0:38:59 While not CMS certified, both facilities operate under the standards and guidelines set forth by the Centers for Medicare and Medicaid Services, CMS, to ensure compliance with national expectations for homes for the aged. Admissions are based not on financial means, but on individual needs and placement on the waiting list. Through a longstanding sliding scale policy, All applicants, whether they have no income or modest resources, are assured equal access to services, rights, and dignity of care. This legislation, therefore, reinforces and extends practices that are already central to the Department's mission and model of care. The proposed legislation reflects best practices in long-term care policy by defining and requiring assistance with activities of daily living, ADLs, ensuring residents have the right to visitation, representative participation, and protection from coercion, and establishing guardrails around facility billing practices and care responsibilities. The bill creates a framework that supports resident dignity, clinical oversight, and financial transparency, each of which are essential in achieving quality institutional care. Key provisions of the bill. Section 4121 requires facilities to provide necessary service that maintain residents' good nutrition, grooming, and personal hygiene. This includes care that enhances daily living, such as assistance with oral care, mobility support, dining assistance, speech and language therapy, and other functional communication systems. These provisions promote dignity,

independence, and quality of life for residents. Section 4122 prohibits facilities from excluding residents based solely on income, removing significant barriers to admission. It also forbids charging residents for any items or services that are covered by Medicaid or Medicare, protecting them from undue financial burdens. This includes nursing services, food and nutrition, activities programs, room and bed maintenance, and routine personal hygiene supplies, such as hair hygiene products, bath soap, and grooming commodities. Medically prescribed special foods or supplements ordered by licensed health care providers are likewise exempt from charges to residents. The bill further guarantees residents' rights to organize and participate in resident groups and mandates that facilities provide private spaces for meetings and activities. Residents retain the right to manage their financial affairs and to receive advance notice of any charges the facility may impose.

0:41:46 Competent residents also have the right to appoint personal representatives empowered to exercise these rights on their behalf, contingent on valid legal documentation such as notarized powers of attorney or court guardianship orders. We recommend clarifying section 4124 to explicitly reflect this legal requirement, ensuring clarity and protection of resident autonomy. While the bill comprehensively addresses financial protections, Some services listed in section 4122 may not consistently be covered by Medicaid or Medicare. We recommend continued collaboration to keep guidance current and prevent unintentional financial exposure for residents.

0:42:34 While DHS strongly supports the bill's framework, we recommend some amendments to enhance clarity, inclusivity, and practical implementation. Number one, inclusion of adults with disabilities. The bill currently emphasizes seniors, but many adults with disabilities also reside in these facilities and require protections. Amendments adding, quote, and adults with disabilities, end quote, alongside seniors throughout the bill will ensure the legislation reflects the full spectrum of residents served. Item two, prohibition of admission conditions based on prepayment or financial guarantees.

0:43:16 To prevent undue barriers to access, DHS proposes explicitly prohibiting facilities from conditioning admission on prepayment or other financial guarantees for services covered by Medicaid or public assistance programs. This aligns with federal non-discrimination standards and promotes fair access. Item three, written notification and consent for non-covered services. Facilities should be required to provide residents with clear written notice of any items or services not reimbursable by Medicaid or Medicare, including an itemized list of costs on the option to opt in or opt out without coercion. This amendment promotes transparency and protects residents from surprise charges.

0:44:01 Four, assistance with financial aid applications and admissions policy transparency. Facilities should assist eligible residents in applying for public financial assistance programs and maintain publicly accessible policies on admitting residents with limited financial means. DHS will maintain a reference guide on Medicaid and Medicare coverage to aid compliance and resident understanding. Legal documentation for designated representatives to ensure facilities properly recognize representatives. Designation should be supported by valid legal documentation such as notarized powers of attorney, Court guardianship orders are recognized health care proxies. Six, phased implementation on a compliance oversight.

0:44:47 Given the significant service requirements, DHS recommends a phased implementation period of 12 months post enactment, with facilities submitting compliance plans within 90 days. DHS will provide technical assistance and enforce compliance through established penalties where necessary. Seven, financial protections and billing transparency. Prohibit conditioning admission on prepayment or financial guarantees covered by Medicaid or other public programs. Require written itemized disclosure for any service not covered by Medicaid or Medicare paired with a voluntary non-coercive opt-in process. Mandate facilities to assist residents and their representatives in applying for public assistance and to submit annual admissions policies for regulatory review. Empower DHS to maintain a reference guide outlining common Medicaid and Medicare covered services to promote transparency and protect residents. Eight, legal representative documentation. Clarify that any appointed representative must present valid legal authorization such as a notarized power of attorney, court guardianship order, authorized beneficiary representative, or healthcare proxy. This safeguards residents' autonomy or legal rights. Nine, phase implementation and oversight.

0:46:06 Again, propose a 12-month phase implementation period following the bill's effective date. Facilities should submit compliance plans within 90 days with DHS providing technical assistance and monitoring. Non-compliance should result in penalties as specified by forthcoming DHS regulations. These amendments are designed to ensure that the bill not only sets important minimum standards but also reflects the diverse needs of residents, protects their rights with legal precision and creates a transparent enforceable framework for financial and operational practices. By prohibiting admission conditioning on financial prepayment for publicly funded services, requiring itemized billing disclosures with a non-coercive opt-in process and mandating assistance with public benefit applications, the bill will protect residents from undue financial hardship and potential exploitation. The phased implementation approach balances the urgency of improving care with the practical realities faced by facilities, while allowing DHS to provide technical support and

enforcement necessary for success. In conclusion, DHS supports Bill 36-0003, how a society cares for its most vulnerable or elderly and disabled residents is a profound measure of its humanity. This legislation will help ensure that residents live with dignity, compassion, and the highest quality of care possible in our territory. We commend the legislature for prioritizing this vital issue and stand ready to support the bill's passage, implementation, and ongoing enforcement.

0:47:49 Thank you for the opportunity to testify. The team and myself are happy to answer any questions you may have. Thank you, thank you, Ms. Dorsett, Assistant Commissioner. Okay, so we have general full agreement and support from all the testifiers. There's a few little amendments that I'm sure that the bill sponsor has already taken care of. As a matter of fact, we have some amendments before us. I wanted to ask specifically about the Medicaid, the Medicaid, the CMS certification. You mentioned that the Herbert Grigg and the Queen Louise home do not at this time meet the the certification the new facilities will meet the certification am I correct once we do the renovations to the new facilities correct senator that is our goal with the construction of the two new homes for the aged that are upcoming while they may not be designated as a a skilled nursing facility they will be designated as a long-term care nursing home facility and that also will be covered under Medicaid okay awesome okay so before we go to testifiers I wanted to recognize my summer employees I know you guys you all have to work you know with part in partnership with several local businesses my staff and myself especially Jacqueline Freeman we were able to provide employment for 2022 summer employees so I'd like for you to come forth I'm being corrected it's 25 I'd like for you to come forth and give a brief introduction so that the public can see your future plans and what you plan to do.

0:49:59 Yes, you can come on. The Committee on Health Hospitals and Human Services stands in recess for two minutes. Yeah, I want it on. do so so Thank you. Thank you.

0:52:51 Thank you. Le-lo-la-la, le-lo-le-lo-la Le-lo-la-la-la, le-lo-la Way-ah!

0:53:51 The Committee on Health, Hospitals, and Human Services is back on the record, and we'd like to begin with the introduction of our summer interns, all 25 of them. You may proceed.

0:54:19 Okay. Good morning, senators and the live audience. My name is Nia Roper. I am a rising junior presidential scholar, dean's list, and honor student at the Virginia State University located in Petersburg, Virginia. I am currently double majoring in accounting and computer information systems with a minor in cybersecurity, and I do plan to become a forensic accountant and work in government accounting. I currently am interning at the Department of Finance and upon completion of my degree i do plan to come home as my education can benefit the community i would like to thank the honorable senator ray fonseca the 36 legislature miss ebony serrano and mr elijah samuel of department of finance for giving me this opportunity and welcoming me with open hands thank you good morning senators and listening audience my name is Zysha Watley. I am a junior attending the University of the Virgin Islands in St. Thomas. I am currently majoring in nursing and my future goal is to become a pediatric nurse. I'm currently also interning at Dr. Les's office. I hope plan to stay in the Virgin Islands where my skills and education will benefit the people of the Virgin Islands. I would like to thank Rae Fonseca, Dr. Les, the 36 Legislature and Mrs. Friedman for this opportunity good morning senators and listening audience my name is Nelia John Pierre and I am an upcoming sophomore at the University of the Virgin Islands in St. Thomas my desired career goal is to become a criminal justice attorney and I am interning at the Virgin Islands Housing Authority. I look forward to upon completion of my degree to return home and share my skills and education so that the people of the Virgin Islands can benefit from this. I would like to thank the Honorable Ray Fonseca, the 36th legislature and the US Virgin Islands Housing Authority. Thank

0:56:27 you. Good morning Senators and listening viewers. I am Imani Van Houlton. I just graduated from Charlotte Amalia High School. I am currently interning at Celestino White Senior Center. I look forward to go into college to pursue my nursing career and I would like to give thanks to the Honorable Rhea Fonseca and the 36th Legislature and Celestino White for giving me this opportunity. Good morning senators and listening audience. My name is Jamia Duin Abbott Jr. I currently reside in Florida. I go to a school named Hagerty High School and I came along for the summer to spend time with my grandmother and I just happened to get this amazing opportunity from Jackie Freeman and Senator Ray Fonseca and I would like to thank all my peers that are standing here with me and I would like to say that this is not just a job, it's a great opportunity and i very very much thank everyone thank you good morning senators and listening audience my name is dimoy fredericks i am a tengu student attending shaita mali high school and i'm interning at humane society upon graduation i would like to join the military and And I would like to thank the Honorable Ray Fonseca and the 36th Legislature for this opportunity.

