

**REPORT TO THE TWENTY-EIGHTH LEGISLATURE**  
**STATE OF HAWAII**  
**2015**

**PURSUANT TO SECTION 349-5(b)(2), HAWAII REVISED STATUTES,  
REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN  
ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE  
GOVERNOR AND TO THE LEGISLATURE**

**Prepared by**  
**State of Hawaii**  
**Department of Health**  
**Executive Office on Aging**  
**December 2014**

## EXECUTIVE SUMMARY

In accordance with Section 349-5(b) (2), Hawaii Revised Statutes (HRS), the Executive Office on Aging (EOA) is submitting an annual evaluation report on elder programs.

In state fiscal year (SFY) 2014, EOA received 67%, or \$12,013,402, in appropriations from state funds and 33%, or \$5,804,612, in appropriations from federal funds for a total of \$17,818,054. EOA contracted with the County/Area Agencies on Aging (AAA) to procure, manage, and coordinate the delivery of elder and caregiver support services in their respective counties. Services were provided to an estimated statewide unduplicated total of 7,603 older adults and 1,697 family caregivers.

In September 2011, the United States Administration for Community Living/Administration on Aging approved the Hawaii State Plan on Aging for the period starting October 1, 2011 through September 30, 2015. This plan enables Hawaii to receive appropriations from the Older American Act of 1965, P.L. 89-73 as amended, which allows EOA to administer programs and services to ensure that the long-term supports and services of older adults, along with their caregivers, are met. The Hawaii State Plan on Aging also includes the use of state-funded programs and services, including Kupuna Care (KC). KC state funds provide one or more of nine core services for Hawaii's older adults in need of service supports: (1) adult day care, (2) attendant care, (3) case management, (4) chore help, (5) homemaker/housekeeping, (6) personal care, (7) assisted transportation, (8) KC transportation, and (9) home-delivered meals.

In SFY 2014, the one of priorities of EOA was the continuing development of the statewide Aging and Disability Resource Center (ADRC). With local operations based in the county government offices on aging, the ADRC's vision is:

*To serve residents of all incomes and ages in every community in Hawaii as the highly visible and trusted source of information on the full range of long-term support options and as the single point of entry for access to public long-term support programs and benefits.*

One of the services the ADRC provides is options counseling, a person-centered process whereby individuals, family members, and/or significant others receive support in developing a plan for addressing long-term services and supports needs that aligns with their preferences, strengths, values, and needs. ADRC options counselors: (1) conduct a person-centered interview to discover the individual's needs and concerns, (2) help

them identify and weigh available options, and make decisions, (3) assist in developing a person-centered plan detailing the individual's decisions, next steps, and long-term objectives, (4) if needed, assist the individual to connect with public and privately funded services, and (5) follow-up over time to ensure individuals are meeting their objectives and accessing desired services.

Other EOA initiatives include:

- Alzheimer's Disease and Related Dementias
- Healthy Aging Partnership (HAP)
- Lifespan Respite and Timebanking
- Participant Direction
- Community Living Program
- Veteran Directed Home and Community Based Services

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## **Part I. Background Information**

### **A. STATUTORY BASIS, MISSION, AND GOALS**

The mission of Title III of the Older Americans Act (OAA) of 1965, amended in 2006, is to promote the development and implementation of a comprehensive and coordinated state system that make it possible for older individuals to receive long-term supports and services in home or community-based settings. OAA prescribes that the system be developed through collaboration and that the services are coordinated and responsive to the needs and preferences of older individuals and their family caregivers.

The U.S. Administration on Community Living (ACL) of the U.S. Department of Health and Human Services is charged with implementing the statutory requirements of the OAA. To implement OAA, ACL works with the State Unit on Aging (SUA) of each state. OAA requires the states to designate a SUA to carry out the OAA mission.

Chapter 349, Hawaii Revised Statutes (HRS), created the Executive Office on Aging (EOA) and authorized EOA to carry out this mission in the State of Hawaii. Chapter 349, HRS, also created the Policy Advisory Board on Elderly Affairs (PABEA) to advise the Director of the EOA.

### **B. HAWAII STATE PLAN ON AGING**

In September 2011, the *Hawaii State Plan on Aging (October 1, 2011- September 30, 2015)* was approved by the U.S. Assistant Secretary on Aging, enabling Hawaii to receive federal fund awards. The Hawaii State Plan on Aging includes programs and services administered by EOA and funded by both federal and state funds. EOA contracts with the Area Agencies on Aging (AAA) to implement OAA's mission in their respective counties. Each AAA carries out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation. These functions are designed to lead to the development of comprehensive and coordinated community-based systems that will enable older individuals to lead independent, meaningful, and dignified lives in their own homes and communities as long as possible.

The current Hawaii State Plan on Aging has six major goals:

- 1) Empower older adults to stay healthy, active, and socially engaged, using prevention and disease self-management strategies.
- 2) Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services,

including supports for family caregivers.

- 3) Develop Hawaii's Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted source where all persons regardless of age, income, and disability can find information on the full range of long-term support options.
- 4) Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment.
- 5) Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
- 6) Ensure Hawaii's elders will be included in emergency and disaster planning at the state and local levels.

EOA is presently working on its plan for October 1, 2015 – September 30, 2019. The plan is tentatively scheduled to be submitted to ACL for review and approval in May 2015. EOA has established the following five goals for the period covered by the plan:

- 1) Maximize opportunities for seniors to age well, remain active, and enjoy quality lives while engaging in their communities.
- 2) Forge strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population.
- 3) Develop a statewide Aging and Disability Resource Center system for kupuna and their ohana to access and receive long-term support services (LTSS) information and resources within their respective counties.
- 4) Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.
- 5) Optimize the health, safety, and independence of Hawaii's older adults.

