

**REPORT TO THE TWENTY-EIGHTH LEGISLATURE  
STATE OF HAWAII  
2016**

**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 THE LEGISLATURE**



*"E Loa Ke Ola"  
May Life Be Long*

**Prepared by  
Executive Office on Aging  
Department of Health  
State of Hawaii  
December 2015**

## EXECUTIVE SUMMARY

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

State fiscal year (SFY) 2015 (July 1, 2014 to June 30, 2015) was the last year of the 4-year Hawaii State Plan on Aging. During the year, EOA developed the new 2-year Plan (October 1, 2015 – September 30, 2017) which was subsequently approved by the Governor and the Administration on Community Living. With the change in State leadership, the fiscal year also saw the departure of the EOA Director in December 2014 and the appointment of a new EOA Director in February 2015. A reorganizational plan to streamline the staffing and functions of the EOA was also approved in June 2015.

In SFY 2015, EOA received \$13,675,402 (70%) in appropriations from state funds and \$7,204,667 (34%) in appropriations from federal funds for a total of \$20,880,014. 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. State funds supported Kupuna Care core services which included the following: adult day care, attendant care, case management, chore, homemaker/housekeeping, personal care, assisted transportation, KC transportation, and home-delivered meals. Federal funds supported family caregiver support services, access services, home and community-based services, and nutrition services. Services were provided to an estimated statewide unduplicated total of 7,294 older adults and 1,494 family caregivers.

EOA continued to focus on the development of the statewide Aging and Disability Resource Center (ADRC) as its top priority during the year. It worked with Maui and Kauai counties to transform their operations to the person-centered approach where each individual is assisted to design their own comprehensive support plan that may include publicly funded supports in addition to resources from family, community, private resources, and other informal supports. It integrated the City and County of Honolulu – Elderly Affairs Division’s data into the statewide consolidated MIS database, and worked with Hawaii County in incorporating their data into consolidation and in making their site fully functional. EOA also received the federal No Wrong Door Planning Grant, to expand and strengthen the work and partnerships developed through the ADRC systems change.

In addition to other programs such as the Long Term Care Ombudsman Program, Hawaii SHIP, and Senior Medicare Patrol, EOA continued to undertake, or initiated, special initiatives such as Alzheimer’s Disease and Related Dementia, Healthy Aging Partnership, Participant Direction (Community Living Program and Veteran-Directed Home and Community-Based Program), Tailored Caregiver Assessment and Referral (TCARE) Pilot, and the Language Access Plan. It closed out the Lifetime Respite Care Program and TimeBanking Project at the end of the fiscal year.

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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**

Hawaii's State Plan on Aging (2011-2015) ended on September 30, 2015. The Plan included programs and services administered by EOA and funded by both federal and state funds. EOA contracts with Area Agencies on Aging (AAA) to implement OAA's mission in their respective countries. Each AAA carries out a wide range of functions related to advocacy, planning, coordination, interagency 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.

In SFY 2015, EOA continued to address the goals of the 2011-2015 State Plan on Aging, namely:

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.

#### C. EOA Reorganization

In FY 2015, a reorganizational plan was submitted to streamline the staffing of the EOA. The plan, which reorganized the office into several functional units and redefined the functions of some positions, was approved by the Department of Health in June. Currently, the job descriptions of the various positions are being finalized.

## Part II. State and Federal Funding

In SFY 2015, EOA's total operating budget, which was composed of state and federal funds, was \$20,880,014.00. Table 1 shows a comparative breakdown of EOA funding for SFY 2014 and SFY 2015, and Table 2 shows the distribution of state and federal funds to the AAAs in SFY 2015.

**Table 1. EOA's State and Federal Funding for SFY 2014 and SFY 2015**

SOURCE	SFY 2014	PERCENT	SFY 2015	PERCENT
STATE	\$ 8,083,402		\$ 7,651,402	
ACT 119 Supplemental	\$ 3,930,000		\$ 6,023,945	
STATE GRAND TOTAL (1+2)	\$12,013,402	67%	\$13,675,347	66%
FEDERAL	\$ 5,804,652	33%	\$ 7,204,667	34%
Total	\$17,818,054	100%	\$20,880,014	100%

**Table 2. Funds Allocated to Area Agencies for SFY 2016 and SFY 2017**

AREA AGENCY	STATE <sup>1</sup>	FEDERAL <sup>2</sup>	TOTAL
Kauai Agency on Elderly Affairs (KAEA)	\$ 1,062,813	\$ 586,309	\$ 1,649,122
Honolulu Elderly Affairs Division (EAD)	\$ 5,709,438	\$ 3,159,766	\$ 8,869,204
Maui County Office on Aging (MCOA)	\$ 2,131,547	\$ 875,972	\$ 3,007,519
Hawaii County Office on Aging (HCOA)	\$ 1,594,979	\$ 1,084,425	\$ 2,679,404
Total	\$10,498,777	\$ 5,706,472	\$16,205,249

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

<sup>2</sup> Federal funds for Older Americans 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 2015.