0:58:16 Good morning, senators and listening audience. My name is Shade Henry, and I am an 11th grader at the Charlotte Amalia High School. I am currently interning at the Virgin Islands Housing Authority Oswald Harcourt. Outside of school, I would like to pursue cosmetology to be a nail tech. I would like to thank the Honorable Ray Fonseca and the 36th Legislature and my Supervisor Lenin Powell for this opportunity.

0:58:45 Good morning senators and listening audience. My name is Skana Bugnu and I am a senior attending the Mighty Ray's Ivanae Durkin High School. Upon graduation, I look forward to becoming an officer in the Air Force. I am currently interning at the Human Society. I would like to thank the Honorable Senator Ray Fonseca, the 36th Legislature, and my employer, Becca, for this amazing opportunity. Good morning, senators and listening audience. My name is Jamali Alec. I am a 12th grade student at Ivana Yudorikian High School. I'm currently interning with A&I Trucking and look forward upon graduation to enroll within the military. I would like to thank Annabelle Ray Fonseca, the 36th Legislature of the Virgin Islands and A&M talking for this opportunity.

0:59:35 Good morning, senators and listening audience. My name is Nabila James Bouganou. I am an 11th grade student attending Ivana-Idharykin High School. I'm currently interning at PAL Summer Camp. I look forward to, upon graduation, to go into the Marines. I would like to thank the Honorable Ray Fonseca and the 36 legislature and Lisa Donovan for this opportunity. Good morning senators and the listening audience. My name is Damari Marsh and I'm a rising 12th grader at Lake Nona High School located in Orlando, Florida. I'm currently interning at the St. John School of the Arts and upon graduation I hope to go to college to pursue a degree in musical theater.

1:00:21 I'd like to thank Honorable Ray Fonseca, the 36th legislature, and my employer, Janae Provost, for this opportunity. Good morning, senators and the listening audience. My name is Dekai Fredericks, and I am an 11-grade student attending at Charlotte and Molly High School. I'm currently interning at NAPE's Cuisine. Once I graduate, I would like to pursue a degree in cooking. I would like to thank the Honorable Ray Kanswika, the people of NAPE's Cuisine, and the 36th legislature for this opportunity. Good morning, senators and listening audience.

1:01:03 My name is Conard Weeks. I am currently in 11th grade and I am attending Charlotte-A-Mali High School. I currently work as an intern in the Management Information Systems Office for the legislature. Once I graduate from Charlotte-A-Mali High School, plan to pursue a career in computer science I would like to thank the Honorable Senator Ray Fonseca the 36 legislature as well as the management information systems office for this wonderful opportunity good morning family and listening audience. I'm Andy LeBlanc. I am an intern at the Humane Society. My goal is to helping caring for animals. I would like to thank the 36th legislature, Senator Fonseca and the Humane Society for this opportunity. Thank you.

1:02:26 Good morning, senators and listening audience. My name is Kyandre Hodge. I am a 10-grade student at Tenenshata Mali High School. I am currently interning at Humane Society. I look forward to, upon graduation, to go to the military. I'd like to thank the Admiral Ray Francisca, the 36th Legislature, and Becca for this opportunity. Good morning, Senators and listening audience. My name is J. Eldra Freeman Sterling. I am an alumni of the National Society of High School Scholars and a freshman college student majoring in biochemistry at the University of South Florida. I would like to thank Comprehensive Orthopaedic Global for giving me the opportunity to intern there at their establishment.

1:03:10 I look forward to returning home upon completion of my degree where my skills and education can benefit the people of the Virgin Islands. I would like to thank the Honorable Ray Franskega and COG for this opportunity. Good morning, Senator and the listening audience. My name is Elena Regala. I'm an 11 student at the Mali High School. I'm currently a tenant at Vision Island Authority Services. I look forward to open graduation to go into the college to pursue a degree in George. I would like to thank the Honorary Francesca the 36th legislature for this opportunity. Thank you.

1:03:51 Good morning, senators and listening audience. My name is Ambrose. I am a ninth grade student going to 10th, transitioning from Lithonia High School in Georgia to high school here. I am currently interned at Perfect Image by Cynthia. I look forward upon graduation of attending college to pursue a degree as an artist. I would like to thank the Honorable Ralph Monseca, the legislator, and Perfect Image by Cynthia for this opportunity. Good morning senators and listening audience. My name is Katara Daniel. I am an 11th grade student at the Charlotte Amalia High School. I am currently interned at the Reginald's housing authorities office in Oswald Harris Court. Upon graduation, I would like to go to college and pursue a degree in psychology. I would like to thank the Honorable Ruth Franzeca, the 36th legislature, and the Virginia Housing Authority for this opportunity. Good morning, senators, and listening audience. My name is Cassandra Ortiz-Williams.

1:04:48 I am an upcoming senior attending at Avania Doria Kidd High School. My career whole goal To be a therapist for the deaf people, I'm currently interning for the Senator Angel Spokey's office. At the completion of my degree, I plan to stay where my skill and education will benefit the people of the Virgin Islands. I would like to thank Senator Ray Felsica, Senator Angel Spokey's, and Ms. Freeman for this opportunity. awesome thank you congratulations did we miss one good morning senators and live good morning senators and live audience my name is kimani riley i'm a senior in college i'm attending bluefield university in virginia i'm majoring in sports management slash business administration upon graduation i would like to come back and make my skills useful for the youth in sports especially better than when i was playing ball back then make sure all the facilities good so they don't really have to go away unless they get into a major

d1 so they can be on a scholarship like i am and make them other less stressful college and money and i would like to at tank and every ray fonseca and the 36th legislature and Mr. Martin and Mr. Armstrong-Fullemi work at Department of Sports Park and Recreation. Thank you. Thank you. And all of you are excused so you could go back to work. And thank you. Thank you. Blessing.

1:06:30 Okay, so colleagues, we're going to go to a round of five minutes. We'll start with Senator Marvin Blyden, followed by Senator Alma Francis Heiliger, followed by Senator Milton Potter, and then we'll have the bill sponsor, Senator Bulkus. Senator Marvin Blyden, you're recognized for your five minutes. Thank you so much, Mr. Chair. Good morning to my colleagues, viewing listening audiences, staff, central staff, and good morning to the testifiers. Thank you so much for your testimonies. Thank you for your recommendations. Thank you for your amendments, because there are many different suggestions and amendments, which I'm sure that the Chair is going to use those amendments. and I did sign on as a sponsor of this legislation, a very good piece of legislation. Nobody is perfect, but it can all become better on these amendments or on point. Well, I have some questions, many questions for the Department of Human Services in respect to the bill. So, and also my interns also did some research and have some questions for me, so let me get to it. In respect to the bill, right, let me speak to the Department of Human Services and my first question is how many licensed nursing facilities are there in the Virgin Islands and of that number how many are operated by the government of the Virgin Islands and to add to that also how many are certified if you know so I'll start good morning Senator Blighton I'll start off so the two that are run by the Department of Human Services are Herbert Grigg and Queen Louise Home for the Aged. We are not licensed by the Centers for Medicare and Medicaid and we were grandfathered in to the certificate of need process. That's a regulatory process run by the Department of Health. The Department of Health is who would review any application received by a prospective nursing home and allow them to proceed so to my knowledge right now there's one application that they had approved in st. Croix that's for a new nursing facility that's that's being built and it hasn't opened as yet I don't believe they're finished with construction um and that's it because sea view nursing home was closed and whim gardens and lucinda millen home are not considered nursing homes they are assisted living facilities but

1:09:27 oftentimes people confuse the two in the community i hope that answers your question not necessarily completely but um let me ask you another question in that respect then um in terms of the service, et cetera, and what the bill intends to do. What about staffing levels? What the level of staffing does the human services have in terms of monitoring, nursing homes, et cetera? Because that's your responsibility, correct?

1:09:56 No, Senator, right now, currently, the responsibility for monitoring is at the Department of Health through the certificate of need process. To include inspections? To include inspections. When you apply for a certificate of need, Department of Health receives an annual update or annual report from the facility, and then that may or may not trigger an inspection by the Department of Health staff.

1:10:23 Okay, with that being said, I know A.G. Ray spoke in his testimony in terms of a recommendation with health and or human services, and he said he don't mind either. So A.G. Ray, in respect to oversight to assure the bill meets its mandate. You said either or, but based on what I'm hearing, and I'm going to ask you also, would you believe health should be that agency and all human services? Attorney Ray first, which one?

1:10:57 I don't have a preference, and I would defer to them. OK, very well. So from the DHS perspective, we would be self-regulating if you assign the overall compliance and monitoring to DHS solely. That's why in our testimony, how we chose to address it is that we would assist and provide technical assistance to any entity who was willing to start up a new nursing home, et cetera, et cetera. But the regulatory role and responsibility right now currently sits with the Department of Health via the certificate of need process. Okay, you spoke to the certificate of need process. Also with the bill, I know there's a lot of responsibility in terms of the different mandates.