## Part II. State and Federal Funding

In SFY 2014, EOA's total operating budget, which was composed of state and federal funds, was \$17,818,054. Table 1 shows a comparative breakdown of EOA funding for SFY 2013 and SFY 2014 and Table 2 shows the distribution of state and federal funds to the AAAs in SFY 2014.

**Table 1 EOA's State and Federal Funding for SFY 2013 and SFY 2014**

| SOURCE                  | SFY 2013            | PERCENT     | SFY 2014            | PERCENT     |
|-------------------------|---------------------|-------------|---------------------|-------------|
| STATE                   | \$5,863,074         |             | \$8,083,402         |             |
| ACT 134 Supplemental    | \$6,649,832         |             | \$3,930,000         |             |
| STATE GRAND TOTAL (1+2) | \$12,512,919        | 67%         | \$12,013,402        | 67%         |
| FEDERAL                 | \$6,193,162         | 33%         | \$5,804,652         | 33%         |
| <b>Total</b>            | <b>\$18,706,081</b> | <b>100%</b> | <b>\$17,818,054</b> | <b>100%</b> |

**Table 2. Funds Allocated to Area Agencies for SFY 2014**

| AREA AGENCY                             | STATE <sup>1</sup> | FEDERAL <sup>2</sup> | TOTAL               |
|---|--------------------|----------------------|---------------------|
| Kauai Agency on Elderly Affairs (KAEA)  | \$822,948          | \$554,189            | \$1,377,137         |
| Honolulu Elderly Affairs Division (EAD) | \$4,352,670        | \$2,982,938          | \$7,335,608         |
| Maui County Office on Aging (MCOA)      | \$1,452,429        | \$732,207            | \$2,184,636         |
| Hawaii County Office on Aging (HCOA)    | \$1,621,428        | \$1,000,218          | \$2,621,746         |
| <b>Total</b>                            | <b>\$8,249,474</b> | <b>\$1,000,318</b>   | <b>\$13,519,126</b> |

<sup>1</sup> State funds for Kupuna Care, Elder Abuse, and Senior Centers

<sup>2</sup> Federal funds for Older American Act Funds Title III and Nutrition Service Utilization Program Funds

### **Part III: Services and Service Utilization**

EOA is responsible for administering state and federal funds for the purpose of providing services and supports to older adults that will enable them to live at home for as long as they choose. EOA receives funding from the state through Kupuna Care (KC) and federal funds through Title III of the Older Americans Act (OAA). This section describes the services these funds provide and the level of utilization in SFY 2014.

#### **A. KUPUNA CARE SERVICES**

The Hawaii State Legislature currently appropriates \$4,854,305 for KC in EOA's base budget. Allocation of KC funds is based on a funding formula that the AAAs agreed on in SFY 2010. The funding formula was a consensus process with specific rationales for the factors and weights, similar to the federal funding formula.

The following nine core home and community-based services, with the service unit in parentheses, are funding with KC dollars:

- *Adult Day Care* (1 hour): Provides supportive services for functionally impaired adults in a supervised, protective, and congregate setting during any part of a day, but less than 24 hours. Services that are offered in conjunction with adult day care might include social and recreational activities, training, counseling, meals, and personal care services.
- *Attendant Care* (1 hour): Provides non-professional stand-by companion assistance, watchful oversight or cues for older adults who are unable to perform independently, because of frailty or other disabling conditions.
- *Case Management* (1 hour): Provides assistance to clients, families, and/or caregivers to engage in a problem solving process of identifying needs, explore options and mobilize informal as well as formal supports to achieve the highest possible level of client independence.
- *Chore* (1 hour): Provides assistance to persons who are unable to perform heavy housework, yard work, or sidewalk maintenance; or for whom the performance of these chores may present a health or safety problem.
- *Homemaker/Housekeeper* (1 hour): Provides assistance to persons unable to perform one or more of the following instrumental activities of daily living (IADL): preparing meals, shopping for food and other personal items, managing money, using the telephone, doing housework, traveling, and taking medication.
- *Personal Care* (1 hour): Provides personal assistance, stand-by assistance, and watchful

oversight for older adults who are unable to perform one or more of the following personal care activities (activities of daily living-ADL), for example, eating, dressing, bathing, toileting, and transferring in and out of bed/chair and ambulating.

- *Assisted Transportation* (1 one way trip): Provides door-to-door transit service with assistance, including an escort for older persons who have physical or cognitive impairment that prevents them from using regular vehicular transportation services.
- *KC Transportation* (1 one way trip): Provides vehicular transportation from one location. There is no restriction on the type of vehicle. Air and water transportation could be included if the State and Area Agencies decide that this is appropriate. No other assistance is provided beyond the helpfulness of the driver.
- *Nutrition, Home Delivered Meals* (1 meal): Provides nourishing meals at the older adult's or the caregiver's home.
  - The meals comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture).
  - A meal provides a minimum of 33.33% of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.
  - Two meals delivered together provide a minimum of 66.67% of the current daily RDA. Although there is no requirement regarding the percentage of the current daily RDA that an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients.
  - Three meals delivered together provide 100% of the current daily RDA. Although there is no requirement regarding the percentage of the current daily RDA that an individual meal must provide, second and third meals shall be balanced and proportional in calories and nutrients.

## **B. TITLE III OLDER AMERICANS ACT SERVICES**

In addition to the KC services, older adults and caregivers are able to access needed services and supports through the OAA. Below are the types of services OAA funds support.

- *Family Caregiver Support Services*: the purpose of these services is to support and provide respite to family caregivers of older adults as well as to grandparents or older individuals, age 55 and over, who are caregivers to related children or to related individuals with a

disability. These services include counseling, support groups, training, respite care, and supplemental services.

- *Access Services:* The purpose of access services is to provide information about resources and to link older adults to needed resources or services in the community. These services include information and assistance (I&A), outreach, case management, and assisted transportation.
- *Home and Community-Based Services (HCBS):* The purpose of HCBS services is to help older adults remain in their home for as long as possible. These services include personal care, homemaker, adult day care, and chore.
- *Nutrition Services:* The nutrition services are intended to reduce hunger and food insecurity, and to provide an opportunity to older adults to socialize, receive nutrition education, and access other disease prevention and health promotion services.

