FY 2016 ANNUAL REPORT TO THE STATE OF HAWAII
TWENTY-NINTH LEGISLATURE
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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

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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). The report covers EOA's activities in State Fiscal Year (SFY) 2016.

In SFY 2016, EOA, in collaboration with the county Area Agencies on Aging (AAAs), service providers, community organizations, and advocates for older adults and persons with disabilities, developed the 2015 - 2017 Hawaii State Plan on Aging, which covers the period from October 1, 2015 to September 30, 2017 and replaces Hawaii's previous State Plan on Aging that expired on September 30, 2015.

The 2015 - 2017 Hawaii State Plan on Aging established five (5) goals that EOA and the AAA will be following to implement a comprehensive and coordinated system of long-term services and supports (LTSS) to meet the needs of the growing population of older adults in Hawaii.

In June 2015 EOA's reorganization plan was approved. This reorganization plan streamlines EOA's staffing capacity to improve productivity and effectiveness to better address the needs of older adults in Hawaii. However, many of the re-described positions are still being reviewed by the personnel office.

In SFY 2016, EOA received $10,107,509 (61%) in appropriations from state funds and $6,329,566 (39%) in appropriations from federal funds for a total of $16,437,075. EOA contracted with the county AAAs to procure, manage, and coordinate the delivery of elder and caregiver support services in their respective counties. State funds were used to support the following Kupuna Care (KC) core services: adult day care, attendant care, case management, chore, homemaker/housekeeping, personal care, assisted transportation, KC transportation, and home-delivered meals. Federal funds were used to support family caregiver support services, access services, home and community-based services, and nutrition services. The services reached an estimated 7,254 older adults and 1,262 family caregivers.

EOA continues to make strides in the establishment of a statewide Aging and Disability Resource Center (ADRC). In SFY 2016, Hawaii and Honolulu Counties began their ADRC operations, joining Maui and Kauai Counties, which began their implementation in 2012. A recent ADRC readiness assessment, conducted by HCBS Strategies, Inc, found that both Kauai and Maui Counties met all seven criteria of a fully functioning ADRC. Honolulu County met six of the criteria, while the Hawaii County met three.

Supported by a federal implementation grant awarded in September 2015, EOA began implementing the No Wrong Door Initiative to improve public access to long-term services and supports (LTSS). At the end of the three-year grant, it is expected that Hawaii's older adults and persons with disabilities will be able to use the ADRC to receive person-centered (PC) counseling and access all publicly funded LTSS.

In addition to other programs such as the Long-Term Care Ombudsman Program, Hawaii State Health Insurance Program (SHIP), and Senior Medicare Patrol (SMP), EOA continues to spearhead special initiatives such as the Healthy Aging Partnership, Participant Directed Services (Community Living Program and Veteran-Directed Home and Community-Based Program), and the implementation of its Language Access Plan.

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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 and reauthorized in 2016, is to promote the development and implementation of a comprehensive and coordinated state system of long-term services and supports (LTSS) in home or community-based settings to enable older adults and individuals with disabilities to live in the community if they choose. OAA prescribes that the system of LTSS be developed through collaboration with other agencies and providers, and that 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 Elder Affairs (PABEA) to advise the Director of the EOA.

B. Hawaii State Plan on Aging

In State Fiscal Year (SFY) 2016, EOA, in collaboration with the county Area Agencies on Aging (AAAs), service providers, community organizations, and advocates for older adults and persons with disabilities, developed the 2015-2017 Hawaii State Plan on Aging which covered the period from October 1, 2015 to September 30, 2017 to replace Hawaii's previous State Plan on Aging which expired on September 30, 2015.

The 2015 – 2017 Hawaii State Plan on Aging seeks to enhance Hawaii's LTSS system to enable older adults and persons with disabilities to live a life that is fulfilling in the safety and security of their communities for as long as they find feasibly possible. To accomplish this, the plan established the following 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 support (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, and

5. Optimizing the health, safety, and independence of Hawaii's older adults.

The State Plan on Aging outlines statewide activities related to aging that will be administered by EOA that are funded by both federal and State funds. EOA contracts with the AAAs to implement programs and services for older adults and persons with disabilities, along with their caregivers in their respective counties. 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 if possible.