#### 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 funded 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) such as 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 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 2015, State and federal funds provided services to 7,294 older adults; 1,420 adult, informal family caregivers of older adults (age 60+); and 74 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.

**Family Caregiver Support Services**

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	1,187	6,834	Sessions
Respite Care	227	17,002	Hours
Supplemental Services*	69	8,147	Requests

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

**Grandparents or Relative Caregiver Age 55+ Support Services**

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	55	1,899	Sessions
Respite Care	12	48	Hours
Supplemental Services	7	26	Requests

**Access Services**

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Information and Assistance	N/A	19,329	Contacts
Outreach	N/A	9,906	Contacts
Case Management	1,172	21,380	Hours
Assisted Transportation	116	3,895	One way trips

### Home and Community Based Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Personal Care	977	64,157	Hours
Homemaker	520	12,018	Hours
Adult Day Care	202	44,325	Hours
Chore	38	268	Hours

### Nutrition Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Home Delivered Meals	2,654	342,270	Meals
Congregate Meals	3,281	205,871	Meals

## **Part IV: Programs and Special Initiatives**

EOA offered the following programs and special initiatives during FY 2015:

### **A. Programs**

#### **1. Aging and Disability Resource Centers**

In SFY 2015, EOA's priority was the further development of the Aging and Disability Resource Centers (ADRC). The vision of the ADRC is to serve, every community in Hawaii, as the highly visible and trusted source for people of all ages to get information on the full range of long-term support programs and benefits. In 2011, Hawaii, through the Executive Office on Aging, developed a 5-Year ADRC Plan to roll out the 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 continued to transform their operations to the person-centered approach where each individual is assisted to design their own comprehensive support plan that may include publicly funded supports in addition to resources from family, 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, assessment and support plan form that takes a holistic view of the individual.

In SFY 2015 the major accomplishments included:

- Proven success in Maui and Kauai County after being fully operational and implementing the ADRC business model. Maui County ADRC has documented a 400% increase in call volume to the ADRC for basic information and assistance, and has also seen an increase in the number of assessments and support plans completed for individuals in need of long term services and supports.
- In December 2014, received and approved Honolulu County's ADRC Operational Model and Implementation Plan, with the start date of a fully functional ADRC on July 1, 2015. During the remainder of SFY 2015, EOA worked closely with Honolulu County during the planning and implementation stages. EOA tailored the operational model and assessment to be county specific to synchronize with their internal operations.
- Partnered with Honolulu County in conducting three ADRC Talk Story sessions, to educate the Oahu community about the ADRC and the transition to becoming fully functional.
- Continued work with a contracted Data Systems Administrator in the development of the statewide Management Information System (MIS), to enhance, improve and incorporate the use of the MIS into the ADRC business

operations to increase efficiency and effectiveness.

- In April 2015, integrated the City and County of Honolulu – Elderly Affairs Division’s data into the statewide consolidated MIS database. The statewide consolidated MIS database consists of Maui, Kauai and Oahu. EOA will continue to work with Hawaii County to incorporate their data into consolidation.
- Continued work with Hawaii County on implementing their plan to become a fully functional ADRC, as defined by the Administration for Community Living.
- Favorably solicited a federal award, the No Wrong Door Planning Grant, to expand and strengthen the work and partnerships developed through the ADRC systems change.

## 2. Long Term Care Ombudsman Program

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, Congress, in its 1978 re-authorization of the Older Americans Act, mandated that every state have a LTCOP.

The Hawaii Legislature responded by amending HRS Chapter 349 in 1979 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 is comprised of two staff positions –the Long Term Care Ombudsman and a Volunteer Coordinator.

The Administration on Community Living recommends that all long term care residents receive, at a minimum, a quarterly visit by the LTCOP. With a program staff of two, this is very difficult to accomplish, henceforth the need for volunteers.

The Long Term Care Ombudsman Volunteer Representative Program is a component of the LTCOP. The program utilizes trained, certified volunteers under the guidelines of state policy (HRS Chapter 90) and the OAA. The volunteers function as “representatives” of the Program by making visits to seniors residing in state-wide licensed or certified long term care settings – to provide advocacy, improve the residents’ quality of care and life, respond to, investigate and resolve their complaints, and provide friendly visits. They also provide education regarding residents’ rights and protection from abuse and neglect.

There are approximately 12,106 long term care residents residing in Hawaii’s licensed long term care nursing homes, adult residential care homes (ARCHs), expanded ARCHs, assisted living facilities (AL), and community care foster family homes (CCFFHs).