### **C. SERVICE UTILIZATION**

This section provides the utilization numbers for the services KC and OAA funded services. Since the services funded by KC and OAA are similar, the utilization data are reported by services in tables. The data is provided to EOA by the AAAs. It should be noted that the data are estimates and are subject to the following limitations:

- Federally funded services, such as information and assistance and outreach, do not require registration of recipients. Many contacts occur anonymously through the telephone, making registration inappropriate. Without registration, it is not possible to have a reliable estimate of the unduplicated number of individuals who received services.
- Multiple services provided to one person may lead to an overestimation in the total number of persons served. For example, while a person is counted only once for a service, a person who receives multiple services may be counted multiple times; thus, duplicated counts are produced in the total number of persons served across services.
- A service may be funded by multiple sources. For example, home-delivered meals are funded by the State of Hawaii, OAA, the counties, private foundation or grants, and program income from participants. It is difficult to attribute service utilization data to a specific funding source or to distinguish which source of funds paid for which unit of service.
- The accuracy of any data is subject to the reliability of the data collection, tabulation, and inputting processes.

In SFY 2014, state and federal funds provided services to 7,603 older adults; 1,619 adult, informal family caregivers of older adults (age 60+); and 78 grandparents or individuals, age 55 years and older caring for a related child or children under age 18 or related individuals with a disability up to age 59. Below are tables for each service area with the persons served and units of services data for each service.

| <b>Family Caregiver Support Services</b> |  |                         |                |
|--|--|-------------------------|----------------|
| <b>SERVICES</b>                          | <b>PERSONS SERVED<br/>(Unduplicated Count)</b> | <b>UNITS OF SERVICE</b> | <b>MEASURE</b> |
| Counseling, Support Groups, Training     | 1,265  | 5,427                   | Sessions       |
| Respite Care                             | 302  | 20,200                  | Hours          |
| Supplemental Services*                   | 168  | 8,262                   | Requests       |

*\*Supplemental services include home modification, assistive technology, emergency response systems, incontinence supplies, legal assistance, transportation etc. not available through any other funding.*

| <b>Grandparents or relative caregiver Age 55+ Support Services</b> |  |                         |                |
|--|--|-------------------------|----------------|
| <b>SERVICES</b>  | <b>PERSONS SERVED<br/>(Unduplicated Count)</b> | <b>UNITS OF SERVICE</b> | <b>MEASURE</b> |
| Counseling, Support Groups, Training                               | 117  | 1,075                   | Sessions       |
| Respite Care   | 28   | 12                      | Hours          |
| Supplemental Services  | 5  | 16                      | Requests       |

| <b>Access Services</b>     |  |                         |                |
|----------------------------|--|-------------------------|----------------|
| <b>SERVICES</b>            | <b>PERSONS SERVED<br/>(Unduplicated Count)</b> | <b>UNITS OF SERVICE</b> | <b>MEASURE</b> |
| Information and Assistance | N/A  | 25,477                  | contacts       |
| Outreach                   | N/A  | 13,053                  | contacts       |
| Case Management            | 1,026  | 22,122                  | hours          |
| Assisted Transportation    | 134  | 3,530                   | one way trips  |

**Home and Community Based Services**

| <b>SERVICES</b> | <b>PERSONS SERVED</b><br>(Unduplicated Count) | <b>UNITS OF SERVICE</b> | <b>MEASURE</b> |
|-----------------|---|-------------------------|----------------|
| Personal Care   | 959   | 65,857                  | Hours          |
| Homemaker       | 483   | 11,537                  | Hours          |
| Adult Day Care  | 194   | 36,546                  | Hours          |
| Chore           | 359   | 3,095                   | Hours          |

**Nutrition Services**

| <b>SERVICES</b>      | <b>PERSONS SERVED</b><br>(Unduplicated Count) | <b>UNITS OF SERVICE</b> | <b>MEASURE</b> |
|----------------------|---|-------------------------|----------------|
| Home Delivered Meals | 2,726   | 383,232                 | Meals          |
| Congregate Meals     | 3,665   | 207,665                 | Meals          |

## Part IV: Programs and Special Initiatives

### A. PROGRAMS



#### 1. Aging and Disability Resource Centers

In SFY 2014, EOA's priority was the further development of the ADRC. The vision of the ADRC is to serve every community in Hawaii as the highly visible and trusted source for people of all incomes and ages to get information on the full range of long-term services and supports and a single point of entry for access to public long-term support programs and benefits. In 2011, Hawaii, through Executive Office on Aging, developed a Five-Year ADRC Plan to roll out ADRC operations sequentially in each county until full statewide operations are achieved in 2016.

In the last state fiscal year, the ADRC sites on Maui and Kauai have transformed their operations to the person-centered approach where each individual is assisted to design their own comprehensive support plan that may include public funding supports in addition to resources from family and community, private resources, and other informal supports. The support plan reflects the strengths, preferences and needs of the individual. The ADRCs use a standardized intake and assessment form that takes a holistic view of the individual.

In SFY 2014 the major accomplishments included:

- Ensured implementation and conducting business in Kauai County and tailored the assessment to be county specific to synchronize with their internal operations.
- Proven success in Maui county after two years of implementation of the business model, Maui County ADRC has documented a 400% increase in call volume to the ADRC for basic information and assistance to a completed assessments and support plans for individuals in need.
- Secured a Data administrator to assist the EOA and the AAAs as the ADRC sites in integrating our data system.
- Continued work with Hawaii County on implementing their plan to become a fully

functional ADRC.