C. EOA Reorganization and Staffing

In SFY 2016, EOA's reorganization plan was approved by the Hawaii State Department of Health. The reorganization plan streamlined EOA's staffing capacities and administrative responsibilities by reorganizing EOA's office into several functional units and redefining the functions of some positions. The reorganization plan created the following functional units within the EOA Office: grants development and monitoring, planning and evaluation, and volunteer-based program service and public education.

Although EOA's reorganization plan was approved in SFY 2016, EOA is still waiting for approval of a number of the re-described positions. Those positons cannot be filled until the position descriptions are approved and has contributed to EOA having to currently operate with just a little over 50% of its staff. EOA has requested for expedited reviews for some of the more highly critical positions. In addition, EOA has also experienced difficulties in expeditiously filling their currently approved vacant position as the application and recruitment process for State positions is lengthy and cumbersome.

Part II. State and Federal Funding

In SFY 2016, EOA's total operating budget, which was composed of State and federal funds, was $16,437,075. Table 1 shows a comparative breakdown of EOA funding for SFY 2015 and SFY 2016, and Table 2 shows the distribution of state and federal funds to the AAAs in SFY 2016.

Table 1. EOA's State and Federal Funding for SFY 2015 and SFY 2016

SOURCE	SFY 2015	PERCENT	SFY 2016	PERCENT
STATE	$7,651,402		$7,651,402	
SFY 2016 ACT 188 Supplemental	$6,023,945		$2,850,000	
STATE TOTAL[1]	$13,675,347	65%	$10,107,509	61%
FEDERAL	$7,204,667	35%	$6,329,566	39%
Total	$20,880,014	100%	$16,437,075	100%

[1]Sum of rows 1 and 2.

Table 2. Funds Allocated to Area Agencies for SFY 2015 and SFY 2016

AREA AGENCY	STATE[1]	FEDERAL[2]	TOTAL
Kauai Agency on Elderly Affairs (KAEA)	$832,232	$598,762	$1,430,934
Honolulu Elderly Affairs Division (EAD)	$5,417,108	$3,208,425	$8,625,533
Maui County Office on Aging (MCOA)	$1,219,783	$867,230	$2,087,013
Hawaii County Office on Aging (HCOA)	$1,462,108	$1,110,149	$2,572,257
Total	$8,931,231	$5,784,566	$14,715,797

[1] State funds for Kupuna Care, Elder Abuse, Senior Centers, and Aging and Disability Resource Centers.
[2] Federal funds for Older Americans Act Funds Title III and the Nutrition Service Utilization Program.

Part III: Services and Service Utilization

EOA is responsible for administering State and federal funds to provide services and supports to older adults to enable them to live at home if they choose. EOA receives funding from the State through Kupuna Care (KC) and federal funds through Title III of the OAA. This section describes the services these funds provide and the level of utilization in SFY 2016.

A. Kupuna Care Services

The Hawaii State Legislature currently appropriates $4,854,305 for KC in EOA's base budget. The funds are for individuals 60 years of age or older who are US citizens or qualified aliens, not covered by any comparable government or private home and community based services, not residing in an institution, and unable to perform at least two activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or at least one or more ADLs or IADLs with substantive cognitive impairment. Allocation of KC funds to the AAAs is based on a funding formula that the AAAs approved in SFY 2010. The funding formula emerged through a consensus process that identified and assigned weights to risk indicators, similar to those used in the federal funding formula.

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

- *Adult Day Care* (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* (hour). Provides non-professional stand-by companion assistance and watchful oversight for older adults who are unable to perform independently because of frailty or other disabling conditions.

- *Case Management* (hour). Provides assistance to clients, families, and/or caregivers to engage in a problem-solving process of identifying needs, exploring options and mobilizing informal, as well as, formal supports to achieve the highest possible level of client independence.

- *Chore* (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* (hour). Provides assistance to persons unable to perform one or more of the following IADLs: preparing meals, shopping for food and other personal items, managing money, using the telephone, doing housework, traveling, and taking medication.

- *Personal Care* (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 (i.e., ADLs): eating, dressing, bathing, toileting, and transferring in and out of bed/chair and ambulating.

- *Assisted Transportation* (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* (one-way trip). Provides vehicular transportation. There is no restriction on the type of vehicle. No other assistance is provided beyond the helpfulness of the driver.

- *Home Delivered Meals* (meal). Provides nourishing meals at the older adult's or the caregiver's home that:

    - 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).

