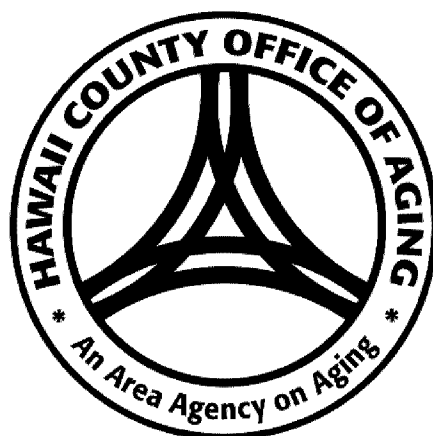


Hawai'i County Office of Aging

Area Plan on Aging

October 1, 2015- September 30, 2019



HAWAI'I COUNTY  
OFFICE OF AGING

East Hawaii

1055 Kino'ole Street, Suite 101  
Hilo, Hawai'i 96720-3872

West Hawaii

74-5044 Ane Keohokalole Highway, Bldg B  
Kailua-Kona, HI 96740

July 2015

**FOUR-YEAR AREA PLAN**

**October 1, 2015- September 30, 2019**

**HAWAI'I COUNTY OFFICE OF AGING**

**for the  
COUNTY OF HAWAI'I  
In the  
STATE OF HAWAI'I**

**For the Administration on Aging  
Planning Service Area IV**

***HCOA Vision  
Age with Honor***

***HCOA Mission  
Help older individuals live  
independently with dignity.***

## Office of Aging

### Executive Summary

Since 1973, the Hawai'i County Office of Aging (HCOA) has been the designated Area Agency on Aging (AAA) in the County of Hawaii serving older adults and their caregivers. As an Area Agency on Aging, the Hawaii County Office of Aging is responsible for assessing the needs of the county's older adult population, determining the kinds and amounts of services required to meet those needs, monitoring the provision of services, and evaluating the efficiency and effectiveness of service delivery. This plan addresses issues and areas of concern of the senior population of Hawaii County and how HCOA plans to meet the needs of our kupuna through the Aging Services Network.

Development of this plan coincides with one of the largest historic periods of growth in the elderly population: the Baby-Boomer generation is coming of age. In the next decade there will be large increases in the senior population requiring housing, transportation, recreation, education, health, and nutrition services, among others. Of the **194,190** current residents in Hawai'i County, an **estimated 17 percent are 65 and older**, an increase of roughly 3.8 percent per year since the drafting of the previous plan. Also the average age of consumers receiving case management services has increased to **82yrs old**. Seniors are not just living longer but staying active thus postponing their frail years until their late 70s, early 80s. Hence, the effects of the **"silver tsunami" generation** will not approach the shoreline until **4-7 years**, hitting first our **Elderly Activities Division** and then **our County Office of Aging/Aging and Disability Resource Center (ADRC) soon after**. This is why it is critical for the County, State, and Federal governments to support the island's public and private agencies along the aging continuum, paying particular attention to those agencies servicing active seniors because these seniors will most likely be **caregivers, which we consider the backbone of the aging network**.

The U.S. Census Bureau released the 2013 State and County population characteristics. As expected, Hawaii is at the top of the diversity index with **77 percent of its population a minority race**. In Hawaii County, **Asians** (alone or in combination) accounted for **45%** of the population. Hawaii County also has the largest share of **Native Hawaiians** and Other Pacific Islanders at **34.4%**, as well as the highest share of people identifying as **White** at **54.6%**. Regarding language diversity, **18.7% of people speak English as a second language**.

These data vulnerabilities gave rise to the Older Americans Act (OAA) reemphasizing the intention of Congress to target services and resources based on the needs of those older individuals identified as having the **greatest economic need, the greatest social need, and those who are low-income minority and older individuals residing in rural areas**, with an additional emphasis on targeting those with **limited English proficiency** and seniors at risk of **institutional placement**. HCOA unduplicated count of persons served for registered services in fiscal year 2015 is **1,638**. Of the 1,638 clients, **females (n=1084) almost doubled males (n=544)**, and the major ethnicities served were **Asian (41%, n=687)**, **White (27%, n=448)**, and **Native Hawaiian (8%, n=131)**, with **9% (n=153)** of consumers identifying as **mixed race**.