1:11:49 And you spoke in your testimony also to Medicaid, right? You spoke to Medicaid. does these nursing facilities receive Medicaid, even though they are not certified? That's my next question. Do they have to be certified in order to receive Medicaid assistance for those individuals? Explain to us how that process works, please. Sure, Senator. So it's the resident of the home who would be a Medicaid beneficiary, and so we have some members for we have some members who reside in Queen Louise and Herbert Grigg that are Medicaid beneficiaries and accessing benefits that way. We have residents who are Medicare beneficiaries and that pays for some of their prescription costs. I'll use that as an example.

1:12:43 But I will defer to our Director of Residential Services, Ms. Anna Velez Martinez to add on additional information. Ana Velas-Martinez, Director of Residential Services. The Medicare clients at the homes, basically the Medicare is used for the medication. So the Medicaid, we don't really, like the Assistant Commissioner said, is used also for partial of the medication purchase. But there's no other payment coming into the home just for medication is used.

1:13:21 And in closing, Mr. Chair, let me ask again, in respect to Medicaid and the residents that you said that they don't want to receive it, are there any special training for staff to assist those individuals in terms of assuring adults from the field of property, how does that work? Well, Senator Blyton, in response to that question, generally our application process workflow is either the resident themselves or a family member if they're coming in from from the community, a community-based application. That application would be reviewed by our Adult Protective Services Unit in combination with our homes for the aid staff. There's a process that they have to do to review it and then if the person is eligible for Medicaid or they want to refer them to Medicaid, then they will bring in our Medicaid staff in the discussion and the review for the application. The process is slightly different if the person is a boarder coming from the hospital. And training on compliance is very important. How often do those individuals on staff get training for compliance, et cetera, in terms of that space? How does that work?

1:14:33 I will pass that on to my colleagues, Assistant Administrator Kishma Vincent and Ana Velez-Martinez. Ana Velez-Martinez. The staff are trained annually and also based on need. Thank you so much for the time, Mr. Chair. I didn't want to abuse it, but thank you so much. Thank you for your responses. Thank you, Senator Blyden.

1:15:06 Those are some good questions. I want to follow up with that CMS certification. Okay, so because it's additional funds and you know, our government has limited resources. So the Seaview Nursing Home, what is the status of that now? Is it in negotiation or the government is no longer pursuing that? Well, to my knowledge, Senator Fonseca, that's number one under DPP. They're responsible for the potential purchase of that property, but the Department of Health, the Department of Human Services and the Office of the Governor have had a few meetings and one most recently with a company that is interested in doing a public-private partnership for the management of Seaview. So that's where I leave it from the DHS perspective at this point. We're doing some analysis right now to determine if that site is better off as just a street skilled nursing facility or in combination with a behavioral health facility. So these are the conversations that the team has had to date so far.

1:16:31 Okay, Mr. Schuster, I wanna ask you a question because you mentioned the population is aging and people have to move away for adequate nursing care. And there was the issue with the Herbert Grigg home. I know Ms. Martinez, we had mentioned it to you that I think it's 37 or 45, how many units are gonna be in the new design for Herbert Grigg? Do you know? But, go ahead. Yeah, Anavelis Martinez. It's still on the face of the planning, so we don't have an exact number right now. Although we wanted the 80 beds facility, but at this point it's unknown until the architectural work is done and complete.

1:17:23 Yes. Sorry, if you're speaking about Herbert Griggs specifically, based on the budget that we have from FEMA to do the renovations and to do a rebuild, right now we're down to about a 60 bed capacity at the most is what we'll be able to do in saint croix and i believe in saint thomas it'll be about 44 beds so far and what is what is the waiting list now on saint croix and the waiting list on saint thomas 25 in saint croix and 20 in st. Thomas okay 25 in st. Croix 20 on st. Thomas does that include the borders in the hospitals no okay so there's about 13 borders so you added up 38 so figure that's 40 waiting list plus borders what's the current population now it Herbert Grigg.

1:18:22 Kishma Vincent, Assistant Administrator. Currently at Herbert Grigg we have 22 residents and our current capacity is 25 residents. At Queen Louise our current capacity, our current resident total is 14 residents and our capacity is at 16. Okay, so you see, Mr. Schuster, you see where we're going. We are with the 22 that we have and the 38, that's already the 60.

1:19:00 So if we build a new facility of 60, it's already full. So I'll now go to Mr. Schuster. Any comments on that? Yeah, well, thank you, Senator Troy Schuster, State Director of ARP in the Virgin Islands. It's certainly not enough. Even with what they're planning, it's certainly not enough. It's a good start. But I must say that becoming CMS certified is paramount, right? A lot of people are either struggling to stay at home or leaving the Virgin Islands because the quality of care is not at CMS standards. And I must say again that the staff in both these Homes for the Aged are working very hard. They're very sincere people.

1:19:54 I've seen them, but they don't have the resources they need. They don't have all that they need from the government of the Virgin Islands to really increase and improve the standard of care. and so they're struggling with what they have so if they are properly funded by the government of the Virgin Islands and they can increase and improve the standard of care to reach CMS standards it would be my guess that a lot more people will stay in the Virgin Islands and then that coupled with greater capacity so there's a lot of work that needs to be done the plans that they have for these improved and increased facilities is great, but even then, it's still not enough. And the government of the Virgin Islands need, when I say the government, I mean the legislative and the executive branch both, need to focus on the needs of these homes for the age and really give them the resources that they need to improve across the board. Because it's not fear to to these very very faithful work homes for the age to give them minimal tools and say okay provide excellent care it it it doesn't work they need more resources especially financial resources to do what they need to do yes and i i fully agree and the elderly

care the assisted living facilities even the full care um facilities we need to put a lot more resources into this area um christopher finch who was the chair former chair of the territorial board always give us these numbers that we should have about three percent of the population that's over 65 we should have three percent of the beds and the number was like about it it would mean that we need in excess of 300 elderly beds in the community. So definitely we need to put a lot more resources into this. Senator Alma-Francis Heiliger, you're recognized for your five minutes.

1:22:13 Thank you. Good day to my colleagues, good day to the testifiers, good day to the people of the territory and staff. My first question is directed in regards to the CPR certification. How would that work? I'm reading the legislation. Would the staff now be required to learn that? And what are your thoughts in regards to that? Let me answer first. Thank you for the question, Senator Frances Heiliger.

1:22:44 Well, first of all, most nurses as part of their Virgin Islands license have to be CPR certified. So that's inherent. inherent and that's not all nursing levels are in LPN and CNE I'll let miss Vélez Martinez answer any other questions Anna Vélez Martinez all the requirements for the LPN Sunday nurses them it is a requirement before they renew the license that they must be CPR okay because I'm looking at one of the things the previous individual I think was Deesha Burt was sharing is also a major concern of mine it's one thing for us to say that we want great service for the people and our seniors but we as a body have to actually fund these things and when we're creating legislation to add additional things I'm very much concerned as to the funding aspect of it. And I want to make sure that, you know, before this even goes anywhere, we have to make sure where the funding is going to come from to guarantee that all these additional things that I see in this piece of legislation that are going to now become legal requirements are duly funded. That's part of my biggest concern in making sure we have funding for that. I want to ask the question. With all the services that are that are listed here that are going to be added on or are going to be made a requirement. How many of them are not being provided right now? Because I know we could put things into law and so we have to do it but how many of them that you guys might already be providing versus what you would have

1:24:41 to now add to the list hi kishma vincent assistant administrator um i could start off by saying that uh in order for us to be uh cms certified we have to have adequate um nurse to patient ratio okay and And right now we are, we're not quite there yet, and so that's one of the big things. Yeah.

1:25:10 So where are you actually, percentage-wise? How much would you say, Annie? Well, right now the ratio is 1 to 10, when it should be 1 to 7. Oh. Mm-hmm. Okay. Go ahead. And so that's that is another situation because I mean we're talking about a skilled nursing facility versus a long term. Okay. So there's two different things we're talking about but basically the ratio should be met. Okay. And do you have a pathway that you're either working on to potentially get there? What have you guys been doing? I mean we could we would we understand our part with potentially providing funding to pay for the nurses but is there a pathway that you guys have been working on to potentially recruit or get nurses to these facilities?

1:26:03 Recently, we did request PRFs. Kishma Vincent, Assistant Administrator. Recently, we did request for PRFs for RNs. I'm sorry. OK. Yeah, recently, we did request a PRF for RNs, for LPNs, for CNAs, for both St. Thomas and St. Croix. We have not gotten all our requests as yet, but we are working on getting those positions filled. Let me see here.

1:26:44 As well as other areas in the facility, like institutional, supervisor, you know, laundry attendant. So, you know, we have quite a few positions that are vacant that we are working, we have requested to have those positions filled. Okay. Ten seconds. One of the things in regards to the residents' rights versus the representative rights. How are you going to be potentially, if this bill is passed, dealing with training, et cetera, to make sure it has understood the difference between those two?

1:27:21 Ana Villas-Martinez, Director of Residential Services. Residence rights and families rights, this is something that when there's a pre-admission meeting, it is addressed and we actually go over with the family members or the resident if they're capable, if not the power of attorney or the guardian person. We'll go to the person representing them. That's correct. Okay, I understand that. I heard time, so I will acquiesce. Thank you, Mr. Chair, for the time.