    - Each provide 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.

B. Title III Older Americans Act Services

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

- *Family Caregiver Support Services.* Provides services to support and give respite to family caregivers of older adults, as well as to grandparents and persons age 55 or older, 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.* Provides information and linkages to older adults needing 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).* Provides services to help older adults remain in their home if possible. These services include personal care, homemaker, adult day care, and chore.

- *Nutrition Services.* Provides nutritious meals to reduce hunger and food insecurity, and provides 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, for each service, the table reports their combined utilization numbers. The data is provided to EOA by the AAAs and are estimates and have the following limitations:

- *Duplicate Counts.* Duplicate counts result from at least two sources.
    - *Registration not required for all services.* Federally funded services, such as I&A and outreach, do not require registration of recipients. In addition, 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 service users.* 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 as many times as the number of services received; thus, duplicated counts are produced in the total number of persons served across services.
- *Funding for service.* 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.

In SFY 2016, State and federal funds provided services to 7,254 older adults; 1,262 adults, informal family caregivers of older adults (age 60 and older); and 50 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. [Unduplicated counts and not reported in tables.] Below are tables for each service area with the persons served and units of services data for each service.

Table 3. Utilization of Family Caregiver Support Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	989	4,401	Sessions
Respite Care	261	17,829	Hours
Supplemental Services[1]	95	7,317	Requests

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

Table 4. Utilization of Grandparents or Relative Caregiver Age 55+ Support Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	38	1,771	Sessions
Respite Care	0	0	Hours
Supplemental Services	12	40	Requests

Table 5. Utilization of Access Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Information and Assistance	N/A	24,537	Contacts
Outreach	N/A	16,478	Contacts
Case Management	874	18,779	Hours
Assisted Transportation	134	4,307	One-way trips
Transportation[1]	N/A	164,641	One-way trips
Attendant Care	420	51,571	Hours

[1]Includes Kupuna Care funded transportation
N/A: Not available

Table 6. Utilization of Home and Community Based Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Personal Care	954	60,043	Hours
Homemaker	684	19,000	Hours
Adult Day Care	208	38,679	Hours
Chore	65	594	Hours

Table 7. Utilization of Nutrition Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Home Delivered Meals	3,091	425,371	Meals
Congregate Meals	3,138	210,824	Meals

Part IV: Programs and Special Initiatives

EOA offered the following programs and special initiatives during FY 2016:

A. Programs

1. Aging and Disability Resource Centers (ADRC)

In SFY 2016, EOA continued to further develop the statewide 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 June 2016, EOA contracted with HCBS Strategies, Inc. to perform an assessment of the ADRCs to determine their status in relation to the federal criteria of a fully-functioning ADRC. HCBS Strategies utilized the ADRC Readiness Assessment tool that is being used by ACL and the Centers for Medicare and Medicaid Services (CMS) to measure the degree to which an ADRC meets the fully-functioning criteria. The Readiness Assessment looks at the following seven functional areas of the ADRC:

- *Organization and Governance.* Do the ADRC sites have a compliant philosophy and organizational structure, including staffing, budgeting, and sustainability; and include and receive advisement from the community?

- *Personnel Management and Training.* Does the staff at the ADRC sites meet the qualifications for serving populations with LTSS needs, and does the operations account for new staff and ongoing training, including cross training within the organization and with other partnering agencies?

- *Service Delivery and Operations.* Do the ADRC sites' operations allow for positive access and consumer interaction, regardless of day or time? Do they provide staff with resources and training to assist consumers in information and referral assistance and long-term care decision support and options counseling? Are the intake, assessment, and financial eligibility processes for publicly funded long-term care services integrated and coordinated so as to appear seamless to the consumer?

- *Outreach and Marketing.* What is the ability of the ADRC sites to target public-funded and private-pay consumers and to evaluate their targeting effectiveness?

- *Information Technology (IT) and Management Information Systems (MIS) Capacity and Support.* Are the ADRC sites' IT and MIS system(s) coordinated through written policies and procedures and does it (do they) have appropriate data sharing and electronic record capabilities.

- *Partnerships.* Have the ADRC sites developed partnerships with other state and local agencies, and do they actively recruit and involve these agencies in organizational updates?

- *Evaluation and Monitoring*. Are the ADRC sites able to evaluate data to improve the quality of services and consumer satisfaction.