With these data trends in mind, we will do our best to maintain the range of services along the aging continuum and ensure that our services are consumer-centered and culturally responsive. To do this, we will rely on collaborative partnerships and on evidence-based models. We will track our progress using nationally-recognized data indicators and we are confident that our seamless system of care will continue to make the Hawaii County a great place to live, work, and play for older adults and people with disabilities.

Based on the Administration on Aging's (AoA) initiatives, the State Executive Office on Aging (EOA), Area Agencies on Aging (AAA), and Hawaii County's unique community and geographical makeup, we are pursuing the following **goals** for this planning period:



**Goal 1. Age Well:** Maximizing opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.



**Goal 2. Forge Partnerships:** Forging partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.



**Goal 3. Enhance the ADRC:** Developing a statewide ADRC system for older adults and their families to access and receive Long Term Support Services (LTSS) within their respective counties.



**Goal 4. Live at Home with Dignity:** Enabling people with disabilities and older adults to live in their community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.



**Goal 5. Keep Kupuna Safe:** Optimizing the health, safety, and independence of Hawai'i's older adults.

### **Planning Process and Priorities**

HCOA utilized an inclusive planning process by collecting ideas and input from the Aging Network and community stakeholders. **As part of the planning process, HCOA gathered community input through a series of focus groups and surveys.** Participants were recruited from several target groups to represent a diverse range of stakeholders. They included HCOA staff, Aging Network partners, service providers, community senior groups, and the County of Hawai'i Committee on Aging. Through an analysis of the focus groups, surveys, and prevalence rates, HCOA evaluated how well the current system of services and supports are functioning. We also identified additional services that may be needed to address unmet needs, and considered barriers that may be present for access to services for a growing aging population. Survey results identified **transportation, in-home services, access to information, and adult day care as top priorities.** Other issues that were identified included **elderly housing, long term care counseling options, nutrition, legal assistance, and chronic disease management programs and services.**

2012 estimates show a little over **42,000 adults age 60 and beyond.** Prevalence rates suggest that **80% of these adults over 60 are active and independent (n=36,000); 15% are frail and semi-dependent (n=6,300); and 5% are dependent and in need of 24hr care (n=2,000).** Within the Hawaii County aging continuum, Elderly Activities Division (through their programs and activities) reaches out to about **15,000** participants. HCOA's primary target population are those semi-dependent seniors who don't qualify for other government services and who may not have enough money to support their own semi-dependent needs. **The 1,600-2,000 seniors we contract for services fall into this category, otherwise known as the "gap group".** Seniors with greater needs are connected to **long term care facilities through HCOA's information, assistance, and referral program.** It is within this framework that agency priorities were established.

A key outcome of this plan is to reduce the occurrence of individuals at-risk for institutionalization and spending-down to Medicaid eligibility in order to have access to long term care support services. The statewide **Kupuna Care initiative** is a good example of how strategic planning can lead to positive outcomes. Hawaii County Office of Aging (HCOA) receives state funds to contract case management services but these funds are limited and HCOA bears the burden of maximizing its use to benefit seniors with long term care needs. Of 273 seniors receiving case management in 2014, 77 percent were able to stay in their homes at an average **cost of \$1200 per month.** This is an astonishingly low figure when average monthly costs at Hilo's Life Care Center run \$12,405, Okutsu VA at \$11,200 and Foster Home Care or a Care Home between \$3-\$5,000. As a result, for every **Kupuna Care dollar** HCOA spends, the State of Hawaii and her taxpayers save either **\$2-\$3 in foster care home costs,** or **\$10-\$12 in long-term residential costs.** By collaborative planning, listening to our seniors, and connecting them to their circle of support, we help create successful relationships that benefit the whole community.