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

- Focus was spent on rebuilding our volunteer base. The program had a total of 14 volunteers, each of whom was assigned a specific facility. Volunteers are asked to visit their facilities weekly for 2 to 4 hours and meet monthly for 3 hours with the LTCOP staff. That averages out to 3,885 hours per volunteer with an approximate total of 54,432 hours donated to the State.
- The Independent Sector in Washington, D.C. estimates the value of a volunteer hour is \$22.55. Using that figure, our volunteers donated \$1,227,441.60 to Hawaii.
- With both staff and volunteers, we opened and closed 75 cases and were able to visit all 48 nursing homes and all 13 assisted living facilities at least once a quarter, per federal recommendation.
- Due to limited resources, the smaller adult residential care homes and community care foster family homes were only visited when a complaint and investigation required it.
- We also met our Program goal of responding to cases within 72 hours of receiving the complaint in 100% of cases.

In an effort to reduce some of the Program's travel costs to the neighbor islands, Webex was utilized for monthly volunteer meetings. This allowed volunteers to get the same information at the same time and to participate in the meetings from home.

LTCOP provided information to the Department of Health's survey team for all 48 nursing home annual inspections.

Staff were guest speakers at meetings of several organizations and interviewed several times by "Civil Beat" and the "Honolulu Star Advertiser." A feature story was done on LTCOP by reporter Vicki Viotti. We also appeared on the "Na Leo" TV show on Hawaii County with host Kimo Alameda and also an interview for Oklahoma social worker Cynthia Moore. Staff participated in various webinars, attended several local and national conferences and workshops, and continued to serve on the boards, task forces and committees of several organizations.

We visited every legislator's office (as well as the Governor's and Lieutenant Governor's offices) for the opening of the Legislature to introduce the LTCOP to new legislators and their staff. Regarding legislation, our focus this year was working with the media and senior advocates to encourage the Department of Health to follow through on Act 213 (signed by Governor Abercrombie in 2013) which requires that all long term care facility inspections be posted on the Department of Health's website.

We unsuccessfully applied for an Administration on Aging/Administration on Community Life federal grant on Emergency Preparedness. Despite not being selected, staff worked with the National Ombudsman Resource Center on the role of the

ombudsman during an emergency or natural disaster. LTCOP has collaborated on Emergency Preparedness with the Department of Health's Disease Outbreak Control Division and Public Health Preparedness Branch, the Department of Health's Disability and Communication Access Board, and the Healthcare Association of Hawaii. Efforts are underway to address language access issues that impact long term care residents.

Finally, we have been meetings with community leaders and senior advocates on developing more long term care options for the folks living on the island of Lanai. Currently there is only one nursing home with 10 beds on the island and those beds are always full.

### 3. Hawaii SHIP

The Hawaii SHIP (State Health Insurance 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 64 volunteers, of whom 28 are certified counselors, provide counseling services to help members with Medicare, their families, caregivers, and professionals understand Medicare health insurance benefits. There are approximately 247,000 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 2015, the Hawaii SHIP's major accomplishments included the following:

- *Outreach*
  - The SHIP participated in 38 health fairs and outreach events in both rural and urban areas reaching over 5,600 individuals.
  - Participated in one statewide radio show and filmed a segment for the Kupuna Show on Medicare Advantage programs in Hawaii.
  - The Hawaii SHIP provided answers on Medicare questions to the nationally published "Ask Phil, the Medicare Maven" by Philip Moeller on PBS Newshour.
- *Education and Training*
  - In FY2015 the Hawaii SHIP provided 21 in-person trainings for professionals assisting Medicare members and 11 webinars.
  - Provided 38 educational events to consumers statewide including 16 statewide webinars/webcasts.

- To continue to ensure a well-trained counseling group we held 47 trainings to our volunteers and partners statewide. The SHIP continued to provide individual training to new volunteers and partners in various roles with the program.
  - Volunteers and partners provided over 4,700 hours of service during the fiscal year.
  - Provided technical support, during a difficult open enrollment, to over 85 agencies statewide.
  - Provided access to the community to information through our dedicated website.
  - Staff Certified under the Alliance of Information and Referral Systems (AIRS) as a Certified Aging/Disability Specialist.
- *Enrollment and Counseling*
    - The Hawaii SHIP assisted approximately 4,000 individuals throughout Hawaii, Guam, Alaska and the 48 contiguous states. 41% of the individuals were ages 65-74, 28% were under the age of 65, 19% were 75-84 years of age and 12% were 85 years or older. The majority of the counseling sessions (68%) were 30-59 minutes long, 20% were 60 minutes or longer, 10% were 10-29 minutes and 2% of the counseling calls were less than 10 minutes.
    - The Hawaii SHIP provided 46 dedicated enrollment events this fiscal year.
- *Collaborations*
    - The Hawaii SHIP continues to collaborate with partners to ensure that there is access in each county for face to face counseling opportunities. These partners include the Social Security Administration, Hawaii's Aging Network partners, the Hui No Ke Ola Pono of Maui, and Cameron Center.
    - Educational partners include AARP, Social Security Administration, Aloha Care, Humana Health Plan, Kaiser Permanente Health Plans, HMSA, Ohana Health Plan, UnitedHealthCare, and the University of Hawaii.
    - Our rural partners include KTA and Molokai Pharmacies, Hawaii County Coordinated, Kauai Agency for Elderly Affairs, Hana Health Center, and Na Pu'uwai Native Hawaiian Healthcare.
    - SHIP staff participated in the SMP National Conference held in Washington DC and the annual Medicare National Training Program (formerly called Train the Trainer). The SHIP continues to be a member of the Hawaii SageWatch Advisory Committee.