The assessment found that EOA's plan to establish the ADRC a county at a time appeared to be working. Maui and Kauai Counties, which began phasing in their ADRC models in 2012, met the readiness threshold in all seven areas. The City and County of Honolulu's ADRC, which began phasing in the new operations in July 2015, met six of the seven criteria. Hawaii County, which is preparing to incorporate the new operations, met three of the seven criteria.

All of the counties met the readiness criteria for the following areas:

- *Organization and Governance*
- *IT/MIS Capacity and Support*
- *Partnerships*

Hawaii County and the City and County of Honolulu did not meet the readiness criteria in the following area:

- *Outreach and Marketing.* Hawaii County and the City and County of Honolulu have had to delay their outreach and marketing efforts as they work on overhauling their operations and increasing both the number and competency of their staff. These efforts are expected to be completed by 2017. At that time, they plan to enhance their outreach and marketing efforts.

Hawaii County did not meet the readiness threshold in the following areas:

- *Personnel Management and Training.* Hawaii County missed this criterion because they were still developing their operations at the time of the assessment.
- *Service Delivery and Operations*. Hawaii County missed this criterion by one point. Once they fully implement their new information and referral assistance model, they should meet the criteria.
- *Program Evaluation.* To meet this criterion, Hawaii County needs to develop and implement a plan to evaluate and monitor services.

HCBS Strategies reviewed its preliminary findings with staff from EOA and each counties' AAA to ensure that the analysis was complete and accurate. EOA will verify the readiness scores during their monitoring site visit.

2. 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, Congress mandated that every state have a LTCOP in its 1978 re-authorization of the OAA.

The Hawaii Legislature responded by amending HRS Chapter 349 in 1979 authorizing the 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 consists of the State Long-Term Care Ombudsman and a Volunteer Coordinator.

Today there are approximately 12,340 long-term care residents residing in Hawaii's 1,716 licensed long term care nursing homes, adult residential care homes (ARCHs), expanded ARCHs, assisted living facilities (AL), and community care foster family homes (CCFFHs).

The ACL strongly recommends a minimum of quarterly visits by the LTCOP. With only a program staff of two, meeting the minimum number of visits has been difficult and challenging, reinforcing the need and importance for volunteers in the LTCOP.

The Long-Term Care Ombudsman Volunteer Program is a component of the LTCOP. The program utilizes trained, certified volunteers under the guidelines of state policy (Chapter 90-2) and the OAA. The volunteers function as "representatives" of the LTCOP and making weekly visits to [mostly] seniors residing in state-wide licensed or certified long-term care settings to advocate; improve the residents' quality of care and life; respond to, investigate and resolve complaints; and provide friendly visits. They also provide education regarding residents' rights and protection from abuse and neglect.

In SFY 2016, the LTCOP's major accomplishments included the following:

- *LTCOP Compliance with Newly Implemented Federal Regulations.* Significant efforts were devoted to becoming compliant with new program requirements, including among other things the development of new policies and procedures and anti-conflict of interest provisions. Work continues, but federal officials have deemed the State compliant.

- *Volunteer Program.* Due to staffing challenges, recruiting new volunteers has been difficult but the LTCOP managed to retain nine (9) volunteers from the previous fiscal year and continues to meet with them monthly. Volunteer Policies and Procedures were completed and a draft update of the training manual was prepared.

Volunteers are asked to visit the facilities weekly for 2 to 4 hours and meet monthly for 3 hours with the LTCOP staff. That averaged out to 156 hours annually per volunteer with an approximate total of 1,404 hours donated to the State. The Independent Sector in Washington, D.C. estimates the value of a volunteer hour for 2015 is $23.56. [Source: 2015 State Values for Volunteer Time, https://www.independentsector.org/volunteer_time] Using this estimate, LTCOP volunteers donated $33,078 to Hawaii.

- *Case Resolution*. LTCOP staff and volunteers opened and closed 50 cases and visited 26 nursing homes and 7 assisted living facilities at least quarterly, per federal recommendation. For the smaller adult residential care homes and community care foster family homes, LTCOP only visited homes when a complaint and investigation required it. The goal of responding to all cases within 72 hours of receiving the complaint was met.