In addition, HCOA will continue to participate in the development of the Aging and Disability Resource Center (ADRC) collaborative with the State. Currently, Hawaii County is the only AAA in the state to have a building dedicated to the ADRC concept of a **"one-stop shop/no wrong**

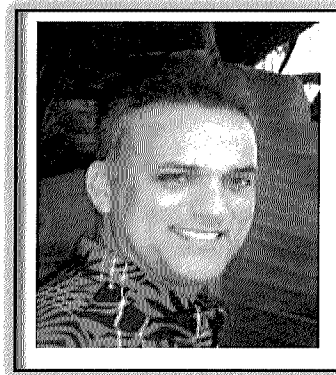
door ” for senior services. Some of the programs at this East Hawaii site include **Services for Seniors Case Management, Adult Protective Services, Aloha Independent Living, Coordinated Services for the Elderly, Senior Training and Employment Program, and the Hawaii County Nutrition Program** just to name a few. **West Hawaii’s Office of Aging** also has an ADRC component which is housed in West Hawaii Civic Center with other important senior services (i.e., Elderly Activities Coordinated Services for the Elderly). Within this ADRC function, HCOA has developed an **ACCESS Model** for service delivery. This model addresses initial entry into the Aging Network system, provides an assessment of caregiver and/or consumer circumstances, and follows the client through the provision of services and/or supports.

We look forward to hearing from you with your thoughts and suggestions as we strive to provide and promote high-quality services to seniors and people with disabilities.

Mahalo,



C. Kimō Alameda, PhD.  
County Executive on Aging  
Hawaii County Office of Aging /  
Aging and Disability Resource Center



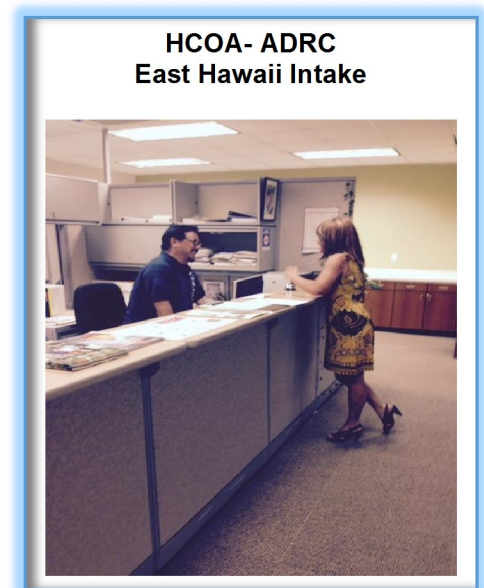
**HCOA Core Values**  
***Aloha, Access, & Accountability (AAA)***

- HCOA Core Objectives**
- Customer Service:** Everybody is a customer and every staff member is responsible for greeting the customer with aloha, assist with solving their problem, following up, and wishing them well.
  - Building Bridges:** Team members work to secure and sustain partnerships with agencies and departments that interface with older adults and people with disabilities.
  - Team Work:** Everyone looks out for each other. Staff members work hard at their job responsibilities while ensuring their role on the team and their contribution to the mission.

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## Verification of Intent

This Area Plan on Aging is hereby submitted for the Hawai'i County Office of Aging, Planning and Service Area IV for the period October 1, 2015 through September 30, 2019.

It includes all assurances and plans to be followed by the HAWAI'I COUNTY OFFICE OF AGING under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

The Area Plan has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

9/14/2015  
Date

Signed   
Area Agency Director


The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

9/04/2015  
Date

Signed Meighan Lui  
Chairperson  
Area Agency Advisory Council

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

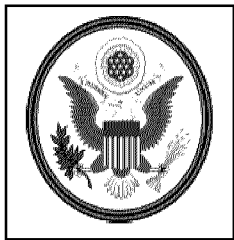
09.15.15  
Date

Signed   
Mayor, County of Hawaii

## Introduction

### A. Orientation to Area Plan on Aging

The Older Americans Act (OAA) was created by Congress and signed into law by President Lyndon B. Johnson in **1965**. In 1969, OAA amendments provided grants for demonstration projects, like foster grandparents and RSVP. In 1972, OAA authorized a national nutrition program, and in 1973 OAA established Area Agencies on Aging and the Senior Community Service Employment Program. The following year in 1974, transportation was added and by the early 80s, the foundation of OAA titles 1-7 was set.