1:27:51 Thank you. Thank you, thank you, Senator Armour-Francis. Hi, Liga. Okay, so, point of information, Senator Bolkis, but before I go to you, I'd like to recognize the presence of Senator Clifford Joseph. Welcome, Senator Joseph. Senator Bolkis, you're recognized. Thank you, Mr. Chair. I just wanted to touch on a few things that were mentioned by some of our colleagues. The bill does not create a new financial mandate. It codifies federally required services already mandated in 42 CFR Part 483. And the bill ensures that local enforcement and transparency mechanisms align with those exact standards. Now, the amendment also includes a phased implementation of 12 months and mandates compliance within 90 days, giving DHS, Department of Human Services, time to ramp up on their oversight and technical support. Additionally, the Department of Human Services already has statutory authority under Title 19 to regulate long-term

care. And this bill just simply clarifies those responsibilities and strengthens tools for accountability. And lastly, by clearly defining residents' rights and transparent billing practices, we can build public trust for long-term care. and this provides a stable, predictable regulatory environment for private investors or private investment and I think that's the key thing that we really need to focus on here when we talk about finances and ensuring that these ethical providers are not only undercutting us by providing substandard services because this is a requirement by federal law so I just wanted to place that on the record Thank you for the time, Mr. Chair Thank you, Senator Bulkis

1:29:42 I wanted to go back to either Ms. Dorcetto or Ms. Martinez. So if we were to have the new facility, the 60-bed facility CMS certified, do you know approximately how much revenues we could collect from Medicaid and Medicare? I know you don't know the exact because you'd have to go to individual circumstances, but more or less because right now we're collecting nothing and more or less how much would that be good morning again senator fonseca tasha phillips dorset assistant commissioner um i think it's important just to make one clarification so a skilled nursing facility will be able to bill for medicaid and medicare if you are certified but a long-term nursing home which is what we are going to be building, you can only build for Medicaid. Medicare does not fund just regular long-term nursing care. So I wanted to put that distinction on the record. Generally, whether we place Medicaid clients off-island in a nursing home or through agreements with private partnerships that are under exploration right now the medicaid rate is normally around like 320 between 320 and 340 dollars per day that's what medicaid is able to pay generally um for our nursing home we charge for persons who are able to afford it

1:31:31 we're on a sliding fee scale so if they have no income there might be some people who can't pay at all there might be others that have private insurance so we would pay you know whatever their private insurance would pay for the service and then there are families who chip in you know they get all of their family members together and they pay for the cost we have been able to bill at least up to five thousand dollars per month um for some of those clients that are able to afford it and i'll let miss velez martinez add anything else on okay for um just to give an overview of what's going on right now it's five thousand dollars a month but we look at the pretty much if we were supposed to get the five thousand dollars we would probably get a million dollars per year um right now because there's a lot of non-payment um resident we get like a hundred and twenty six thousand dollars a year so we could be making more money if we were medicare um or cms medicare cms um certified good good point and so then you'd be able to reduce your nurse the patient ratio from 1 to 10 to 1 to 7 okay well it makes sense because um since we have the ability or the to renovate the new facility and you say it's in the design phase any timelines when it should start and go out to bid sorry sorry senator fonseca good morning again um tasha phillips Dorset assistant commissioner for Queen Louise home we have to be completely built out by 2028 or the first quarter of 2029 for Herbert Grigg home we have a little bit more leeway and time we have to be renovated by 2032 and again we're using FEMA disaster recovery monies to do the rebuild because these are the the FEMA amounts

1:33:42 from hurricanes Irma and Maria. Thank you Senator point of information Senator Balquez proceed. Thank you Mr. Chair just wanted to chime in on the commentary of Ms. Martinez and Ms. Philip Dorsett colleagues a short-term investment is going to be a perpetual long-term savings for the government of the Virgin Islands. So I want you to hold that in consideration because I believe the statements that were made are very important when it comes to deliberating on how you want to move forward with this bill. Thank you, Mr. Chair.

1:34:22 Thank you. Thank you, Senator Baucus. You know, I got a follow-up, AC Dorsett. saying that queen louise we have until 2028 to to start the construction or to complete the construction to complete the construction of the new facility i'm not talking about the minor repairs that we will be doing on the current queen louise once we move those clients to palm court harbour view it's two different two different things two different projects we are we intend to renovate the current queen louise home um aesthetically there are some changes that we need to make we you know we need to fix some tiles we have to do some work in the kitchen etc etc and then there's the fema build out that's on a separate piece of property where we will be building out a 44 roughly 44 bed facility on saint thomas well sir popa you know i this this is about Bill 36-003, but if you're saying you have until 2028 to finish that and we in the middle of 2025, January will be 2026, you're saying that you have two years come January to finish that. How is that going to be possible when you're still in the design phase? How are you going to be finished in 2028. Well Queen Louise is further ahead than how about growing home for the aged?

1:36:00 Annie? Because we don't want any federal funds going back and then recapturing those DSRs etc. So it seems that you know and human services right we we concentrate on some other areas but human services has a lot of DSR funds because you also have the new demolition of the North Hanson and the rebuild of the Jerome Alloy complex and this Queen Louise and Herbert Grigg that's that's a those are three massive massive project so you rely you rely on office of disaster recovery to do your design everything senator that is correct and I believe just last week Tuesday or Wednesday ODR issued the RFP for the Herbert Grigg construction okay thank you sent Senate President Milton Potter you're

recognized for your five minutes thank you very much mr. chair good afternoon colleagues especially good afternoon to testifiers. AC Dorsett, any anxiety regarding our ability to complete that project by 2028? Well there's always gonna be anxiety because we have so many rebuild, major rebuild projects as Senator Fonseca just outlined in the territory, but we are working with our project managers and ODR and DPP to keep on schedule and and keep on track so we meet weekly on these projects internally and we're on schedule for all of our projects I'm looking at a note in our group chat so I have our grants management coordinator for the disaster projects giving me updates life okay I won't get nervous until you you get

1:37:59 nervous. A.G. Ray, I wanted to ask you, what specific criminal penalties do you envision, does your office envision for violations beyond the federal consequences that were mentioned? It would depend on exactly what the violation was. Obviously, if it's an assault of some kind or something related to that obviously we have the coverage of the Virgin Islands code already and that we would add on and and and prosecute and again we would have to go to the code depending on what the action was determined if it is a local criminal offense and if it is then prosecute it okay okay as far as just the reporting mechanism and how it would work who Who could report violations, residents, families, staff, anonymous, TIPSAs?

1:39:04 Oh, it's reported to us? Yes. It could be any of those. And I would expect it would be the normal reporting type of system where the report should be made to the police who then do the investigation, then bring it to us for prosecution if all of that panned out. And I'm assuming they would do it in conjunction with DHS. Okay, how does the relationship between the Department of Health and the Department of Human Services regarding oversight of these surgical and long-term residential facilities, I know you have a role as the Department of Human Services concerning nursing homes, running of nursing homes and human services. I mean, Department of Health, you mentioned the certificate of need, and they would fall under their jurisdiction.

1:40:03 How do both agencies interact regarding this oversight of these facilities? Good morning again. Good afternoon, sorry. Good afternoon, Senator Potter. Tayshia Phillips-Dorsett, Assistant Commissioner, Department of Human Services. Human Services and Department of Health are sister agencies. That's one of our agencies that we work the most with along with Department of Education. So we're in constant communication on many different projects and issues on a regular basis.

1:40:41 So in terms of elder abuse and elder care, we have an adult protective services unit that falls under the oversight of Assistant Administrator, Kishma Vincent. And if a case comes in to our offices at DHS and there's a need to involve the health department, then the case management staff reaches out and does so. In terms of regulation, we're not regulating those surgical centers or anything like that from DHS.

1:41:14 We run the nursing homes, so we're sort of policing ourselves but CMS also if there are any complaints that are sent from clients or anyone in the public directly to CMS then they would you know hold us accountable for what care we are providing or not providing so even though we're not a licensed nursing home informally, we still have to follow CMS guidelines and mandates as it relates to the treatment of residents within our care.

1:41:52 Understood. I think I may have said surgical centers instead of skilled nursing centers. With regards to your recommendation that you expand the bill be amended to cover adults with disabilities. What percentage of the members or the residents in these homes are adults with disabilities versus, I know it's primarily seniors, but what percentage of the membership of these facilities are adults with disabilities? I will ask my colleague, Ana Vélez-Martinez, to answer, but I will say it's a shifting population. We do have churn in our population because we have, you know, patients coming from borders, patients going back into the community, patients unfortunately do pass away, or we have patients that are, I'm sorry, residents that are sent off island to live with other family members.