- *Cost Efficiencies*. To reduce travel costs, LTCOP utilizes WebEx for monthly volunteer meetings. This enabled all volunteers (including those on the neighbor islands) to obtain the same information at the same time from the same guest speakers.

- *Community Education/ Advocacy*. Program representatives participated in numerous webinars, were guest speakers at a variety of events, and conducted staff in-service at nursing facilities. The LTCOP has been featured in several media venues and has been active at the State Legislature advocating for seniors on issues that included the posting of facility inspection reports and provision of additional resources to the LTCOP, such as the creation of an additional position on Oahu.

3. Hawaii State Health Insurance Assistance Program (SHIP)

The Hawaii SHIP (State Health Insurance Assistance Program), formerly known as the Sage PLUS Program, is fully funded (100%) by the Centers for Medicare and Medicaid Services (CMS). The program's two paid staff positions are currently vacant and are temporarily being filled by other EOA staff. Staffing vacancies in this program are largely a result of pending review of re-described position descriptions (referenced earlier) and recruitment difficulties. The SHIP staff and its statewide volunteer network of volunteers, of whom 28 are certified counselors, provide counseling services to help the approximate 246,000 Medicare beneficiaries (89% of them 65 years or older) and their families, caregivers, and professionals understand Medicare health insurance benefits.

Hawaii SHIP staff and volunteers provide the public with information regarding original Medicare (Medicare Parts A and B), Medicare Supplement Insurance "Medigap" policies, Medicare Advantage health plans (Medicare Part C), Medicare prescription drug plans (Medicare Part D), Medicaid supports for low-income Medicare beneficiaries, prescription drug assistance programs, long-term care insurance and financing, and advance health care directives. The certified volunteers also assist clients with health and drug plans comparisons based on their prescribed medication, Medicare enrollment, appeals, and, when appropriate, with referrals to other agencies. Upon request, staff and volunteers conduct presentations to community organizations and other interested groups.

In SFY 2016, the Hawaii SHIP's major accomplishments included the following:

- *Outreach, and Education and Training*
    - Participated in 31 health fairs and outreach events in both rural and urban areas reaching over 800 individuals.
    - Volunteers and partners provided over 3,000 hours of service during the fiscal year.
    - Provided access to the community to information through our dedicated website.
    - Conducted 18 dedicated enrollment events sponsored by Hawaii SHIP or with a partner that reached more than 180 individuals.
    - Provided one or more trainings a month to SHIP volunteers and partners.
- *Enrollment and Counseling*
    - Assisted approximately 2,000 individuals throughout Hawaii, Guam, Alaska and the 48 contiguous states. Of those, 33% were under the age of 65, 43% of them were between the ages 65 and 74, 15% were between the ages of 75 and 84, and 8%were older than age 84. Most of the counseling sessions (59%) were between 30 and 59 minutes long. Some (22%) were 60 minutes on longer, while others (19%) were 10 to 29 minutes long. Only a few (less than 1%) lasted less than 10 minutes.
- *Collaborations*
    - Partners to ensure that there is access in each county for face to face counseling opportunities 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, UnitedHealthCare, and the University of Hawaii.
    - Rural partners include Alu Like, Hawaii County Coordinated Services for the Elderly, Kauai Agency for Elderly Affairs, and Na Pu'uwai Native Hawaiian Healthcare.
    - Hawaii SHIP staff participated in the SMP National Conference held in Milwaukee, WI and the annual Medicare National Training Program in Seattle, WA. Hawaii SHIP continues to be a member of the Hawaii SMP Advisory Committee.

4. Senior Medicare Patrol (SMP)

SMP Hawaii is one of 54 SMP Programs established by Congress in 1997 for the purpose of recruiting, training, and certifying retirees who volunteer their services to educate seniors to prevent Medicare fraud, waste, and abuse. SMP Hawaii 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 2016, SMP Hawaii's major accomplishments included the following:

- Provided about 2,500 hours counseling and community group outreach and education. At $23.56 an hour, SMP Hawaii's approximately 60 volunteers provided services worth approximately $58,900.

- Trained 13 new SMP volunteers (5 on the neighbor islands and 8 on Oahu) increasing the number of volunteers trained by SMP Hawaii to 238.

- Participated in 149 community group outreach and educational events (64 on the neighbor islands and 85 on Oahu) that reached 10,770 people statewide (2,615 on the neighbor islands and 8,155 on Oahu).