#### 4. Senior Medicare Patrol

SMP Hawaii is one of 54 Senior Medicare Patrol (SMP) Projects in a program 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 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 2015, SMP Hawaii's major accomplishments included the following:

- Provided 80 volunteers with 1,705 training hours, who then contributed 1,258 work hours and reached 8,251 persons through 214 outreach events and one-on-one counseling sessions. At \$23.14 an hour, the value of those uncompensated volunteer hours amounted to \$68,564. [Source: 2014 State Values for Volunteer Time, [https://www.independentsector.org/volunteer\\_time](https://www.independentsector.org/volunteer_time)]
- 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, particularly Native Hawaiians, Pacific Islanders, and low-income residents.
- Continued our partnership with the Narcotics Enforcement Division/Department of Public Safety, the Department of the Attorney General, and the Department of Commerce and Consumer Affairs, as the Kupuna Alert Partners, and gave 12 presentations on Oahu and Hawaii Island about scams that target seniors.
- Referred 4 beneficiary complaints to the Administration for Community Living for further action, involving \$7,205 in potential savings to Medicare and beneficiaries.
- Continued to implement the 174 policies that comprise the Volunteer Risk and Program Management program developed by the Administration for Community Living to manage risks in the Senior Medicare Patrol Program.
- Incorporated the policies into the SMP Hawaii volunteer orientation process, stated the policies in the SMP volunteer handbook, addressed the policies during annual volunteer role feedback evaluations, and discussed the policies at monthly volunteer meetings and trainings.
- Implemented the annual SMP volunteer recognition and training conference to acknowledge the contributions of SMP Hawaii volunteers and affirm the important role they perform in empowering seniors to prevent health care fraud, as obligated under HRS Chapter 90 State Policy Concerning the Utilization of Volunteer Services.
- Enhanced our SMP Hawaii website at <http://smphawaii.org> to expand online access to SMP educational resources, increase accessibility to persons with

disabilities and limited English proficiency, and streamline volunteer application, training, and reporting.

- Partnered with the State Library for the Blind and Physically Handicapped to produce braille translations and audiotapes of key SMP Hawaii educational resources and posted them on the SMP Hawaii website.
- Produced a new brochure for educational outreach, “Check Your Medical Statement,” and submitted it to the SMP Resource Center to be available to all SMP projects for replication.
- Changed SMP Hawaii’s bulletin, LOOKING OUT FOR YOU, from an intermittent to a monthly publication and addressed issues of concern to seniors, such as identity theft, tax scams, hacking into patient records, wasteful spending on medical supplies, Medicare Open Enrollment scams, and flu-related scams.
- Collaborated with county mass transit agencies to carry SMP Hawaii bus posters on 54 county buses on Kauai, Maui and Hawaii and LOOKING OUT FOR YOU bulletins on 85 buses on Kauai and Hawaii.
- Organized the Medicare Fraud Forum on September 3, 2014 for Oahu-based staff and volunteers from SMP Hawaii, the Long Term Care Ombudsman Program and the State Health Insurance Assistance Program, members of SMP Hawaii’s Advisory Council, and our partners in the Kupuna Alert Partners coalition. Special Agent in Charge Glenn Ferry from the Office of Inspector General/U.S. Department of Health and Human Services-Southern California, was the featured speaker. The forum included speakers representing the Office of Inspector General/U.S. Department of Health and Human Services-Southern California, U.S. Attorney/Honolulu office, Centers for Medicare and Medicaid Services/Pacific Area, Medicaid Fraud Control Unit/State of Hawaii Department of the Attorney General, Insurance Division/State Department of Commerce and Consumer Affairs, and the U.S. Postal Inspection Service. The forum was an opportunity for government agents to hear the concerns of volunteers in the field. For the volunteers, the forum was a chance to hear national and local perspectives on Medicare fraud and to receive affirmation of their important role as “boots on the ground.”
- Developed a database for outreach to offer SMP services to assisted living facilities, senior housing, senior centers, senior clubs, congregate dining sites and unions.