**Title I** of the Act establishes the seniors' **Bill of Rights**. **Title II** created the **Administration on Aging (AoA)** now known as the **Administration for Community Living (ACL)** that is located in the Department of Health and Human Services and allowed for subsequent creation of state and local units on aging. The Act allocates funds under **Titles III and VII** to State Units on Aging to **plan, develop and coordinate systems of supportive in-home and community-based services** for seniors. These **Title III funds** pay for majority of the services provided to seniors such as, **supportive services** (Title III B); **meals** (Title III C); **disease prevention and health promotion education** (Title III D); and **caregiver support services** (Title III E). **Title IV** is earmarked for **training, research**, and discretionary programs. Under **Title V**, the ACL funds **volunteer programs** as well as the **Senior Community Service Employment Program**. Under **Title VI**, the ACL awards funds to tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. For the State of Hawaii, **Alu Like** has been the recipient of these funds targeting Hawaiians. **Title VII** funds the **Statewide Ombudsmen** program which advocates for seniors living in long-term care facilities.

The Older Americans Act of 1965 has been **reauthorized fifteen times** with the most recent amendment occurring in 2006. The Older Americans Act remains the foundation to improve the quality of life for all older Americans for now and the near future. Under the Act, State Agencies on Aging, sometimes called State Units on Aging, are located in every state and territory in the United States. Most states are divided into planning and service areas so that programs can be designed to meet the locally identified needs of older persons residing in those areas.

There are **56** State Units and **629** Area Agencies on Aging (AAA's) in the nation, of which **Hawaii County Office on Aging** is one of four Area Agencies in Hawaii. Federal funding is based on the number of older persons in the State according to the US Census, and funding to local AAA's also depends on population numbers of elder and minority individuals. Area Agencies on Aging receive funds from their respective State Units on Aging to plan, develop, coordinate and

arrange for services in each planning and service area to **meet locally identified needs**. These funds are used by AAA's to contract with public or private groups for service provision.

AAA's are prohibited from providing some services directly for two reasons, both of which are related to **conflicts of interest**. First, because **advocacy** to represent older consumers is a mandated function, it's a potential conflict to advocate for seniors if the staff providing the service is also employed by the AAA. Second, there is a **conflict of interest** in awarding a contract to an entity that the AAA's has direct authority over as it would be construed as **"giving oneself the award"**. Yet, there is a waiver option should the AAA and State Office on Aging determine that no other entity can provide the service.

Currently, HCOA contracts with over 20 providers, one of which is the County of Hawaii's **Elderly Activities Division** which is organizationally placed under the **Department of Parks and Recreation**. The Elderly Activities Division provides a number of programs including staffing the **senior centers** and **recreation programs** that keep our seniors active, healthy, and socially engaged. The specific programs that are monitored by Hawaii County's Office of Aging are those that involve **Information and Assistance, Homebased Services, Outreach, Nutrition, Transportation, RSVP** (volunteer program), and **STEP** (employment program). Hence, all subcontracted programs are designed to help seniors live independently in their own homes and communities for as long as possible.

Each Area Agency on Aging designated under "section 305 (a) (2) (A) of the Older Americans Act shall, in order to be approved by the State agency, prepare and develop an Area Plan for a planning and service area for a **four-year period**, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a) (1) of the Older Americans Act."

**The 2015-2019 Area Plan** on Aging is a document submitted by the Hawaii County's Office of Aging (HCOA) to the State Executive Office on Aging (EOA) in compliance with the Older Americans Act (OAA), as amended in 2006, and for the receipt of sub-grants or contracts from the Executive Office on Aging **Title III** grant through the OAA. It contains a detailed statement describing the Area Agency's strategy for the development of a comprehensive and coordinated system in accordance with all federal requirements. The time period covered by this plan is **October 1, 2015 to September 30, 2019**.

This plan is made up of five major parts. **Part I** provides an overview of the **older adult population** of the County of Hawai'i and descriptions of available programs and services. This section also discusses the current issues and trends of the Administration on Aging (AoA) program initiatives and the context in which programs and services are developed. **Part II** summarizes **recommendations** based on analysis of existing services and plans for meeting future program and service directions. **Part III** provides specific **goals, objectives**, and plans over the next four years. **Part IV** summarizes the plan for allocation of **funds** for access, in-home, legal assistance, and community-based services received under Title III of the Older Americans Act, as amended in 2006, (OAA) and State Funds. This section also includes the

previous year's expenditures of public funds. **Part V** reviews the **evaluation strategy**. **The Appendix** includes assurances made by the Area Agency on Aging, issues and areas of concern, glossary, and other pertinent information.