1:43:00 So there's a lot of flux in there. It can look different every week. Yeah. Ms. Velez, I don't know if you want to add. Presently we have 1-1, but when you look at adult with disability, you could also look at it as someone in a wheelchair also, unable to walk or have any limited movements. So when you look at that also, most of our residents in both homes are bed bound. Okay. Thank you. I know my time is called. Mr. Chafer, may I just ask one more question? Yes, you may. I wanted to just get you to elaborate a little bit, AC Dorsett, about what would phased implementation actually look like in practice you know which requirements would be implemented first versus last. Senator I'll be honest with you that would take a little bit more analysis on our part and a deeper dive I want to be very transparent with the public that we have a very limited staff right now between our APS sorry our adult protective services units and our administrative staff at our homes for the aged. Ms. Velez right now is pulling double duty as the director of both homes and we have interviews scheduled tomorrow I think we're interviewing five candidates just for the director position for Queen Louise so I'm unable to really give you at this juncture a step-by-step process but we would have to do you know a workflow and a business process plan um that will guide us on you know how we would split up the year-long process but i want the

public to know we are a small team but a hard-working team and we're juggling and balancing a lot for the needs of our senior community understood and you know you'll be required to

1:44:57 provide technical assistance which I guess you currently do for nursing home providers what sort of what does that technical assistance look like so I'll give you know you have the expertise and staffing for this role so I'll give you an example of one one type of technical assistance that that we provided you know we've had to be in communication with the owners of the facility that's being built in st croix there's been several meetings including our commissioner our medicaid staff and our homes for the age staff you know we serve as a sounding board for them to talk about what would be the best services that they can offer in our virgin islands community as a private um a private company and a partner because with any venture we're looking at it as governmental public private partnership in some capacity so we had to approve their rates that they were going to put into their cms application um our commissioner had to sign off on that first. They asked us questions on if moving into the assisted living space, moving into the adult daycare space would be something that would be beneficial for our community. So that so far is the type of technical assistance that we have provided. Additionally giving entities data in terms of how many dual Medicaid and Medicare clients we have because we we do have a population of dual patients, and dual residents, sorry. And when we have dual residents, Medicaid is the last payer. So Medicare would be first, Medicaid would be second. So I hope that answers your question as an example.

1:47:00 It does, thank you very much for your response. Thank you for the flexibility, Mr. Chair. Thank you, Mr. President. Point of information, Senator Bulkes, you're recognized. Thank you, Mr. Chair. Mr. Chair, I just wanted to put on the record, well, first and foremost, that the Department of Human Services has worked shoulder to shoulder with me when it comes to comprehensively amending this bill to what you see before you. But one thing that was mentioned, the previous senator alluded to inclusion of disability in 4120D, which is actually on the blue. What happened is the Department of Human Services being that they've been working with my office and I so long on this, their testimony reflected what would be the BR, which did not include it at the time, but that amendment has made the actual bill itself. You'll see it in 4120D. Also, in addition, when it comes to reporting, as the previous senator also indicated, I believe that we need to find something that is low budget, something that is not too comprehensive for our seniors, because some of them may be technologically not as advanced as others, and perhaps something like a hotline, something of that nature that would be more easier, so we can discuss that as we move forward.

1:48:24 Thank you for the time, Mr. Chair. Thank you, Senator Bocas. And I know that this is, you know, they have good, hard-working staff in this area, Ms. Martinez. We did a tour of Herbert Grigg, I think it was about four months ago. Assistant Commissioner, you were there, you greeted us, and Ms. Martinez. And there was some progress this year as opposed to last year. I noticed that your freezer was full of food and the residents were being cared for much better. So there's been some improvements here. Senator Lorenzo Frederick, Vice Chair, you're recognized for your five minutes.

1:49:16 Thank you very much, Mr. Chair. A pleasant good morning to my colleagues, the listening and viewing audience, my staff, and obviously the very best central staff as well. I wanted to start having a brief discussion in which, On the surface, I really like this bill, but of course everything comes at a cost. Assistant Commissioner Dorsett, can you tell us what do we need to do to make these long-term facilities CMS certified so we could get maximum reimbursement?

1:49:57 The planned facilities and the current facilities we have. So again I think it's a, at times it can be looked at as a toss up. So with our FEMA rebuilds and the monies that we have, we have to look at bed capacity and we know that we are already not meeting the bed capacity even with some of our plans that we have. If we have to shift from a long-term nursing facility to one of a skilled nursing facility on that same property, then we would have to sacrifice some of the bed capacity, total number of bed capacity space to build out the area to meet the need for the skilled nursing facility and that those have been some difficult yet crucial conversations that our team has pondered and and even at times struggled with because it's two different levels of care a skilled nursing facility is more than one where you get that intensive you know wound treatment um of ults pressure ulcers and and all of that on a on a more in-depth basis than a regular nursing facility but on the flip side of it you have to have more rns on staff to meet the cms requirement and you also have to have a licensed certified nursing home administrator which there are not very many um in the territory and readily available so the way in which department of health and od sorry department of human services and odr have approached it is to look at what how can we maximize the fema dollars that are being given to us in this one-time opportunity to rebuild and to rebuild both homes and so that's why we're going the route of the long-term nursing home which would we would be able to get medicaid certified not necessarily medicare because again medicare does not pay for regular long-term nursing home services and then we would want to enter into some type of public-private partnership with an entity that's able to provide skilled nursing services which is a higher level of care i don't really have a whole lot of time so sorry sorry to cut you off in reference to financial

1:52:47 modeling that we've done or you've done have you done any to to ascertain whether or not this particular bill that we're discussing what what impact financially would it have overall on your plans so we have not done financial modeling at this time but what I can tell you is overall our general fund budget yearly for Herbert Grigg home is only three hundred and twenty six thousand dollars and our general fund budget for the Queen Louise home is two hundred and 50 000 and then we supplement those budgets with our revolving accounts and the funding that we receive from the payments from the families or from private payers so that's a step we would have to go forward to about 150 000 a year miss velez go ahead and answer on the revolving amounts generally what do we trend at so the revolving funds from um the room and board for st croix is about 200 000 and then saint thomas is about uh 180 something that approximately a hundred and but 180 is based is it can change based on the residence that we have if it's a full pay if it's a partial, and sometimes it's zero payment.

1:54:18 Time. Mr. Chair, if you can, let me finish up this little line of questioning. Yes, go ahead. So we're considering adding more requirements. We don't know what it's going to cost us, but it's necessary. It's important that these patients' rights be protected. when do we ever sit down and start running the numbers to see if it makes sense financially to move forward? If that's a question directed towards me, my answer would say there should be no price tag on guaranteeing and ensuring that you're providing quality of care to the most vulnerable population. I mean, what Senator Bulquez's bill is doing is just aligning the standard of care with what we should be aligned at in terms of the highest regulatory body, which is CMS. So this is sort of an interim step. Even though we're not CMS certified, we do our best to adhere to that guidance, and this bill codifies it.

1:55:36 At least that is my interpretation and understanding of it. As I agree, I think the bill is important in terms of the patient's protection. But I'm saying there's a cost that comes with all this. And we're blowing that aspect off. It's like, okay, yeah, and we need to provide the highest quality care. But we need to find out what it's going to cost. We need to find out what the Virgin Islands government can afford, which right now we could barely afford what we have we're not even billing these patients as we should so how is this going to be a successful project in any even in the immediate term or long term i see problems come in we have current problems we could barely um take care of the few patients that we have and we're talking about increasing care without any financial consideration this is a recipe for problems i've noticed we've done this historically and we really need to rethink the way we approach these things we could do this in terms of small increments short-term medium-term and long-term implementation but we tend to just throw things out there and we don't consider the cost until afterwards and then we're stuck trying to find money that we we don't have so that was my only beef about this I totally agree with you about quality of care being important but to me we need to focus on maximum reimbursement from the federal government because we're aligning our quality of care with their standards and we need their money to make this work thank you very much mr. chair appreciate the time point of information senator Bulkis you're recognized. Thank you Mr. Chair. Mr. Chair for the record the bill holds facilities

1:57:38 not the government of the Virgin Islands accountable for compliance and DHS is given oversight what well they have oversight through Title 19 but the enforcement provisions and the penalties apply directly to those facility operators. The government reduces its liability by establishing clear standards and compliance mechanisms. Now yes we do have some facilities that are under the government but as you heard the numbers that were thrown out 200 000 100 000 that's peanuts we have appropriated millions of dollars of thing of of funding of local funding for all manners of things and i'm not going to repeat what they are right now but that is peanuts in comparison to some of those appropriations thank you for the time mr chair yes thank you senator bogus and i i wanted to follow up on the vice chair's comments um you know miss martinez i'm familiar um with the budget situation that herbert grig actually i was um a little disappointed to learn how limited the funding um was for that facility um so with the goal now because this This bill is going to mandate that you provide an upgrade in care and services and you're going to have to do an assessment. So the goal would then be, like the Assistant Commissioner said, to get the Medicaid funding. So more or less, what would it need so that you could qualify to get Medicaid funding? As you alluded to, maybe a million, 2.7 million.

1:59:23 What would it need? I don't, Anaveles Martinez, when it comes to the numbers, then I will have to go and work those out. But we need a registered nurse to be in a facility 24 around the clock. I mean, so you need more than one RN. And those RNs basically come with a lot of experience, and they're over $80,000, $90,000 a year. You need total LPNs. You need CNAs to be able to meet those ratios. So right now, we don't have the staffing to meet our ratios. So it's going to be, we're going to need some additional dollars for staffing.

1:59:58 So it's like a catch-22 situation. You can't bid Medicaid because you don't have those staffing, but if you had those staffing, you'll be able to... Because we've got to meet the standards of Medicare. So it seems to me like if you had those staffing, you'd be able to bill Medicaid. So let me ask you, because when you mentioned the nurses, the RNs, I understand your nursing contract is not the same like the hospital nursing's contract. Is that correct? Because the hospital

nurse's contract expires in September and they're up for renegotiation.