## **B. Special Initiatives**

### **1. Alzheimer’s Disease and Related Dementia (ADRD)**

According to the 2015 Alzheimer’s Association Facts & Figures, Hawaii has 26,000 people with ADRD aged 65 and over. This will grow to 35,000 by 2025, an increase of

34.6%. These figures do not include those who are undiagnosed or younger than 65. As many as half of those who meet the diagnostic criteria for ADRD have not received a diagnosis from a physician (Boustani, Peterson, Hanson, Harris & Lohr, 2003, *Screening for dementia in primary care: a summary of evidence for the U.S. Preventive Services Task Force*. Annals of Internal Medicine).

In 2014 there were 65,000 dementia caregivers in Hawaii, delivering 73 million hours of unpaid care, at a total value of \$895 million.

In SFY 2015, EOA contracted to coordinate *Hawaii 2025: State Plan on Alzheimer's Disease & Related Dementias*, which was released in late 2013.

EOA was awarded a one-year \$50,000 grant from the National Association of Chronic Disease Directors (NACDD) on April 1, 2014 – one of only six states to receive the grant to help implement the State Plan on ADRD. EOA was awarded a second 6-month NACDD grant for \$50,000 for a period from April 1, 2015 through September 30, 2015, one of seven states selected. These grants were designed to assist states to implement action items from The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018  
<http://www.cdc.gov/aging/healthybrain/roadmap.htm> .

A strong consideration in Hawaii's award was that EOA had an existing State Plan on ADRD.

With funding from these grants, EOA and our community partners were able to accomplish the following deliverables within the fiscal year: (Community partners included Alzheimer's Association – Aloha Chapter, Honolulu Subarea Health Planning Council, UH Department of Geriatric Medicine and Pacific Islands Geriatric Education Center, Hawaii Pacific Neuroscience, Office of Public Health Studies, UH-Manoa, Hawaii Public Health Institute, and Hawaii Public Health Nursing Branch.)

- The Hawaii State Plan was printed and distributed to community stakeholders, and a link provided online at [www.hawaiiadrc.org](http://www.hawaiiadrc.org) (go to "Resource"). Copies were provided to State legislators, key informants, content experts and the original Task Force that developed the Hawaii State Plan on ADRD. News media was successfully ascertained.
- Created public awareness print materials adapted from a United Kingdom Alzheimer's Society campaign "Worried about Your Memory?" designed to reduce the stigma of dementia and memory loss. Informational booklets, flyers and posters were created, using local photographs and referring the public to their doctor or to the Alzheimer's Association. About 2,500 booklets were distributed at primary care providers' offices, dementia trainings and presentations, senior centers, day care centers, etc.
- A logic model and evaluation matrix for the State Plan on ADRD were created.

- Governor Abercrombie appointed a Special Advisory Panel to oversee progress on the State Plan on ADRD, which convened in January and April of 2015. Their role was to oversee an update and revision of the State Plan with more detailed action steps by the end of 2015.
- Sixteen professional trainings were conducted for Hawaii primary care physicians and allied health professionals within the fiscal year for this report. A curriculum was created targeting primary care doctors on the importance of Early Detection and Accurate Diagnosis of Dementia and Connection to Useful Community Resources. The Alzheimer's Association provided materials and a short co-presentation on their services. The second NACDD grant expanded the curriculum to include presentations on pharmacological interventions for dementia, as well as nonpharmacological interventions addressing challenging dementia behaviors. The trainings were given at hospital CME Grand Rounds as well as healthcare conferences.
- A 9-module dementia-capability curriculum was designed that would target Hawaii's public health workforce, aging network and service providers.
- Numerous EOA-sponsored public presentations on dementia topics were conducted on Oahu, reaching over 1,500 attendees. This led to a loyal audience that filled the venues with each announcement, showing the need in the community to learn more about ADRD. Additional community partners with EOA on the public presentation series were: St. Francis Healthcare System; Kokua Mau: Hawaii Hospice & Palliative Care Organization. Social work continuing education credits were provided, along with attendance certificates. The keynote and a breakout session on "Building Dementia Friendly Communities" were presented at the September, 2014 Hawaii Pacific Gerontological Society Conference.
- A Hawaii Dementia Coalition was created, growing to over 600 people interested in knowing more about cognitive impairment and brain health.
- Work began on a Hawaii Memory Care Services and Supports Inventory – a project that will result in this resource being available for Hawaii ADRCs and the community at large.
- The 2015 Behavioral Risk Factor Surveillance Survey included the cognitive and caregiver modules, recommended by CDC to improve data on self-reported memory loss as well as getting better data on dementia caregivers. This was funded by EOA with additional financial support from the National Alzheimer's Association.