- Continued to partner 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 (KAP), and gave 9 presentations on fraud prevention, 5 of which were on the neighbor islands, that reached 306 people.

- Continued to work with the Attorney General, and the Department of Commerce and Consumer Affairs to revise, print, and disseminate 4,500 copies of the revised 2nd edition Fraud Guide to every county statewide.

- Continued to revise and implement the Volunteer Risk and Program Management Policies developed by ACL to manage risks in the SMP Program through orientation, monthly meetings, individual role training, and annual evaluations.

- Provided support and hands-on training at 40 meetings throughout the year to volunteers on the neighbor islands.

- Implemented the annual SMP Hawaii volunteer recognition and training conference to acknowledge the contributions of SMP volunteers and affirm the important role they play in empowering seniors to prevent health care fraud, as obligated under HRS Chapter 90 State Policy Concerning the Utilization of Volunteer Services.

- Continued to enhance and maintain the SMP Hawaii website (http://smphawaii.org) to expand online access to SMP educational resources for the general public, and persons

with disabilities and limited English proficiency; and streamline volunteer application, training, and communication. During SFY16, SMP Hawaii added to its website revised and new training modules, newsletters, fraud guides, and video recordings.

- Continued to partner 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 educational outreach brochure, "5 Easy Steps to MyMediare.gov", which was submitted to the SMP Resource Center for distribution to all SMP programs nationwide for replication.

- Disseminated 22,260 SMP Hawaii's bulletin, "LOOKING OUT FOR YOU". The bulletins discuss "red flag" issues concerning seniors and are delivered to people isolated in their homes through Lanakila Meals on Wheels and Hawaii Meals on Wheels. The bulletins are also emailed or mailed to the AAAs and the senior centers.

- Continued to collaborate 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.

- Continued to develop and expand the SMP outreach database to ensure comprehensive SMP group outreach and education to senior housing, retirement communities, senior clubs, caregiver groups, faith based ministries, and retiree groups.

B. Special Initiatives

1. Healthy Aging Partnership

EOA has co-led this effort with Department of Health Diabetes Prevention and Control Program and University of Hawaii Office of Public Health Studies (UH OPHS) on the Hawaii Healthy Aging Partnership (HAP) since 2006. HAP has sought to embed in community-based organizations serving older adults evidence-based health promotion programs, that is, programs empirically found to be effective.

SFY 2016 was a difficult year. EOA found it necessary to reduce services due to the lack of funding by the State Legislature. EOA received no funding for SFY 2016 and relied on carry over State funds and local funding from the Counties of Hawaii, Maui and Kauai to support the HAP programs. HAP aligns with Goal 5 of the State Plan on Aging, "Optimizing the health, safety, and independence of Hawaii's older adults."

The evidence-based programs implemented include Better Choices Better Health (BCBH), also known as the Stanford's Chronic Disease Self-Management Program, and EnhanceFitness (EF).

- BCBH teaches participants to manage their chronic conditions more effectively to delay or, to the extent possible, avoid the onset of disease complications, thereby improving the participants' health and quality of life. HAP utilizes the BCBH diabetes and cancer modules.

- EF participants meet three times a week for cardiovascular, strength, balance and flexibility exercises.

With the support from UH OPHS, these programs are carefully monitored to ensure a high level of model fidelity and are evaluated on satisfaction and participant outcomes. Data showed HAP programs served 680 individuals across the state in SFY2016.[3]

- BCBH has served 205 participants (85 on Oahu, 22 on Maui, 73 on Hawaii, and 25 on Kauai). Of those, 168 participants (82%) completed the workshop (attending at least four out of six sessions), a higher completion rate than the national average of 69%. After six months, participants reported an increase in their level exercise and their confidence managing their chronic conditions, and a reduced level of health distress and hospitalization.

- EF has served 475 participants (312 on Maui and 163 on Kauai). During this reporting period, 208 new individuals joined the program. EF offers 22 classes at 18 sites. After four months, participants showed improvements in upper and lower body strength, balance and mobility, and reported spending more days exercising and having fewer falls.

Preliminary Hawaii-specific data suggest BCBH and EF have both resulted in health care cost savings. Hawaii-specific data showed BCBH to have potentially resulted in an annual health care saving of $528.90 per participant. National studies found the annual total health care cost for EF participants to be lower than non-participants, $642 compared to $1,175. In addition, the studies found a positive correlation between savings and participation. Those who attend the class once a week had a health care costs savings of 6%, while those who attended more than once a week had a cost savings of 21%.