- Started a process for review on how to best implement the lessons learned in other counties to assist the City and County of Honolulu in addressing their concerns in moving forward with ADRC.
- Conducted on site monitoring of Maui and Kauai to ensure that the business models are being implemented as planned.
- Continued discussions with the Spark M. Matsunaga Veterans Administration Medical Center (VAMC) to design the best approach to delivering Veteran-Directed Home and Community-Based Services (VD-HCBS), with the goal to sign a provider agreement and begin delivering VD-HCBS services to veterans referred and paid by the VAMC in the next fiscal year. Submitted the Readiness Review for Fiscal Management Services and Operational Activities to the Participant Direction Technical Assistance Center at Boston University and received approval.
- Partnered with the National Association of States United for Aging and Disabilities (NASUAD) and hosted the 2013 Hawaii HCBS Conference. Participants included federal, state, and local policymakers and those who administer, manage and deliver waiver and other HCBS programs. Presentations and workshops were provided by leaders from the U.S. Health and Human Services Administration, NASUAD, the National Association of Area Agencies on Aging, the National Council of Independent Living, and many others on national trends and innovations in aging and disability programs. (See more at: <http://www.nasuad.org/content/hcbs/hawaii#sthash.tyDayeLy.dpuf>.)

## **2. Legal Services**

The Legal Services Developer's (LSD) role is to work with the legal services providers in the provision of legal assistance programs for older adults in Hawaii. Additionally, the LSD is involved in networking with the Adult Protective Services division in developing collaborative working partnerships in the prevention of elder abuse and financial exploitation.

In SFY 2014, the LSD's major accomplishments include the following:

- Initiated a partnership with Adult Protective Services (APS) to visit assisted living facilities on Oahu to educate older adults about the prevalence of elder abuse and how to report an occurrence.

- Collaborated with NASUAD to plan an Elder Abuse Workshop on July 25, 2014 that focused on multidisciplinary teams for the AAAs and aging network providers.
- Joined the Hawaii Partnership Against Fraud (HPAF), which included representatives from the banking industry, law enforcement, APS, public access broadcasting, the Better Business Bureau, the Department of Commerce and Consumer Services, and the Attorney General's Office. The Legal Services Developer served as co-chair of community outreach logistics. HPAF launched a public awareness campaign to include paid advertising and collateral material. The group is working towards developing a multimedia educational campaign educating elders about the risks and protection guidelines.
- Interviewed Elder Abuse Coalition members across the country to learn about the effectiveness of different approaches preventing the abuse of older adults.
- Revised the print and web versions of the Elder Abuse Prevention resource guide.



### **3. Long Term Care Ombudsman Program (LTCOP)**

The Hawaii LTCOP started in 1975 as a federal demonstration project under the Older Americans Act of 1965 (OAA). As a result of its success here and in other states, in its 1978 re-authorization of the Older Americans Act, Congress mandated that every state have a LTCOP. As a result, the 1979 Hawaii Legislature amended Chapter 349, Hawaii Revised Statutes (HRS), authorizing the Executive Office on Aging (EOA) to carry out the duties and responsibilities of this program, without actually creating an Office. In 2007, the Legislature corrected this oversight and passed a bill to create the Office of the Long Term Care Ombudsman within EOA. The Office currently has three paid staff—the State Long Term Care Ombudsman, an Ombudsman Specialist, and a Volunteer Coordinator

Today there are more than 12,000 long term care residents residing in Hawaii’s licensed long term care nursing homes, adult residential care homes, expanded ARCHs, assisted living facilities, and community care foster family homes - all of whom fall under the jurisdiction of the LTCOP. The Administration on Community Living mandates that all these residents receive, at a minimum, quarterly visit by the LTCOP.

To accomplish this, the Long Term Care Ombudsman Volunteer Representative Program was established. This program utilizes trained, certified volunteers under the guidelines of state policy (Section 90-2, HRS) and the OAA to supplement the efforts of the LTCOP three paid staff. The volunteers function as representatives of the program through weekly advocacy visits with seniors residing in state-wide licensed or certified long term care settings to improve their quality of care and life. They also provide education regarding residents’ rights and protection from abuse and neglect.

In SFY 2014, the LTCOP’s major accomplishments included the following:

- *Filled staff vacancies.* We hired and trained the Ombudsman Specialist position and the Ombudsman Volunteer Coordinator position.
- *Supported the passage and implementation of HB120 (now Act 213, SLH 2013).* We testified on behalf of the Act, which provides more transparency, education, and

protection for our most vulnerable population and the public. The Act requires the Department of Health to put on its website the annual inspections of all long term care facilities, beginning July, 2015. The LTCOP serves on the Department of Health's working group to implement Act 213, SLH 2013, which is working with Community Ties of American, the providers, and other senior advocates.

- *Continued efforts to recruit and retain volunteer ombudsman.* Recruited 15 volunteer ombudsmen, increasing the total number of active volunteers to 24. The volunteers make weekly visits to facilities to meet, educate, and advocate for residents. Since its inception, the LTCO program has recruited, trained, and certified approximately 170 volunteers. We also met with the RSVP directors for Honolulu and Kauai in an effort to increase our recruitment numbers and we made improvements in our method of conducting volunteer criminal background checks. We continued facilitating Volunteer Monthly meetings on Kauai, Oahu and Hawaii (Hilo).
- *Achieved performance goals.* LTCOP visited all 49 nursing home and 13 assisted living facilities in the state and met the program goal of responding to cases within 72 hours of receiving the complaint in 100% of cases.



LOCAL HELP FOR PEOPLE WITH MEDICARE

## Hawaii SHIP

The Hawaii SHIP (State Health Insurance Assistance Program), formerly known as the Sage PLUS Program, is 100% funded by the Centers for Medicare and Medicaid Services. The program has two paid staff positions. The Hawaii SHIP staff and its statewide volunteer network of 68 volunteers, of whom 31 are certified counselors, provide counseling services to help members with Medicare, their families, caregivers, and professionals understand Medicare health insurance benefits. There are approximately 230,000 individuals with Medicare in Hawaii; approximately 88% of those individuals are over 65 years of age.