2:00:36 What's the status with your nurses at Herbert Greger, your AC, Dorset Phillips? Yes, two different unions, go ahead. Presently, they're still in two different union. Two different union. Why are they two different union? Our RN is the RN is the RN is because one is human services, one is hospital. One is for some of the nurses in the hospital are working at a different skill level because that's an acute care facility versus our long-term care facility okay and and senator I would like to add well I have miss miss Vincent give you some information on CMS requirements for long-term yes Kishma Vincent assistant administrator so so as we were talking about the requirements for a CMS long-term care nursing home the The total nursing staff, first of all, the core requirement is a minimum of 3.48 hours of direct nursing care per resident per day. And then as far as registered nurses go, at least 0.55 hours of this total must be provided by RNs.

2:02:04 aids at least 2.45 hours of this total must be provided by nurse aids for lpns cnas and the rn availability like um mrs velez mentioned you know we have to have a rn 24 hours a day seven days a week which right now um we have one person on st froy and on st thomas we have a part-time rn Yeah, you see, I've visited that Herbert Grigg facility, right? A lot of the residents there are, you know, you don't want to use a number, right? But they're kind of like the most unfortunate residents, and so they need the most attention and assistance for the government. And I think you mentioned that some of them we probably wouldn't even be able to bill the Medicaid. So that would strictly be a government issue. But I still think that we need to, you know, I'm totally in favor of the bill because it upgrades the facility and it calls for the assessment. So the assessment now would be done by, the comprehensive assessment would be done by Human Services.

2:03:30 I that is that is correct based on what the bill indicated but I believe we're also going to have to rely heavily on our current Medicaid program and some of the technical assistance that's available via CMS or VR our conch our current contract current contractors to help us tease this out I would be remiss you know we we don't have like a statistical unit or an analytical unit here at DHS as a separate unit we all of the expertise that we have our program specific so homes for the age they don't have any consultants or contractors on board right now that work specifically with that unit so we would have to rely very heavily on our Medicaid program and the technical assistance that they can request to help us with this particular project okay and you know I want to follow up on that being that you're the assistant commissioner of human services you have a lot of different programs and the Medicaid program is actually administered in your division in the human services department i i think you're you're the medicaid director reports to you right that's correct sir okay so that means that there would be a a channel a pathway so that they can get the funding quickly because you know your human services medicaid is there so but how much will the new bill you know the bill that was just recently signed into the president How would that affect the Medicaid program? So, Senator Fonseca, so that occurred just a couple days ago.

2:05:28 We have not done as much of a deep dive over the weekend as we probably could have done. But we do know based on some summaries that we've been receiving from our partnerships that, you know, Medicaid and SNAP is going to be impacted mostly with work requirements that are added for current beneficiaries. On the Medicaid side, what is proposed is, or what is law now, I should say, is an 80 hour per month work requirement for any Medicaid beneficiary to still be current on the Medicaid rules. Now, the majority of our Medicaid beneficiaries already work. So, you know, there may be some additional cuts coming. Some people may fall off the rolls again, similar to when we had the COVID, the COVID waiver was not extended. So, you know, it's going to take a lot more teasing out on our part to look at the impact specifically for Medicaid. But there are other programs within DHS that are going to be impacted. You know, CSEP is one, Our Meals on Wheels program is another, but again, permit us to have a little bit more time to do some additional dives into that.

2:06:50 Definitely, definitely. And I know last month, in May, we received testimony from the Commissioner, the Honorable Avril George, whereas the Head Start program was cut two million, more or less, but you're still able to accommodate all the kids. So you gotta continue to work magic. Specifically though, the 87% match, would that be affected or it'd be the same percentages? From what we're getting from our CMS partners, that the match will not be impacted.

2:07:24 Our FMAP will not be impacted by this. Okay, so I commend the bill's sponsor. I definitely think this is a good bill. Senator Clifford Joseph, you're recognized for your five minutes. Thank you, Mr. Chair, and good morning to the, oh, good afternoon, actually, to the listening public, good afternoon to the testifiers, good morning to my colleagues, good morning to the central staff here at the legislature. One more, this question is for human services as far as stay because in a long term facility my question would be to you, do Medicare and Medicare, Medicaid and Medicare pay full payment for all of the stay of individuals?

2:08:19 Senator Joseph good afternoon well we cannot bill directly for Medicare or Medicaid at this time the residents that are in our facilities they would receive Medicaid covered benefits for things like their prescriptions and sometimes durable equipment like their walkers canes if they need transportation to doctor's appointments you know trying the ambulatory transportation those type of things was what would be paid for by Medicaid and Medicare so they will only be paying for

prescription that you said that's correct currently Medicare Pays for prescriptions for those residents who are Medicare beneficiaries So we in our self have some work to do to to get to standard in order for Medicare and Medicare too So we could build them All right, what once our facilities are certified by CMS as a long-term term nursing home facility we will be able to bill for Medicaid. Medicare doesn't cover care for an elder resident in a facility that's just designated as a long-term care facility. Medicare will cover if you need to go to a skilled nursing facility like let's say you're a stroke patient and you need some more rehabilitation you could go in and get speech therapy you could get occupational therapy

2:10:13 you can get wound therapy at a skilled nursing facility but we are not that and there are none in the territory right now okay um and a personal note when it comes today you said by 2028 you guys should have your building completed or should be completed that's for queen louise are you part of any is human services building any part of this super pmo so the super pmo does work with us and through the office of disaster recovery on our projects so we have project managers architectural designers you know those types of services we access those services through ODR and the super PMO but your actual by the time is your RFP goes out is going to be one sole contractor because our facilities medical facilities need to be direct we don't need to be I think when it comes to the building portion it needs to be directly to a contractor can we fire behind the eight bar when it comes to medical and we needed facilities in place in order to moving forward okay so i i oh go ahead no i i was saying if you didn't have to answer okay but i was saying if you had something to say let me hear what you have to say because my next question is geared to the attorney general okay no problem so what i was going to say is right now you know for architecture and and design for our homes for the age geridian design is working with us on on the major portion of that project but again it's through odr and our um and others

2:12:12 clear thank you for your answers Question for Mr. Gordon-Rey, Attorney General. Yes, sir. Should we separate the proposed measures into two? One that deals with the patient bills of rights and the other that deals with regulations so that we could have a clear outlook on these issues that we have in? Yeah, I'm not sure precisely how that would work.

2:12:47 I guess you're asking whether or not the items that could ultimately end up in prosecutions or criminal violations, should they be in one section and the other administrative items that deal with just the running of the process be in a different section? No, because I want to make sure one will be on the licensing and one will be on the patient's bill of rights. Okay. I haven't thought about this, but just off the cuff, it seems that since this is all one unified process, I don't see why it would have to be two separate bills. I think it could still be run as one, but the functions could be designated to the different agencies.

2:13:35 okay thank you because I do support the bill but I just want to make sure I just had that question to ask so I asked it to you thank you Mr. Chair for the time thank you Senator Clifford Joseph colleagues I'll allow a burning question if they Senator Bulkes you're recognized thank you mr chair um if i may i did not have an opportunity to oh yes i'm i'm sorry mr you're recognized for your five minutes thank you very much mr chair uh good afternoon mr chair good afternoon colleagues good afternoon to the listening and viewing audience good afternoon central staff and good afternoon to the testifying panel for bill number three six dash zero zero zero First and foremost, I want to thank everyone here on the panel today, because in some way, shape or form, you all contributed to what is before us today, in addition to the fact that you're still contributing, because there are just a few tweaks here and there that needs to be made to the bill, which I'm definitely looking forward to continue collaborating with you to make sure and assure that that's done at the appropriate time, if in fact the bill moves forward today, which I'm hoping. So I wanted to touch on, let's start with the AG's commentary surrounding the reporting of the violations. Mr. Attorney General Ray, I am aware that there are hotlines that exist currently on the national level that the Virgin Islands could partake in or we can establish our own hotline and I believe that we need to establish something that is easy for our senior or disabled community to be able to access without having it to be too technology-based because not all of them have technological skills. And I believe that picking up the phone is one of the easiest things, and talking to someone would be one of the easiest ways for us to report those violations. So I actually wanted to find out from everyone on the panel today, what are your thoughts surrounding a hotline.

2:15:51 Do you want to start? Well, from the Attorney General's Office and Department of Justice, I think a hotline would be extremely helpful and definitely also a local hotline because if there's some kind of real abuse going on or that sort of thing, we'd need to get local involved immediately and also be looking at it for potential prosecution. I'd have to leave it to the agencies to tell us what the best way to do that would be because we don't want to have multiple hotlines where you're going to the police or you're going to DHS or whatever. So I would suggest that there be some central local hotline and then whoever's handling that can then allocate it out to whatever division would be best suited to handle the issue that was raised.

2:16:45 From the Department of Human Services perspective, currently any cases or reports of elder abuse, whether we receive them from a family member, the resident themselves, or from the police department, those are usually channeled through

our Adult Protective Services line, and then our case managers will proceed with their internal investigation. Hotlines are a good idea, but from our standpoint, if it's going to be an unfunded mandate, then human services cannot absorb those costs within our current budget. And if I may, before AARP responds, what would it take for violations to be added to that adult protective services hotline?

2:17:40 Would that, could we funnel those complaints through that hotline? Well, I would say just complaints are already funneled to our adult protective services unit as part of their mandate, but they don't have a hotline. They, you know, reports can be made to our human services general operator, and then they're directed to APS, or we also have direct, a direct extension that would get you to the APS department.