HAP has been pursuing several self-sustainability strategies for its programs. One strategy is to secure administrative funds from CMS. This has lead HAP to partner with the National Kidney Foundation in sponsoring BCBH, since the Foundation is able to get third-party reimbursement from CMS. Maui County has also participated in a two-year CMS feasibility study on Medicare reimbursement for EF.

Without sustainable funding from the State Legislature, EOA will no longer be able to sustain this project statewide. EOA will be unable to provide State support for coordination of the project, assurance for fidelity to the evidence-based intervention, or the provision of technical assistance and monitoring. With the absence of State funds and the minimal county funding they receive, the AAAs will need to reduce services and quite possibility cease to be offered.

[3] HAP has been working to increase referrals by streamlining the referral process between physicians and the BCBH and EF programs.

2. Participant Direction

Participant-direction (PD) is a service model that empowers program participants and their families to address their LTSS needs by expanding their choices and control over care they need and want to live at home. PD differs from the traditional LTSS service model in that the participant is their own case manager. As such, the participant must be willing to self-direct his/her LTSS services.

Before the prospective participant can enroll in the PD program, he/she receives a comprehensive assessment to determine eligibility, health status, and unmet LTSS needs. The information from the assessment is used to assist the prospective participant in developing a support plan that describes the LTSS goals and the activities to be undertaken to achieve the goals. Once the spending plan is approved, the participant works to acquire the services and supports needed to help them remain in his/her home and avoid spend down to Medicaid.

The participant is provided with a team consisting of a coach and a financial management services (FMS) representative. The coach assists the participant to develop a spending plan for the use of the public funds allotted for LTSS services. The coach assists the participant in completing all required enrollment, employer, employee and vendor paperwork that is needed before the plan can deemed active. The FMS representative assists the participant, or their authorized representative, by paying for the supports in the spending plan each month, including but not limited to paying employees and vendors, reimbursing for approved purchases and insurance premiums, filing all required reports to state and federal taxing authorities, and collecting and paying required taxes.

a. Integrating Participant-Directed Services into Public Funded Program

EOA will continue to offer older adults the option for participant-direction long-term services and supports (PD-LTSS) through its publicly funded programs. EOA will screen prospective participants for eligibility, which may include targeting those who with high needs and low support, and are at risk of institutional placement but are able and willing to self-direct. EOA will continue to support those AAAs desiring to bring this service option in-house by training their staff to be assessors and/or coaches. Since June 2016, EOA has contracted with community-based agencies and qualified individuals to provide assessments, coaching, and FMS support to qualified older adults interested in participant-directed services residing in catchment areas of AAAs that are not providing the participant-direction option with in-house staff.

In SFY 2016, a total of 43 qualified individuals were enrolled in the PD-LTSS option in Hawaii, Kauai and Maui Counties. Hawaii had nine participants, all of whom enrolled this year. Kauai added 1 new participant to the 4 participants that were previously enrolled, while Maui added 11 new participants to the 18 participants in their caseload. The Hawaii County Office on Aging and the Kauai Agency on Elder Affairs continued to be supported by agencies contracted by EOA to provide assessment and coaching services to PD-LTSS participants in their counties. Maui County Office on Aging used in-house staff to provide both assessment and coaching services.

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

The VD-HCBS is a participant-directed program for eligible veterans. 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 based on their level of care need to hire the care providers they need to remain at home. 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 a VA facility or community facility that is reimbursed by the VA.

Started in 2009, the program is being rolled out nationally 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 referrals from VAPIHCS, EOA needed to pass a Readiness Review for program and financial functionality. EOA was able to build on its successful experience with the Community Living Program federal grant 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, such as policies and participant guidebook, and enrollment, spending, and other related forms, and resulted in approval to deliver VD-HCBS model when the local VAMC was ready.

The Hawaii VD-HCBS received its first referral in August 2015 and, by November 1, 2015, their first referral was fully enrolled and receiving services. By the end of the SFY 2016, a total of 34 veterans were referred for VD-HCBS services, of which, 13 veterans (38%) were fully enrolled and receiving services; 12 veterans (35%) either elected not to participate in the program, were placed in long-term care, or passed away before completing the enrollment process; and 9 veterans (27%) were being assisted in the enrollment process and expected to be fully enrolled and receiving services early in the first quarter of SFY 2017. Additional referrals are anticipated throughout SFY 2017 as VD-HCBS becomes known as a viable option for those veterans or their families wishing to participate.