Information is provided regarding Medicare (Parts A, B, C, and D), "Medigap," Medicare Advantage, Medicaid, prescription drug assistance, long-term care insurance and financing, and advance health care directives. The certified volunteers also assist the clients in comparing health and drug plans, enrollment, appealing denied services, and referrals to other agencies when appropriate. Upon request, the volunteers conduct presentations to community organizations and other interested groups.

In SFY 2014, the Hawaii SHIP's major accomplishments include the following:

- *Outreach:*
  - Participated in 59 health fairs and outreach events in both rural and urban areas reaching 5,177 individuals, including three statewide conferences.
  - Participated in two television and 1 radio show.
  - Provided six articles about Medicare benefits and the Hawaii SHIP through Generations magazine with a circulation of 240,000.
- *Education and Training:*
  - Conducted 23 educational trainings for professional members in both rural and urban areas. The Hawaii SHIP also provided opportunities for education to consumers and professionals through 16 on-line webinars.
  - Provided 74 educational presentations that reached 4,167 individuals statewide.
  - Provided access to training and information through the dedicated website ([www.hawaiiiship.org](http://www.hawaiiiship.org)) and email to assist the community in access information and assistance.
  - Provided statewide annual reviews and certification training via webinar. Hawaii SHIP also trained new volunteers/partners for various roles with the program,

- including 4 new staff from Coordinated Services for the Elderly and 8 staff members from the Kauai Agency for Elderly Affairs and three new volunteers. Volunteers provided over 2,200 hours of service during this fiscal year.
- Provided technical support and assistance to over eighty agencies statewide.
- *Enrollment and Counseling:*
    - Assisted approximately 3,458 individuals via the Hawaii SHIP hotline in Hawaii, Alaska, the continental U.S., and American Samoa. The total time for counseling was over 2,300 hours and over 47 % on the contacts were 30-59 minutes in length. Thirty-three% were ages 64 and younger, 40% were ages 65-74, 15% were ages 75-84 and approximately 9% of individuals assisted were 85 years old or older.
    - Provided 63 dedicated Medicare enrollment events which assisted 673 individuals statewide.
  - Certified under The Alliance of Information and Referral Systems (AIRS) as a Certified Aging Specialist
  - *Collaborations:*
    - Ensured access in each county for face-to-face counseling through partnerships with the Social Security Administration, Molokai Drugs and the Aging Network.
    - Partnered with the Hawaii AARP Outreach team to provide educational events to employer groups. Also in partnership with AARP, the Hawaii SHIP provided community seminars “Getting Ready for Retirement” and an electronic Town Hall Meeting.
    - Partnered with Kaiser Permanente Health Plan, HMSA and Social Security Administration to provide retirement seminar to federal and other group employees.
    - Partnered with groups to provide outreach and information in rural areas including KTA and Molokai pharmacies, Hawaii County Coordinated Services for the Elderly, Kauai Agency for Elderly Affairs, Hana Health Center, and Na Pu’uwai Native Hawaiian Healthcare Systems.
    - Continued as a member of the National SHIP Steering Committee representative for CMS Regions 9 and 10; continued to work collaboratively to ensure a smooth transition of funding from CMS to ACL; and co-chair of the Communications and Volunteer sub-committees. Attended and participated in the annual Medicare Train the Trainer program in Scottsdale Arizona. The Hawaii SHIP also is a member of the Hawaii SMP Programs Advisory Committee.



#### **4. Senior Medical Patrol**

SMP Hawaii is one of 54 Senior Medicare Patrol (SMP) Projects in the United States. SMPs were established by Congress in 1997 to recruit, train, and certify retirees as volunteers to educate seniors to prevent Medicare fraud, waste, and abuse. SMP volunteers and the program's two paid staff conduct educational outreach throughout the state by disseminating information at community events, giving group presentations, and airing media messages. Volunteers and staff also provide one-on-one counseling when beneficiaries request assistance with Medicare billing errors and refer potential fraud cases to the appropriate authorities for investigation.

In SFY 2014, SMP Hawaii's major accomplishments include the following:

- *Provided 75 volunteers with 1,692 training hours.* These volunteers contributed 1,227 hours of work to SMP Hawaii and reached 9,764 persons. At \$22.16 an hour, the value of those uncompensated volunteer hours amounted to \$64,685 in 2013 dollars. [Source: 2013 State Values for Volunteer Time, [http://independentsector.org/volunteer\\_time](http://independentsector.org/volunteer_time).]
- *Provided 95 one-on-one counseling sessions.* This is a 38% increase over SFY2013.
- *Referred 6 Complex Issues to the Administration for Community Living (ACL) for further action that could potentially save Medicare and beneficiaries \$8,266.* ACL referred 2 of these cases to the Office of Inspector General for investigation.
- *Participated with WE a Hui For Health, a coalition of agencies whose purpose is to provide health screening and education to communities with limited access to health care.* SMP participated in 23 fairs on 4 islands to reach Native Hawaiians in underserved areas of the state.
- *Formed the Kupuna Alert Partners with the Narcotics Enforcement Division/Department of Public Safety, the Department of the Attorney General, and the Department of Commerce and Consumer Affairs.* SMP participated in 6 Kupuna

Alert Partners presentations on 4 islands to warn seniors about scams that target seniors.