2:18:13 So potentially that streamline can be utilized for what we're talking about, yes? Yes, but hotlines take money. So let me say that again. Duly noted, but still- We can't absorb an unfunded mandate. Duly noted, but that's still in place and perhaps we can still look at that because I believe that would be relatively low budget. Moving on to AARP, Director. Yes, thank you, Troy Desherbeer-Schuster, State Director of AARP in the Virgin Islands, and Senator Borges, thanks for that question, and as you are well aware, AARP is working on an anti-elder abuse legislation with you, and I think that would be a wonderful place to put a mandate for a well-funded hotline. We are also very much aware that Adult Protective Services, they're understaffed, they're underfunded. Again, like so many people in our government, they're working so hard and doing their best with very, very little tools. So when it comes to elder abuse, whether it's in these homes for the aged or assisted living communities, whether it's in their own home, whether they're being affected by their own family and friends, I think a hotline would be really great. I know of several people who have tried to report elder abuse and it's it's a big runaround you know and sometimes they try to go to the fbi sometimes they go to the united states attorney sometimes they are ended up uh end up being sent to the police department the police department is overworked and understaffed as we know and sometimes it takes a long time to move those complaints to police department before it finally gets to adult protection services and it's a it can be a very convoluted very cumbersome process for people to report issues of abuse so as we look forward to the very near future to moving that piece of legislation that we're working on with you regarding regarding anti-elder abuse i think that would be a really great place to insert a hotline and to make sure that it's well funded and we have also been advocating for greater funding for adult protective services so they can do their work efficiently so again thanks for the question

2:20:34 and thank you director and while i have you um you alluded to a medicaid state plan amendment could you please elaborate a bit more on what that what you're envisioning there with that amendment um well that that's multifaceted and needs to be worked out by the department of human services and department of health as to to how we plan that out but there are certain federal guidelines which have to be met which are not being met right now uh there are a whole lot of cms guidelines that need to be met uh to make sure that that we can live up to those standards but as you pointed out also in this legislation we're looking forward to to private investment but i must say that when it comes to incentivizing private investment we must be very aggressive the government needs to be very aggressive with with the benefits that are given to these private investors having been a pharmacy owner or retail pharmacy owner myself i can tell you that when it it comes to Medicare, Medicaid reimbursements, the margins are very, very, very, very, very small.

2:21:48 It is not a profitable business at all. And, you know, when it comes to our gross receipts taxes and excise taxes for importing supplies and medications and so forth, the cost of customs and excise brokerage, the cost of electricity, the cost of water, the cost of doing business here in the Virgin Islands, you know, we have to be extremely aggressive in giving great benefits to private investors who can come in here and help us to elevate our standards and therefore become CMS certified so we can experience the full benefits. So there's a lot to be said about this. I don't think we have enough time in this hearing, but at least we have begun the discussions and the dialogue and i appreciate that and you would and you would say that this bill now helps us move one step or a few steps hopefully toward that that vision correct oh absolutely absolutely it's well needed and with all of the amendments that were suggested today i think it'll be a really really great bill and uh a really fantastic step in the right direction but this is not something that we can just get signed into law and rest to the side you know we have a lot of work to do and the commission on aging where we all come together is a is a great place for us to continue the dialogue and to to continue advancing thank you and you also mentioned in addition that you would like to see definitions for small home nursing homes home and community-based services and person-centered planning could you please uh mr chair mary yes you may thank you so much mr jay um i wanted you to please elaborate a little bit more on that so that we are all of one mindset when it comes to what your suggestions are in those areas yeah so generally speaking studies have shown that people do much better

2:23:52 when they are in their home but if they cannot be in their own home they they do also very well if they're in a facility that is like a home so again the small home model we have a couple of them in st croix which do well but again they need help right and support toward becoming cms certified so that they can increase improve the quality of care and and

receive uh reimbursements from from cms which is medicare and and medicaid uh so we need to to look toward those models also which is a type of private investment you know so private investment could be either a larger facility or or smaller homes but but we have to incentivize that properly um i hope i've answered the question is there anything so that would create more more beds and it would create uh more options for our elderly for assisted living care services and then still in turn empower those smaller community-based h cbs entities to collect the medicaid medicare so that they're not reliant on just what is being paid by the resident so you're saying that we should couple them and include them in this provision right and also home care as well you know um we have a great home care service here in in continuum care but continuum care hospice they are stretched to to their limits um they also need some more support they are cms certified and they do a really really great job i've seen them in action but we need more and more of that so small homes home-based care in the individual's private or personal home as well as skilled nursing facilities and and larger private investment facilities so it has to be very comprehensive right there is no one bullet that can take care of all of this it has to be multifaceted well as we

2:26:11 continue to dialogue with the Department of Human Services we'll see what options are available to be able to do that but if if in fact you would like to put anything on the record I would encourage DHS to put something on the record with in response if not we can just move forward nothing to put on the record at this time okay very well mr. chair I want to thank you for the time and colleagues I would appreciate your consideration. Thank you. Thank you Senator Bolquez. Point of information, Senator Alma-Francis Hyland. Yes I have a burning question. Thank you. For me listening to this conversation it ultimately boils down to money. I understand that we're attempting to codify some of what is happening on a federal level but ultimately if we as a government, we're not putting the money where our mouth is. All of this sounds nice, but our people are not going to get the services they readily deserve. So for me, I'm still going to focus on the money part in trying to figure out what do we have to do for you so you could bill the federal government agencies so we could make more money. What do we have to do for you to make sure you have all the tools that you need to make sure that you're self-sustainable and in boiling down when it comes to money the question I want to ask are you guys we were talking about facilities earlier I don't know if anybody asked this but are you guys renting out facilities that could be of use that are currently not in use that that's money being expended i'm trying to see how we're utilizing dollars and cents to make sure it's being funneled in the right direction to guarantee that the services are provided

2:28:14 to the seniors in this territory good afternoon tasha phillips dorset assistant commissioner dhs if you're referencing if we're renting space for any of the the long-term nursing homes the The answer is no, we are not renting space. Those are government owned buildings that are being utilized. So everything under your purview right now is being occupied and that, is there anything that's being rented that is unoccupied, that everything is all set? Because I'm just trying to cut costs and figure out how to get more money directly to you guys by looking at everything from across the board.

2:28:56 There are other divisions within DHS that are renting space in the government, but not any that relates to the homes for the aged. Directly with you guys, okay. Thank you so much for that. Thank you, thank you, Senator Alma Francis Heiliger. Senator Clifford Joseph, you're recognized for your burning question. Thank you, Mr. Chair. To the Chair, I'd like for AARP, Mr. Director Schuster, to forward the amendments that he had, that in his testimony, he said he had some amendments. I didn't have a chance to see them, and I'd like to have a chance to see what these amendments look like.

2:29:41 Thank you, Mr. Chair. Thank you, Senator Joseph. Senator Blyden, you're recognized for your burning question. Media mic for Senator Blyde. Thank you so much, Mr. Chair. Let me get some clarification because I know State Director Schuster spoke to pivoting toward home and community-based care. I know I asked earlier to the Department of Human Services, AC Doorset, in respect to Medicaid. And I just stated, for the record, can you clarify, Medicaid is it's on behalf of the clients correct that's correct it's on behalf of the the beneficiary but if it's a person who's being cared for in their home by their family Medicaid also has the personal care attendant program or PCA program where a couple hours per week that person goes into the home a staffer goes in or a company goes into the home and assists the client and then on our senior citizens affairs program we have the homemakers program and someone can go into their home and provide light cleaning hair braiding light cooking those types of services so that's outside of the nursing home okay very well i know also um ag race spoke to um a system for um reporting violators of this proposed legislation um in terms of um funding do we need funding for to create a system or that can just be done based on policies and procedures

2:31:36 et cetera i think we would need some funding to help us draft um all of the the compliance documents etc i i don't think the the expertise is available right now with the current number of staffing that we have that that is not to say that we don't have experts on our team it's just very limited and we are stretched because we're all pulling triple and quadruple duties and that's why i asked earlier also in terms of training and certification for staff and how often etc that's why i asked that question also okay thank you for your responses mr chair thank you for the time thanks senator blyton um senator president potter you're recognized for your burning question i wanted to just ask just a final question about the

current state of elder care in the territory and are there documented problems that this this legislation addresses where where I see this legislation being useful is let's let's take for instance and this is just a hypothetical example there's no real case that this is related to or anything like that but if there was a an instance of harm coming to let's say a resident of Lucinda Millen home which is an assisted living facility if a report comes from Lucinda Millen it would more than likely be channeled to our adult protective services unit in the past Department of Human Services helped Lucinda Millen home by sending CNAs and LPNs to provide care for those residents who live there who technically should have been in a nursing home or a skilled nursing facility so I think with codifying the guidelines and ensuring that

2:33:48 that no client of an assisted living home is discriminated against or they're barred from the application being put through or if there's an issue with them with physical or emotional abuse, I think this piece of legislation would help to strengthen the process and to create more of a workflow or a business process that the reports could go through and be monitored timely and effectively. I'm not saying that our department does not currently manage and monitor these cases. What I'm saying is this strengthens and codifies it.

2:34:29 Understood, but are we seeing problems like the one you just sort of suggested that this bill would strengthen and would provide necessary safeguards? what are we seeing right now in the territory with regards to our nursing home? Are we seeing problems like that? I mean, I think in any residential home or even the hospitals, sometimes you could get reports to like your patient advocate or a family member that there may be something that they feel the entity or facility is not doing correctly for their loved one, and there should be an internal mechanism to report that. I am always of the mindset that if there is a problem with a resident of a facility, the first report should go to the facility leadership instead of the FBI, as mentioned earlier, or the courts or some other folks. You have to let the facility where your loved one is residing know if you feel a staff person or a policy is not serving the best interests of your loved one, especially if you're paying for them to be cared at that facility. So I think anything that would provide more of a process for a two-way communication on behalf of the resident is a good thing.