3. No Wrong Door Initiative

In September 2015, EOA was one of five states ACL awarded with a three-year implementation grant to incorporate a "No Wrong Door" (NWD) system into their ADRCs. The NWD system is a coordinated, streamlined system to improve access to LTSS. It serves as the entry point to public programs and state revenue sources for all populations and payers. In the NWD system, State agencies (Doors) collaborate and coordinate with each other to streamline access to LTSS options needed by older adults and persons with disabilities through a single, standardized entry process that is administered and overseen by the coordinating entity.

The goals of the Hawaii three-year project are to: (1) expand the ADRC effort into a NWD network that will enable older adults and persons with a disability to access to all publicly-funded LTSS and (2) build an infrastructure to offer person-centered (PC) counseling to all individuals.

The objectives are to establish: (1) a governance structure, coordination protocols, and universal PC counseling standards across the NWD network; (2) a sustainable PC training infrastructure; (3) capacity to provide managed LTSS beneficiary supports required in CMS' proposed rules for managed care; (4) agreements and infrastructure for Medicaid administrative federal financial participation (FFP); and (5) a business case for expanded state funding for the NWD network.

In SFY 2016, all four counties participated in incorporating the NWD system into their ADRC. The major accomplishments included:

- Establishing an Infrastructure Team, consisting of the EOA, University of Hawaii at Mānoa Center on Disability Studies, Hilopa'a and HCBS Strategies. The team holds bi-weekly web-enabled meetings to manage the NWD project.

- Establishing an Advisory Committee consisting of 12 Doors, 7 referral partners and 9 stakeholders. The Advisory Committee has active participation by people with disabilities, including self-advocates and individuals with physical and sensory impairments.

- Developing draft referral protocols and a common consent form to create a more streamlined referral process between the ADRC and the other Doors.

- Developing a plan for a Veteran-Focused PC counseling innovation project.

- Developing a plan for a pilot project at the Maui ADRC to address a group currently not receiving services, i.e., individuals under 60 years old with a disability.

- Completing two pilot random moment time studies at the ADRCs to capture data for the cost pool to include in the FFP application to CMS.

- ADRC staff participation in the PC counseling training program.

- Contracting for the development of a Hawaii-specific PC training curriculum and system navigation training tools.

- Continuing work with a contracted Data Systems Administrator to develop a statewide Management Information System (MIS) to enhance, improve and incorporate the use of the MIS into the ADRC business operations.

In the second year of the grant, EOA will: (1) continue to work with the Door agencies to reach an agreement on a common referral tool and common consent form; (2) start training agency staff on PC counseling and systems navigation; and (3) continue to pursue federal financial participation reimbursement through Medicaid.

4. 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. EOA is currently reviewing the Language Access Plan of 2015. The Long-Term Care (LTC) Disabilities Specialist has been assigned the role of reviewing the plan. In 2017, the LTC Disabilities Specialist will be working on the following:

- Updating resources
- Evaluating our plan utilizing a national tool
- Coordinating training resources for successful implementation of the plan at the program level
- Ensuring compliance with the Section 1557 of the Affordable Care Act, which requires federally funded health program to take reasonable steps to ensure access for LEP persons.

Part V: Next Steps

During the next SFY, EOA will focus on the following activities:

- Complete the implementation of a statewide fully functioning ADRC. EOA will work with the AAAs in Hawaii County and the City and County of Honolulu to complete the implementation of their ADRC and the AAAs in Maui and Kauai Counties to improve their operations.

- Continue to partner with others agencies that provide services that make it possible for older adults and persons with disabilities to live independently and safely in the community longer. This includes the integration of the NWD system into the operation of the ADRC, as well as the expansion of evidence-based health promotion programs.

- Complete the reorganization of EOA by having all re-described positions approved and filled.

- Extend its current State Plan on Aging for Title III and IV Services for two additional FFYs. This document will describe EOA's plan for using OAA Title III and IV funds to provide LTSS to older adults and persons with disabilities to enable them to live independently and safely in their homes.