- *Completed implementing the 174 policies that comprise the Volunteer Risk and Program Management program, developed by the ACL to manage risks in the SMP Program.* The policies are now incorporated in the SMP Hawaii volunteer orientation process, included in the SMP volunteer handbook, addressed during annual volunteer role feedback evaluations, and discussed at volunteer monthly meetings and trainings.
- *Implemented conferences to train on new strategies and to review accomplishments.* The objectives of these conferences are to strengthen volunteer retention, and to expand the volunteers' ability to provide counseling services by training them to use computer tools to help Medicare beneficiaries and their family members and caregivers find a Medicare provider, request a new Medicare card, and set up an account on MyMedicare.gov for 24/7 access to their claims history.
- *Established two new SMP Hawaii Drama Clubs.* The new clubs, which are on the islands of Maui and Hawaii, join the ones on Oahu and Kauai. The drama clubs perform skits to communicate our Medicare fraud prevention messages.
- *Redirected our outreach strategy to adjust to cognitive changes in residents in Assisted Living facilities.* Our outreach in Assisted Living facilities now stresses teaching active seniors, family members, and caregivers to read Medicare Summary Notices and set up an account on MyMedicare.gov to detect billing errors. Our previous outreach emphasized presentations and one-on-one counseling residents.
- *Developed a bulletin, LOOKING OUT FOR YOU, to address current issues of concern to seniors.* The bulletin is emailed to the administrators of Assisted Living facilities for dissemination to their residents. In SFY 2014, the bulletin discussed medical alert scams, robocalls, Health Insurance Marketplace scams, and telemarketing tactics to sell diabetes home-testing supplies.
- *Had 4,226 media airings.* This included an ad on 111 Oahu public transit buses for 1.25 months that reached an estimated 1.5 million riders a month or 1.875 million riders during the 37.5-day run.

## **B. SPECIAL INITIATIVES**

### **1. Alzheimer's Disease and Related Dementias (ADRD)**

EOA created Hawaii's first state plan on ADRD to develop the infrastructure necessary to build dementia-capable programs and services for the growing number of people in Hawaii with the disease and their family members and caregivers. According to the Alzheimer's Association, in 2014 there are approximately 25,000 people 65 years and older in Hawaii who have been diagnosed with Alzheimer's disease or another dementia. This number is expected to rise to 35,000 by 2025, a growth rate of 4%. These numbers do not include those with early onset Alzheimer's or other dementia, or those who are undiagnosed, the latter which is estimated nationally to be between 60% to 80% of all persons with Alzheimer's disease or other dementias.

More protracted and progressively debilitating, ADRD is expected to enormously strain our financial, health, and long-term care resources. People with ADRD are high users of hospital, nursing home, and other health and long-term supports and services, resulting in high costs to Medicare, Medicaid, and other payers. With the highest life expectancy of any state and an elderly growth rate that exceeds the national average, ADRD's impact in Hawaii is likely to be more profound.

In SFY2014, EOA's major accomplishments include the following:

- *Hired an ADRD coordinator.* The coordinator is responsible for convening meetings and overseeing the development and implementation of the state plan. The position is funded for one year.
- *Obtained input from ADRC stakeholders.* Conducted a key informant survey of community leaders and content expert interviews. Completed the inventory of Hawaii dementia-related research.
- *Educated service providers and caregivers for older adults.*
  - Arranged to have a day at the HCBS conference EOA co-sponsored with NASUAD devoted to the Hawaii State Plan on ADRD, with presentations by national dementia experts from the Alzheimer's Association and the Mayo Clinic.
  - Started a regular Dementia Coalition Newsletter featuring Hawaii, national, and international dementia-related news and announcements. The newsletter is being distributed to more than 400 stakeholders statewide, including family caregivers.
- *Completed the State Plan for ADRC.* Released the *Hawaii 2025: State Plan on*

*Alzheimer's Disease and Related Dementias* in December 2013. The plan has been uploaded to the Hawaii ADRC website and presented to organizations, such as the Hawaii Pacific Gerontological Society, Hawaii Association of Retired Americans and, Kupuna Caucus.

- *Secured funding.* Hawaii was 1 of 6 states to receive a \$50,000 opportunity grant from the National Association of Chronic Disease Directors to help implement the recommendations of the Hawaii State Plan. Partners in this grant award include State Health Planning and Development Agency, the Hawaii Public Health Institute, Alzheimer's Association – Aloha Chapter, the Pacific Islands Geriatric Education Center, and Hawaii Pacific Neuroscience.
- *Started to implement the state plan and expand public awareness on ADRD.* This will be a collaborative effort with the Alzheimer's Association—Aloha Chapter.
  - Established a partnership with Pacific Islands Geriatric Education Center for ongoing dementia-related trainings targeting healthcare professionals and caregivers, as part of the state plan recommendations for public and professional education. These trainings will be evaluated.
  - Began work on state plan to make Hawaii's ADRC dementia capable, increase the number of dementia capable attorneys, and improve access to services and support for Native Hawaiians living with dementia and their caregivers.
  - Co-sponsored and coordinated public presentations on Oahu on *The Art of Caregiving for Someone with Dementia and Hawaii Innovations in Coordinated Care for Dementia*. Partnerships were established for future public series on late stage dementia issues.
- *Initiated the collection of data on Alzheimer's Disease and other dementias in the state.* Worked with a national Alzheimer's Association consultant to assure that the cognitive decline and caregiving modules are included in the 2015 BRFSS Hawaii survey to gather information on the pervasiveness of cognitive impairment and the characteristics of caregiving in Hawaii.

## **2. Healthy Aging Partnership (HAP)**

In SFY 2014, the State Legislature granted EOA funds to provide evidence based interventions for older adults with chronic conditions under the Healthy Aging Partnership (HAP). Being a continuation program, EOA sought to continue to deliver *Better Choices Better Health* and *EnhanceFitness*.

*Better Choices, Better Health* is a nationally-acclaimed Chronic Disease Self-Management Program (CDSMP) that helps people with chronic diseases to better manage their symptoms and improve their overall health.

*Enhance Fitness* (EF) is a group exercise program that complements the Better Choices, Better Health workshops. Developed by the University of Washington, EF helps near-frail elders to improve their health status and reduce their use of health care services through structured exercise sessions of stretching, low impact aerobics and strength training.