**The Area Plan on Aging, as a planning document, has three major purposes:**

- 1) To serve as the planning document that identifies needs, goals, objectives and the activities that will be undertaken by the Area Agency on Aging relative to programs for the older persons in the Planning and Service Area.
- 2) To represent a formal commitment to the State Agency which describes the manner in which the Area Agency on Aging plans to utilize the Older Americans Act funds, including how it will carry out its administrative responsibilities.
- 3) To be the "the blueprint for action" which represents a commitment by the Area Agency on Aging that it will fulfill its role as the planner, catalyst, and advocate on behalf of older persons in the Planning and Service Area.

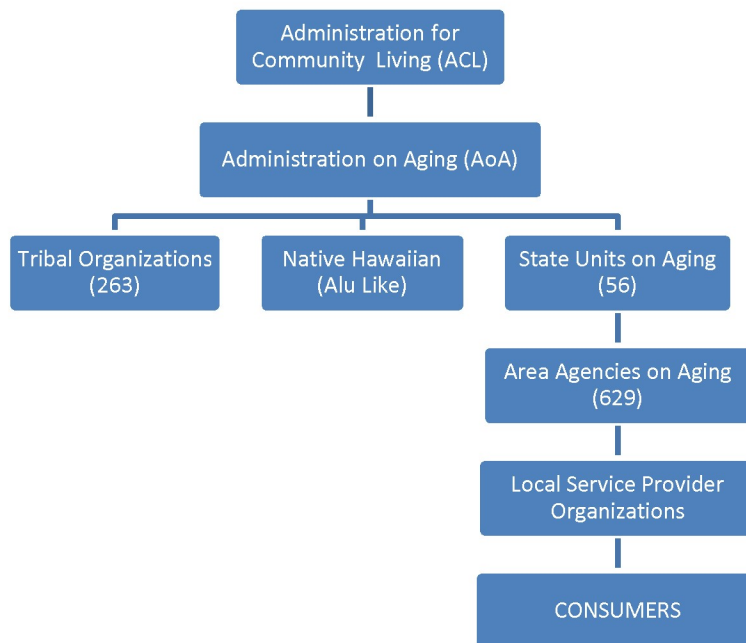


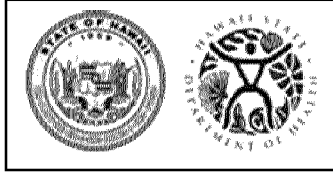
## B. An Overview of the Aging Network

### The National Aging Network

In 1965, Congress passed the Older Americans Act which established social service and nutrition programs for America's older adults. The purpose of **Title III** of the Older Americans Act (OAA) is to **aid older adults in maintaining independence in their homes and communities by providing appropriate supportive services and promoting a continuum of care for the vulnerable elderly**. The OAA laid the foundation for the current nationwide aging services network. The National Aging Network is headed by the U.S. Administration on Aging (AoA) under the Administration for Community Living (ACL), a division of the U.S. Department of Health and Human Services. It is dedicated to policy development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers. Directed by the Assistant Secretary on Aging, it is the agency that awards **Title III** funds to the states that monitors and assesses the state agencies which administer these funds. State and Area Agencies on Aging were created thus establishing a nationwide "Aging Network". This "Network" assists older adults in meeting their physical, social, mental health, and other needs in order to maintain their well-being and independence. The AoA Aging Network includes **56 State Units on Aging (SUA's), 629 Area Agencies on Aging (AAA's), 263 Tribal and native organizations including 1 organization serving Native Hawaiians**. (See Chart 1) The AAA's are responsible for the planning, development, and coordination of a wide array of home and community-based services within each state under Title III of the OAA.

**Chart 1: National Aging Services Network**





## **Hawaii's Aging Network**

The Executive Office on Aging (EOA) is the designated State Unit on Aging (SUA) which serves as the lead agency of the aging network at the State level. The 2006 amendments to the Older Americans Act require the Executive Office on Aging to plan for and to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. **The Executive Office on Aging is responsible for statewide planning, policy and program development, advocacy, research, information and referral, and coordination of services provided by public and private agencies for our seniors and their families in the state of Hawai'i.**