Additional accomplishments outside of the NACDD Grant included the following:

- Planned and executed a Dementia-Capability for Legal Professionals training statewide, with visiting legal experts from the American Bar Association Commission on Law and Aging. A full day training on each major island was conducted for attorneys. A half day training was given on Oahu for aging network, service providers, healthcare professionals and public health workforce on Legal and Ethical Issues for Dementia-Capability – attended by 300 people. This event was covered and broadcast by Olelo, and is still available on their On Demand feature. The attorney trainings were videotaped and made available for Continuing Legal Education credits, posted on the HSBA website.
- New partnerships and community collaborations were created and will be sustained. Also, due to the NACDD grant, national partnerships were created and nurtured with NACDD and CDC advisors, the CDC-funded Healthy Brain Initiative Research Centers, as well as other state grant awardees.
- First steps were taken to make Hawaii’s ADRCs “dementia-capable.” A baseline assessment was conducted for each of the four county AAAs.

## 2. Healthy Aging Partnership (HAP)

The Executive Office on Aging has co-led with Department of Health Diabetes Prevention and Control Program and University of Hawaii Office of Public Health Studies on the Hawaii Healthy Aging Partnership (HAP) and received State appropriations to effectively embed evidence-based health promotion programs in community-based organizations that serve older adults. Each county also secured additional funding including county appropriations to support HAP. The evidence-based programs include Stanford's Chronic Disease Self-Management Program (CDSMP) and Stanford's Diabetes Self-Management Program (DSMP), as well as the EnhanceFitness (EF). The programs are carefully monitored to ensure high level of model fidelity and are evaluated on satisfaction and participant outcomes.

CDSMP and DSMP consist of six weekly classes, each 2.5 hours long. They are led by trained individuals who use motivational interviewing, brainstorming, problem solving, and action planning to help people adopt positive health behaviors. During SFY 2015, HAP offered 25 workshops (19 CDSMP and six DSMP) with 279 participants with 77% of completion rate (national completion rate is 73%). More than 70% of those served were non-white older adults (28% Filipino, 25% Native Hawaiian, and 20% Japanese) who have chronic health conditions such as Hypertension (52%), Arthritis (42%), and Diabetes (36%). Participants were highly satisfied with the programs and gained self-confidence to manage their health, fewer negative symptoms, and fewer ER visits. In addition, HAP was able to engage with a new community as the program was brought to Marshallese population. HAP conducted five trainings to develop 11 CDSMP trainers, 15 CDSMP leaders, 11 DSMP trainers and 12 DSMP leaders throughout the islands. To prepare for reimbursement for DSMP, HAP invited nationally well-known experts to educate HAP partners to learn about accreditation of American Diabetes Association and

American Diabetes Educators Association in November and “how community organization can work with doctors to expand the CDSMP and DSMP” in February.

EF consists of one hour classes, three times a week, for 16 weeks, and participants may stay in the program over multiple 16-week cycles. The classes are facilitated by a certified fitness instructor with additional training in the EF, who lead elders through structured group exercise sessions of stretching, low impact aerobics, and strength training. Since 2007, HAP utilized 24 sites for EF throughout the State with 18 sites continuously offering the program and 999 older adults enrolled in EF. Many participants (76%) stayed with the program for more than 16-weeks. During this reporting period, HAP added 6 new sites on Maui and Lanai islands and more than 262 older adults joined EF. Most of the sites have a waiting list and are exploring ways to increase the number of classes. HAP provided EF to a variety of ethnic groups (39% white, 36% Japanese, 15% Filipino, and 7% Native Hawaiian) who have at least one chronic condition (82%). Participants gained strength and flexibility and reduced their risk of falling. During this reporting period, EF trained 4 new instructors. HAP developed an additional workgroup to discuss strategies specific to EF delivery and sustainability.

HAP explored opportunities for adding new evidence-based health promotion programs including the program for cancer survivors, people with HIV, and older adults experiencing fear of falling; applied for additional grants; recruited new partners; strengthened existing partnerships; conducted cost analysis; presented the success at Kupuna Caucus and at the HPGS conference in September; updated factsheets; and strategized legislative education.

### 3. Lifespan Respite and TimeBanking

EOA’s Lifespan Respite Care Program started on August 1, 2011 with a grant from AoA. It was closed out on July 31, 2015. The goal of the program was to make it possible for Hawaii’s family caregivers to maintain their health and employment while providing care in the home to care recipients of all ages and disabilities. It anticipated that at the end of the project, family caregivers seeking respite will readily access services, as evidenced by their being referred and linked to available, registered, quality respite resources within three days of contacting the Hawaii ADRC.

The program was not able to accomplish its objectives for a couple of reasons. First was staffing: the project coordinator was not hired until a full year after the expected hiring date (October 2012). In addition, the coordinator resigned on October 2014, and the EOA Director, who oversaw the project, left at the end of 2014. Second was EOA’s decision to incorporate a legislature-requested feasibility study on timebanking (as a sustainable means of providing respite services to family caregivers) into the grant project which, inevitably displaced the project’s goal and much of its activities. An EOA staff was transferred in February 2015 to conclude the grant project.

The project was able to produce two documents that can be used should EOA decide to continue to explore the use of timebanks to support caregivers. These are the “Timebanking Feasibility Study: Final Report” (June 2014) and the “Building Long-Term Sustainability in State Lifespan Respite Programs Grant Proposal” (June 2014).