In SFY 2014, HAPs major accomplishments included:

- *Continued efforts to increase and expand interventions.*
  - Increased participation in EP in Maui and Kauai. HAP increased the number of sites offering EF by 40% and the participation from individuals has increased accordingly.
  - Completed 2 CDSMP workshops.
  - Scheduled training workshops and coordinated with new providers specifically in Honolulu.
  - Coordinated efforts with Alu Like and the Department of Health to increase the delivery of BCBH workshops.
- *Participated in national and local conferences* such as the American Society on Aging and the Hawaii Pacific Gerontological Society.
- *Continued quality assurance initiatives.*
  - Continued to ensure that both programs are offered with high fidelity.
  - Surveyed participants to ensure satisfaction.

### **3. Lifespan Respite and Timebanking**

In July 2011, the Executive Office on Aging (EOA) received a three-year Lifespan Respite Care grant from the Administration on Aging (AoA)/Administration on Community Living (ACL), which it used to evaluate Hawaii's respite care system. The evaluation found that Hawaii's caregivers identify respite as their most needed service. Funding limitations and other barriers were preventing caregivers from accessing respite services. Faced with this

growing demand and limited monetary resources, policymakers and service providers have looked into alternative mechanisms for financing and delivering long-term supports and services (LTSS).

Timebanking is one such alternative method. Timebanking is a community empowerment approach whereby members provide services to other members to earn time dollars. These time dollars can be used to purchase services from other members, saved for future needs, or donated to other members who cannot earn their own time dollars. Timebanks have been developed nationally and internationally to address formal service gaps by mobilizing communities to pay for services through the exchange of time dollars. Although, It has not been widely considered as a public health intervention, timebanks have shown to improve quality of life outcomes across diverse communities, fill social service gaps, and support healthy aging by promoting active citizenship, community building, and social well-being.

Hawaii policymakers' interest in timebanking has been documented as early as 2005 when it appeared in Senate Bill 1021. In 2013, the Hawaii Twenty-Seventh Legislature passed House Concurrent Resolution 76 and Senate Resolution 77, which directed the EOA to conduct a feasibility study to explore timebanking as a sustainable alternative currency system to strengthen Hawaii's respite care system.

In SFY 2014, the Lifespan Respite Initiative's major accomplishments were:

- *Concluding the timebank feasibility study.* The report explored the feasibility of developing a timebank system in Hawaii's Aging Network to supplement formal LTSS and provide a source of community-based respite to caregivers. Among the study's recommendations were a timebanking system: (1) Using a broader definition of respite care that utilizes a family-focused framework, (2) targeting families whose social conditions puts their health at risk, and (3) integrating the partnerships of the LTSS providers of Hawaii's aging and disability networks into the Aging and Disability Resource Centers (ADRC) to increase the impact and utility of a respite-focused timebank. Currently, the Lifespan Respite Initiative is collaborating with community stakeholders to plan a timebank demonstration project through the Maui ADRC.
- *Securing additional grant funds from the Corporation for National and Community Services.* The funds enabled EOA to recruit AmeriCorps VISTA members to work on solutions to lift older adults, caregivers, and their families out of poverty. The VISTA members will continue to work to increase the capacity of the Lifespan Respite Initiative.

#### **4. Participant-Direction**

Participant-direction is a service model that empowers public program participants and their families by expanding their degree of choice and control over the long-term services and supports (LTSS) they need to live at home. Eligible participants who chose this model are provided the services of a coach and financial management services (FMS) at no cost. The coach and financial management services representative assist the participant, or their authorized representative, to develop a support and spending plan. Then the participant works to acquire the services and supports needed to assist them to remain in their home and avoid spend down to Medicaid.

EOA will continue offer older adults the participant-direction option for home and community services in SFY 2015. EOA will work with AAA and ADRC staff to make this option available to clients meeting certain eligibility criteria which may include targeting those who have high need, low support and are at risk of institutional placement. EOA will support those AAA/ADRC's desiring to bring the implementation of this service option in-house by either training staff to be assessors and/or coaches or contracting with a community-based agency or qualified individual to provide assessments for those interested in participant-directed services to determine their prioritization and provide program participants with coaching support. EOA anticipates this transition to begin early in the third quarter of FY2015.

Presently, EOA is using this service model in two programs: the Community Living Program (CLP) and the Veteran-Directed Home and Community-Based Services (VD-HCBS)

***a. Community Living Program***

CPL began with a 2009 discretionary grant from the U.S. Administration on Aging. The grant, matched by 25% in State Kupuna Care funds for direct services, allowed EOA to pilot participant-directed supports. EOA used the majority of federal grant funds to establish the infrastructure it needed to initiate a system change to carry out this new model. Twenty percent of the federal grant was dedicated to funding direct services in the form of participants' monthly budget amounts to purchase long-term supports and services (LTSS).

The pilot targeted persons living in Kauai, Maui, and Hawaii counties. ADRC staff identified qualified at-risk individuals. To qualify, the enrollees had to have at least 3 ADLS or a physician's diagnosis of ADRD, have limited income and assets but not Medicaid eligible, and were at-risk of placement in a nursing facility due to functional challenges.

Qualified at-risk residents could choose between traditional agency-directed services or participant-directed services. Eligible participants received monthly allotments between \$650 to \$800, depending on their physical limitation, which they could use to purchase supports such as employing personal assistance or purchasing goods that enabled them to live at home.

A total of 91 participants, ranging in age from 50 to 98, enrolled in the pilot between

December 19, 2011 and February 28, 2013. By the end of the pilot, 68 participants were still enrolled and receiving funds to assist in their LTSS needs – 31 in Hawaii County, 7 in Kauai County, and 30 in Maui County (Lanai – 3, Maui – 9, Molokai – 18).

An evaluation by the University of Hawai'i at Manoa found the CLP program had met all of the goals set out in the grant application including preventing spend down to Medicaid and premature institutionalization for at least 80% of those ever enrolled. The program's success encouraged EOA to embed it into the array of service options available to Hawaii's older adults through its ADRC, especially to those living in areas where traditional service opportunities are unavailable or limited.