**Chapter 349 of the Hawai'i Revised Statutes** established the **Policy Advisory Board for Elder Affairs (PABEA)** which assists by advising on the development and administration of the State Plan. EOA receives community input through PABEA. The PABEA membership consists of older adult consumers, service providers, and others in the field of aging. The Governor, with the consent of the State Senate, appoints all members, except ex-officio members. Ex-officio members are selected from various state departments that work closely with EOA on matters pertaining to aging and family caregiving. **The AAA executives from each county are considered ex-officio members.**

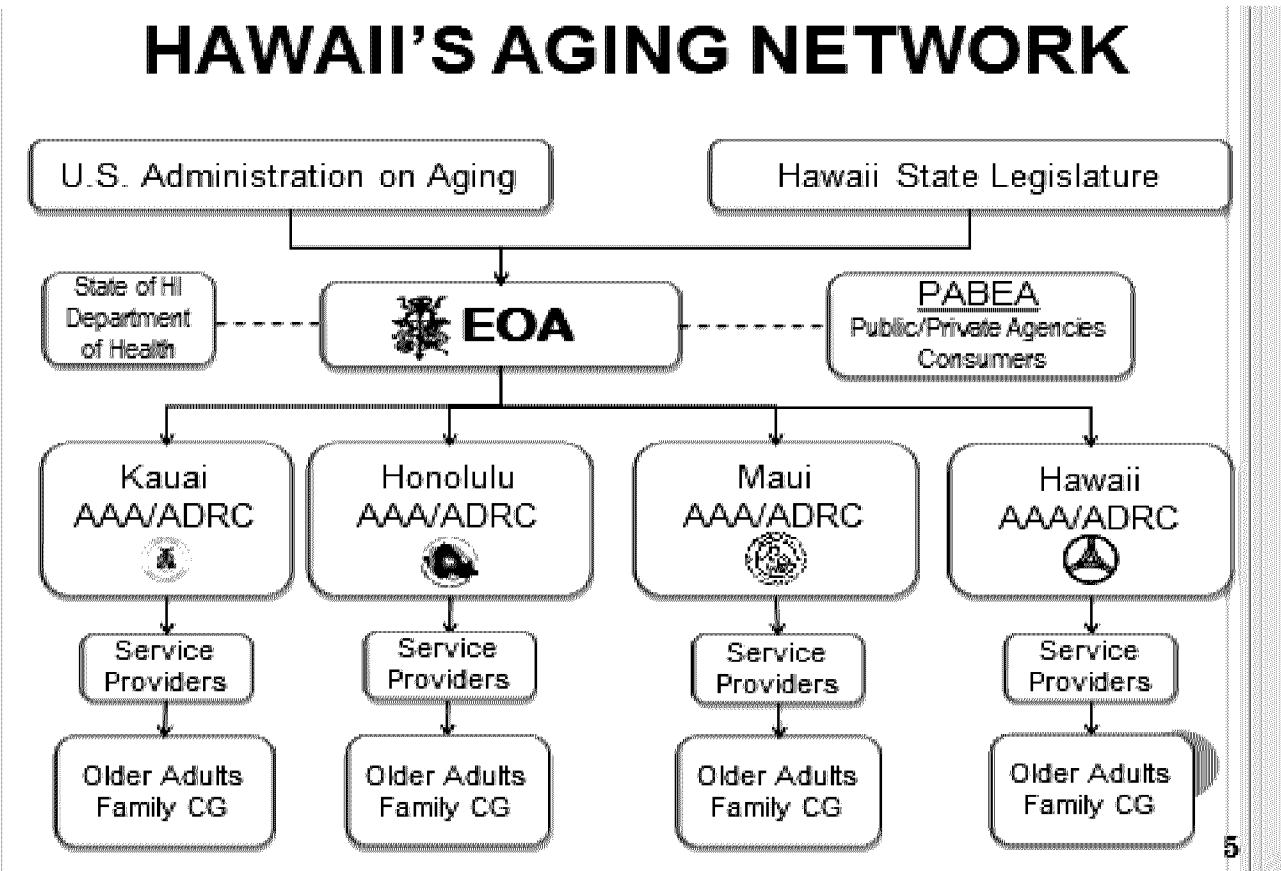
The majority of the membership must be age 60 or older, and at least one member must be from each county. PABEA assists with conducting public hearings on the State Plan, representing the interests of older persons, and reviewing and commenting on other State plans, budgets and policies which affect older persons.