#### 4. Participant Direction

Participant-direction is a service model which 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 and want to live at home. Prior to enrolling in the program, prospective participants receive a comprehensive assessment in order to determine eligibility, current health status and unmet LTSS needs. The assessor uses the information gathered during the assessment process to help the prospective participant to develop a Support Plan describing their LTSS goals and the activities the prospective participant plans to undertake to achieve those goals.

If a prospective participant is eligible for the program, and if they have the ability and willingness to self-direct their LTSS services, those choosing the participant-direction model are provided the services of a coach and financial management services (FMS) as part of their support team. This differs from the traditional LTSS service model in that the participant will act as their own case manager (with the support of the coach) and the FMS will support the participant in the payment of employees and vendors instead of an accountant attached to a service provider agency or AAA. The coach assists the participant, or their authorized representative to develop a spending plan for the public funds they will be allotted monthly and in completing all required enrollment, employer, employee and vendor paperwork required before their plan can become active. The financial management services representative assists the participant, or their authorized representative, by paying for the supports indicated on their spending plan each month, including but not limited to paying employees, vendors, requests for reimbursements for approved purchases, collecting and paying required taxes, insurance payments and filing all required reports to State and federal taxing authorities. Once the spending plan has been approved, 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 to offer older adults through its publicly funded programs the option for participant-direction long term services and supports (PD-LTSS). EOA will screen prospective participants for eligibility, which may include targeting those who have high need, low support and are at risk of institutional placement and who also have the ability and willingness to self-direct. EOA will continue to support those AAA/ADRCs desiring to bring the implementation of this service option in-house by training staff to be assessors and/or coaches. For those AAA/ADRCs not yet willing or having the capability to provide the participant-direction option in-house, EOA has contracted with community-based agencies and qualified individuals to provide assessments for those interested in participant-directed services to determine their prioritization, and to provide program participants with coaching and FMS support. This transition to offering participant-direction statewide will begin early in the 1<sup>st</sup> quarter of State FY2016.

In addition, EOA will expand this to a new program entitled Veteran-Directed Home and Community-Based Services (VD-HCBS).

In SFY2015, only Kauai and Maui counties continued to offer the PD-LTSS options to qualified participants. Kauai maintained 5 enrolled participants while Maui maintained 19, including 3 new participants. The Kauai Agency on Elder Affairs continued to be supported by the Participant Direction Program Manager to deliver coaching assistance. Maui County Office on Aging used in-house staff to provide both assessment and coaching services. Maui also developed a priority scoring policy and procedure to target the program to those of highest need who were at risk of institutional placement. This scoring tool is being incorporated into the automated assessment process.

Expansion Plans:

EOA issued an RFI in SFY2014 to solicit comments on how it could expand this service option not only to older adults but Veterans of any age. After considering all comments, EOA issued an RFP for fiscal management services (FMS) for PD-LTSS and the veteran-directed program then in development. A contract was awarded to Acumen Fiscal Services, the FMS provider during the pilot. Acumen, which has been providing FMS support to current and new participants in PD-LTSS, will be providing similar assistance to Veterans when the VD-HCBS program becomes operational early in SFY2016.

RFPs for assessors and coaches were issued in early 2015. Contracts with five agencies/individuals to provide assessor services (initial intake, in-home assessment, support plan development) and four agencies to provide coaching services (spending plan development, enrollment assistance and ongoing monthly support) were executed in June 2015. Training of assessors and coaches to use the State SAMS client data base and assessment forms as well as program requirements began later that month and will continue through August 2015 at which time EOA plans to begin the expansion of CLP statewide.

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

VD-HCBS is designed to allow Veterans, whose functional level makes them eligible for nursing home placement, to receive that level of care in their homes under their own, or an authorized representative's direction. The program provides Veterans with a budget called a Case Mix based on their level of care need, which allows them to choose their own care providers in place of receiving care services through the VA health care system. In some cases, family members of the Veteran can be paid for the care they provide.

VD-HCBS allows Veterans to prioritize their own care needs, select their own care providers, and act as their employer instead of receiving nursing home care from the VA directly or paid by the VA in a community facility. The program began in 2009 and is being rolled out nationwide through local VA Medical Centers (VAMCs). EOA's contact point at Hawaii's VAMC for the VD-HCBS program is the Veterans Administration Pacific Islands Health Care System (VAPIHCS).

To prepare for receiving referrals from VAPIHCS, EOA was required to prepare, submit and pass a Readiness Review for program and financial functionality. EOA was able to build on its successful experience with a federal grant called the Community Living Program that paved the way for the PD-LTSS and VD-HCBS to develop policies and procedures as well as collateral materials specifically designed for the VD-HCBS program which resulted in approval to deliver VD-HCBS model when the local VAMC was ready.