Presently, only Kauai and Maui counties continue to offer the participant-direction option to qualified participants. Kauai continued to maintain 5 enrolled participants while Maui maintains 17, including 1 new participant. Maui also has begun discussions on how they would target the program to those of highest need and at risk of institutional placement. Hawaii County initially chose to dis-enroll their program participants, and then re-enrolled 18 briefly for an additional 3 months from July 1 to September 30, 2013.

***b. Veteran-Directed Home and Community-Based Service (VD-HCBS)***

To prepare for continuing participant-directed services beyond September 30, 2013, EOA issued an RFI to solicit comments on how it could expand this service option not only to older adults but veterans of any age. EOA issued an RFP for fiscal management services for CLP and the veteran-directed program it is developing. A contract has been awarded the contract to Acumen Fiscal Services, the provider for the pilot. Acumen, which has been providing fiscal management service assisting to current and new participants in CLP, will be providing similar assistance to veterans when the VD-HCBS program becomes operational, which we anticipate will be in the 3rd quarter of the State FY2015.

EOA will also issue an RFP for Assessor services for both programs in September 2015 with another for coaching services shortly thereafter.

## Part V. Contact Information for the Hawaii State Aging Network

For information and assistance on elder and caregiver services in your local area, please refer to the Aging and Disability Resource Center or contact your Area Agencies on Aging. All contact information for the Aging and Disability Resource Center, Executive Office on Aging and the Area Agencies on Aging are listed below.

**Aging & Disability Resource Center (ADRC)**  
**Ph: 643-2372**  
**(TTY) 643-0889**  
**Website: [www.HawaiiADRC.org](http://www.HawaiiADRC.org)**

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| <p><b><u>Executive Office on Aging</u></b></p> <p style="text-align: center;">No. 1 Capitol District<br/>                 250 So. Hotel Street, Suite 406<br/>                 Honolulu, HI 96783-2831<br/>                 Ph: (808) 586-0100</p> <p style="text-align: center;">Email: <a href="mailto:eoahawaii@doh.hawaii.gov">eoahawaii@doh.hawaii.gov</a><br/>                 Website: <a href="http://www.hawaii.gov/health/eoa/">www.hawaii.gov/health/eoa/</a></p> <p style="text-align: center;"><b>LTCO</b> Ph: (808) 586-0100</p> <p style="text-align: center;"><b>Sage PLUS</b> Ph: (808) 586-7299<br/>                 Toll Free: 1- 888-875-9229</p> <p style="text-align: center;"><b>SMP HAWAII</b> (808) 586-7281<br/>                 Toll Free: 1-800-296-9422</p> | <p><b><u>Kauai Agency on Elderly Affairs</u></b></p> <p style="text-align: center;">4444 Rice Street, Suite 330<br/>                 Lihue, Hawaii 96766<br/>                 Ph: (808) 241-4470</p> <p style="text-align: center;">Email: <a href="mailto:elderlyaffairs@kauai.gov">elderlyaffairs@kauai.gov</a><br/>                 Website: <a href="http://www.kauai.gov">www.kauai.gov</a></p><br><p><b><u>Honolulu Elderly Affairs Division</u></b></p> <p style="text-align: center;">715 South King Street, Suite 200<br/>                 Honolulu, HI 96813<br/>                 Ph: (808) 768-7700</p> <p style="text-align: center;">Email: <a href="mailto:information@elderlyaffairs.com">information@elderlyaffairs.com</a><br/>                 Website: <a href="http://www.elderlyaffairs.com">www.elderlyaffairs.com</a></p> | <p><b><u>Maui County Office on Aging</u></b></p> <p style="text-align: center;">2200 Main Street, Suite 547<br/>                 Wailuku, Maui 96793<br/>                 Ph: (808) 270-7774</p> <p style="text-align: center;">Email: <a href="mailto:aging@mauicounty.gov">aging@mauicounty.gov</a><br/>                 Website: <a href="http://www.mauicounty.gov">www.mauicounty.gov</a></p><br><p><b><u>Hawaii County Office of Aging</u></b></p> <p style="text-align: center;">101 Aupuni Street, #342<br/>                 Hilo, Hawaii 96720<br/>                 Ph: (808) 961-8600</p> <p style="text-align: center;">Email: <a href="mailto:hcoa@hawaiiantel.net">hcoa@hawaiiantel.net</a></p> <p style="text-align: center;">KONA</p> <p style="text-align: center;">75-5706 Kuakini Highway, #106<br/>                 Kailua-Kona, HI 96740<br/>                 Ph: (808) 327-3597</p> <p style="text-align: center;">Website: <a href="http://www.hcoahawaii.org">www.hcoahawaii.org</a></p> |
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E Loa Ke Ola  
May Life Be Long

Aloha and interdependence, a blend of Polynesian, Oriental, and Western Cultures – this is the visual message of the logo used by the Executive Office on Aging. The logo was created for and adopted by the Hawaii State Commission on Aging in 1974. In 1977, the Executive Office on Aging replaced the Hawaii Commission on Aging.

The traditional Chinese ideograph for longevity translates, “The scholar struggles with his long hand continuously so that there will be food to feed every inch of his mouth.” Scholar-artist Hon-Chew Hee styled the Chinese characters for longevity to create a Hawaiian petroglyph symbol which expresses Mary Kawena Pukui’s translation of the Hawaiian words E LOA KE OLA – “May Life Be Long.” The logo shows the family working together to “feed every inch of the mouth.” The father of the family is depicted as tilling the land, while the mother is catching fish under water, and their son is spearing animals.

The expression of aging, island style, is a natural and welcome process with deep, joyous meaning to individuals and their families and communities. The logo symbolizes the desire of the people of Hawaii to be blessed with long and fulfilling lives.