2:36:06 And I think that's why we at DHS are supportive of this measure. We don't state that, you know, everything is 100% perfect at our facilities. Nothing can ever be 100% perfect. And there's room for improvement and room for growth in this process. I ain't fishing for problems, you know. I'm not fishing, looking for problems. I just wanted to know, you know, if there was some entity, some database, or some records that would record, you know, the state of affairs when it comes to our nursing facilities. Are we getting complaints? How many, you know, that sort of thing. But that might be fine.

2:36:46 Our APS unit tracks that information and I believe in August, Senator Bulquez, the Elder Abuse Registry Bill maybe will come to the floor and that would be a more appropriate mechanism and venue to kind of dive more into that issue. Okay. Thank you. thank you commissioner thank you mr chair thank you mr president uh for that line of questioning do i do i hear amendment senator marvin blighton you're recognized for your amendment thank you mr chair mr shay offer amendment number 34-406 to bill number 36.0003 offered offered by Senator Angel L. Bullquist, Jr., bill number 36.0003, is amended as follows. A, section 1.

2:37:34 1. In internal section 4122, A, insert the following new subsection C. C, a facility may not condition admission on repayment or other financial guarantees for services covered under Medicaid or other public assistance programs. B, to redegignate subsections C through F as subsections D through G, and add the following subsections H, I, and G. H, for any item or service listed in subsection D. Motion, Senator Potter, you're recognized for your motion. Thank you very much, Mr. Chair. Mr. Chair, I move to waive the reading of the amendment.

2:38:19 I so move. MOTION TO REVE THE READING OF AMENDMENT TO BILL NUMBER 36003 HAS BEEN PROPERLY MADE BY SENATOR MILTON POTTER, SECONDED BY SENATOR ARMOR FRANCIS HEILIGER, SENATOR ANGEL BULKIS, AND SENATOR LORENZO FREDERICK, HEARING NO OBJECTIONS, SO ORDERED. MOTION, SENATOR MILTON POTTER, YOU ARE RECOGNIZED FOR YOUR MOTION. MARVIN BLIDEN, YOU ARE RECOGNIZED FOR YOUR MOTION. Thank you Mr. Chair. Mr. Chair, I move. I so move. So ordered. Motion. Motion. Senator Marvin Blyden, you're recognized for your motion. Thank you Mr. Chair.

2:39:05 Mr. Chair, I move bill number 36.0003 as amended an act amended Title 19 Virgin Announce Code relating to nursing homes and assisted living facilities by adding a new chapter by adding a new chapter 76 to establish the services that nursing homes and assisted nursing facilities are required to provide, establishing limitations on financial charges, requirements for visitation, and the rights of a residence. We properly voted on in this committee. I move to the Committee on Rules and Judiciary for further amendments and discussion I so move.

2:39:48 Bill number 36-0003 as amended has been properly moved by Senator Marvin Blyden, seconded by Senator Milton Potter, Senator Alma-Francis Heiliger, Senator Lorenzo Fedricks. Roll call. Senator Hubert L. Fedricks. Yes.

2:40:15 Senator Fedricks. Yes. Senator Marvin A. Blyden? Yes. Senator Blyden? Yes. Senator Ray Fonseca? Yes. Senator Fonseca? Yes. Senator Alma Francis Heiliger? Yes. Senator Francis Heiliger? Yes. Senator Kenneth L. Gittins? Yes. Absent. Senator Milton E. Potter? Yes. Senator Potter? Yes. Senator Kurt A. Verley? Absent. Mr. Chairman? Five. two absent thank you mr clerk bill number 36-0003 as amended an act amended title 19 virgin ounce code relating to nursing homes and assisted living facilities by adding a new chapter 76 to establish the services that nursing homes and assisted living facilities are required to provide establishing limitations on financial charges, requirements for visitation and the rights of a resident has been voted upon favourably by this Committee on Health Hospitals and Human Services and will be forwarded to the Committee on Rules and Judiciary for further review and action.

2:41:40 Point of personal privilege, Senator Bocas, you're recognized for your point of personal privilege. Thank you, Mr. Chair. Mr. Chair and colleagues, I want to thank you for your vote of confidence on the measure, Bill number 36-0003, and I assure you that I will circle back with the Department of Human Services, the Attorney General's Office, and AARP to assure that the amendments that were suggested and discussed here today along with other information that I've gathered be reflected in the subsequent amendment in the Committee of Rules and Judiciary. So I want to thank you again, colleagues, and of course, thank you to the testifying panel for all of your collaboration and work. Thank you, Mr. Chair. Thank you, Senator Bocas. At this time, we'll allow a 30-second close. We'll start with Attorney General Gordon Ray, then we'll go to Mr. Schuster from AARP, and then we'll finish with Tasha Dorsett-Philip of Human Services.

2:42:41 Attorney General, you may proceed. Thank you. Attorney General Gordon Ray, and I'll just be very brief. I'm very much in favor of this legislation. I think it will make a big difference, and I assure everyone here that the Justice Department will work both in helping to draft the bill in its final form and definitely in enforcing it. Thank you, A.G. Ray. Mr. Troy Schuster. Yes, good afternoon. Troy Desherber-Schuster, AARP in the Virgin Islands. Senators, thank you so very much for this opportunity to discuss this bill, and I'm so pleased that it has moved through this committee positively, and I look forward to all of the amendments suggested being added as it moves on to rules and judiciary and again this is just the beginning you know and it's a really really really great beginning and I look forward to to further discussions and even other bills other measures to to make this into something really really great and improve the long-term care for all of members of AARP and the entire older population of the Virgin Islands. So many of our people want to stay at home if it's not in their own home at least in the Virgin Islands and receive excellent long-term care and we can make that a reality. We just have to work together and and we can see great things for our people. So again thank you so much and at AARP we stand committed to working with this legislature and with the department of human services and the department of health as we we look toward great things for our people thanks so very much thank you mr troy

2:44:30 desherbert schuster and now we'll get the testimony from taisha phillips dorsett good afternoon again Senator Fonseca and bill sponsor Senator Boquez on behalf of my commissioner Avril E. George we appreciate that we appreciated the opportunity to testify on this meaningful measure anything that can strengthen guidelines and the ability of us to provide quality services to seniors in the territory is a positive. Again, we will do what we have to do and what we're mandated to do to ensure the success of this measure. Again, just keeping in mind that unfunded mandates are difficult for us to digest as an agency. And I would like to thank all of the hardworking men and women at the Department of Human Services the field of gerontology and elder care is not the most sexiest or glamorous field to work in but the people who choose to work in those fields are passionate they're hard-working they're caring and they just want to make life a little bit easier for that particular population so if you see any of our senior citizens affairs workers out there and our nurses and nursing staff at our Homes for the Age give them a kudos a thumbs up and a good job thank you thank you so just for the record no I got it right Phillips door set that's correct

2:46:19 thank you thank you so at this time on the testifiers are excused and the The Committee on Health, Hospitals and Human Services stands in recess for 20 minutes. Thank you.

3:22:56 Thank you. You

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

18x **Senator Ray Fonseca**
heard in this transcript as: Fonseca, Reeve Fonseca, Rick Fonseca

13x **Senator Marvin Blyden**
heard in this transcript as: Blyde, Blyden, Blyton, Marvin A. Blyden

10x **Senator Alma Francis-Heyliger**
the surname alone also matches: Alma Francis Heiliger
heard in this transcript as: Alma Francis Heiliger, Alma-Francis Heiliger, Frances Heiliger, Francis Heiliger, Heiliger

9x **Senator Milton E. Potter**
heard in this transcript as: Milton Potter, Potter

7x **Senator Angel L. Bolques, Jr.**
heard in this transcript as: Angel L. Bolques Jr., Angel L. Bolquez Jr., Angel L. Bulquez Jr., Balquez, Bolquez, Boquez

6x **Senator Angel L. Bulkes Jr**
heard in this transcript as: Bulkes, Bulkis, Bulkus

5x **Senator Clifford Joseph**

5x **Senator Hubert Frederick**
the surname alone also matches: Lorenzo Fedricks
heard in this transcript as: Fedricks, Fredericks, Hubert L. Fedricks, Lorenzo Frederick

4x **Senator Angel L. Bocas Jr**
heard in this transcript as: Bocas

4x **Senator Angel L. Bolkis Jr**
heard in this transcript as: Bolkis

4x **Senator Carla Joseph**
the surname alone also matches: Clifford Joseph; Karla J. Joseph
heard in this transcript as: Joseph

4x **Senator Kenneth L. Gittens**
heard in this transcript as: Gittins, Kenneth L. Gittins

4x **Senator Kurt A. Verley**
heard in this transcript as: Kurt E. Verley, Verley

2x **Senator Angel L. Borges Jr**
heard in this transcript as: Borges

2x **Senator Angel L. Bullquist Jr**
heard in this transcript as: Angel L. Bullquist Jr.

Bills and acts referred to

Matched by number against our own acts corpus. The number is what the recognition heard, so it may be wrong; where it resolved, the title is the one the Legislature gave the act.

Referred to but not found in our acts corpus: Bill 36-0003