The first referral from VAPIHCS is scheduled to be received by the end of August 2015. An additional nine referrals should be received before the end of the VAPIHCS FFY, September 30, 2015.

#### 5. Tailored Caregiver Assessment and Referral (TCARE) Pilot

EOA and the AAAs have long made it a priority to support Hawaii's caregivers, the backbone of our state's Long Term Services and Supports (LTSS). A recent 2014 AARP report stated the current annual value of unpaid supports provided by Hawaii caregivers was \$2.1 billion. Caregivers are being asked to provide increasingly complex care that only a few years ago required a RN such as wound care, tube feeding, medication management to name a few. As caregivers are relied upon to do more and more, it is important to understand their needs and see them as a client as well as their care recipient.

Each AAA conducts its own "Caregiver Survey" but these aren't standardized nor is data collected and reported in a standardized manner. These surveys also focus on the care recipient and what the caregiver was providing for them, not the needs of the caregiver or where they were on their caregiving journey.

To begin looking at caregivers as clients, EOA, with the assistance of the University of Hawaii, led several planning meetings from 2011 – 2013, where various evidenced based caregiver management models were reviewed. Among these was TCARE, later identified as an evidenced-based program that would enable a standardized approach to caregiver assessment and referral throughout the State.

TCARE, a standardized care management process designed to effectively target both informal and formal resources and services within communities, has been shown to address the needs of caregivers by using *The Caregiver Identity Theory* recognized as a significant factor influencing the type and severity of stress the family caregiver is experiencing. Researched and used for more than 25 years and identified by the Administration on Community Living (ACL) as an evidenced-based care management program, EOA applied for and received a grant from ACL to pilot the TCARE protocol in 1 or more of its AAAs/ADRCs.

EOA partnered with the University of Hawaii – Center on Aging and Myron B. Thompson School of Social Work for support in designing, training, implementing and evaluating the pilot. In early 2014, EOA offered the training tool to all AAAs/ADRCs. The Maui County Office on Aging (MCOA) elected to be included. In-person training of

MCOA, EOA and UH staff by Tailored Care Enterprises, LLC began in September 2014. Additional follow-up webinars to complete the training followed, with 11 care managers (9 from MCOA, 2 from EOA and 1 UH staff) receiving certifications in the TCARE Protocol.

The pilot began in February 2015 with 7 MCOA care managers participating. The first phase included screening caregivers for inclusion, administering the TCARE assessment to caregivers when indicated, culling the assessment information into a TCARE consultation worksheets and developing a TCARE plan with the caregiver.

Currently, care managers are administering a 3-month follow-up with each caregiver using the TCARE screener to determine if an in-home assessment would be administered. All 3-month follow-ups are to be completed by August 7, 2015. UH's evaluation of the pilot is due to EOA by the end of the 1<sup>st</sup> quarter, SFY2016.

#### 6. EOA Language Access Plan

EOA is committed to eliminating barriers that block access to, and promoting policies and procedures to enhance the availability of, federal and State-funded services and programs by persons with limited English proficiency (LEP). In line with this, EOA developed its Language Access Plan during FY 2015. The goal of the plan is to ensure that the agency is in compliance with federal and State laws on language access and that LEP customers receive free language and culturally-appropriate assistance.

EOA's Language Access Plan consists of several essential elements that identify specific steps to be taken to implement it at the program level. These elements are: assessment (needs and capacity); oral language assistance services; written translations; policies and procedures; notification of availability of free language assistance; staff training; assessment (access and quality); stakeholder consultation; digital information; grant assurance and compliance; and plan coordination and implementation. To ensure success of plan implementation, EOA will designate a Language Access Coordinator from among its staff. The implementation of the plan has been made part of the objectives of the new State Plan on Aging.

## **Part V: Next Steps**

On July 24, 2015, Governor David Ige approved the Hawaii State Plan on Aging for the period October 1, 2015 to September 30, 2017. It was subsequently approved by the Assistant Secretary for Aging, Administration on Aging (AoA). Developed over a period of 1.5 years by EOA in collaboration with the Area Agencies on Aging (AAA) and the ACL's discretionary grant programs (Senior Medicare Patrol Hawaii and Hawaii SHIP), the Plan charts the direction over the next two years and includes the development of a comprehensive and coordinated system of services.

The new Plan identifies five goals:

1. Maximizing opportunities for seniors to age well, remain active, and enjoy quality lives while engaging in their communities.
2. Forging strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population.
3. Developing a statewide aging and disability resource center (ADRC) system for older adults and their families to access and receive long term services and supports (LTSS) within their respective counties.
4. Enabling people with disabilities and older adults to live in the community through the availability of and access to high-quality LTSS, including supports for families and caregivers.
5. Optimizing the health, safety, and independence of Hawaii's older adults.

The EOA looks forward to the implementation of this plan and to a healthy working relationship with the AAAs and the rest of the Aging Network in the coming fiscal year.