### **Area Agencies on Aging**

Area Agencies on Aging (AAA's) were established under the **OAA in 1973** to respond to the needs of Americans aged 60 and over in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, **AAA's make it possible for older adults to remain in their homes and communities as long as possible.**

**Each county in the State of Hawaii has an Area Agency on Aging** which is responsible for the planning, development, delivery, and administration of services to older adults and family caregivers residing in their Planning and Service Area (PSA). The EOA has designated each of the counties of the state as PSA's respectively: PSA-1 Kauai Agency on Elderly Affairs, PSA-2 Elderly Affairs Division, Honolulu, PSA-3 Maui County Office on Aging, and **PSA-4 Hawai'i County Office of Aging.** (See Chart 2)

**Chart 2: State of Hawai'i Network on Aging**  
 Source: Ashley Muraoka-Mamaclay, State EOA - Caregiver Powerpoint 2015



The AAA's are the agencies designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for each PSA. The Hawai'i County Office of Aging (HCOA) is the designated AAA for PSA-4 in the State of Hawai'i serving older individuals. Hawai'i County is the largest in physical size of the state covering **4,028 square miles (larger than the combined total of all the other islands in the Hawaiian chain)**. Hawai'i County is also the second most populated county in the state with a **2014 estimated resident population of 194,190**. (U.S. Census Bureau, 2014 American Community Survey) Overall, Hawai'i County is considered rural in character and ethnically diverse. Also, the average age of consumers receiving case management services is **82 years old**. Hawai'i, as expected is at the top of the diversity index, with a full **77 percent** of its population a minority race.

Currently, the HCOA operates on a **combined federal (\$948,645), state (\$681,929), and county (\$621,193) budget of \$2,251,767** (HCOA Budget, 2015) while managing and administering over **20 contracts** for direct services including: Nutrition, Transportation, Outreach, Case Management, Senior Employment, Healthy Aging, Adult Day Care, Homemaker, Personal Care, Chore, Caregiver Support Services, Legal Services, Retired and Senior Volunteer Program, and

Elder Abuse, among others.

### **Function of the Area Agency**

The Older Americans Act, as amended in 2006, designates that the AAA's shall be the leaders relative to all aging issues on behalf of all older persons in their respective PSA's. Under this directive, the AAA's shall proactively carry out, under the leadership and direction of the State agencies, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of comprehensive and coordinated community based systems which will enable older persons to lead independent, meaningful and dignified lives in their own homes and communities as long as possible. (HRS §1321.53)

### **Activities of the Hawaii County's Area Agency**

Specific functions that the Hawai'i County Office of Aging undertakes in fulfilling its' mission of the development and administration of programs on aging for the County of Hawaii include the following:

#### **Assessment and Data Maintenance**

- Continuously assessing the needs of older persons in Hawai'i County and developing programs aimed at meeting those needs;
- Maintain data on the profile and needs of older persons and their caregivers in Hawai'i County and to have this information available in this plan for other organizations and the general public to review;

#### **Program Development**

- Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons;
- Develop and administer an Area Plan on Aging for a comprehensive and coordinated service delivery system in Hawai'i County;

#### **Contract Development and Monitoring**

- Provide technical assistance, monitor, and periodically evaluate the performance of all service providers under the Area Plan;
- Enter into sub-grants or contracts for the provision of services outlined in the Area Plan; and

#### **Advocacy**

- Represent the interests of older persons to public officials and public and private agencies;
- Develop and maintain a public awareness program for older persons;
- Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older persons.



## Advisory Councils

The Mayor of Hawai'i County and HCOA have established several advisory councils, the **Committee on Aging** and the **Committee on People with Disabilities**. The Committee on Aging serves as an advisory council to advise HCOA on the development and administration of the area plan, conduct public hearings, represent the interests of older persons, and receive and comment on all community policies, programs, and actions which affect older persons of Hawai'i County. The Committee on Aging is **a mandated function by the Older Americans Act and a requirement for this plan to be approved and funding to be released.**

HCOA also spearheads the Mayors' Committee on People with Disabilities which purpose is to advise the Mayor on all matters related to persons with disabilities. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities. This is **a new function for HCOA** and attributes to the goal of having a **fully functioning ADRC** which also provides information, assistance, and referral services to people with disabilities who are looking for long-term services and supports. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities.

*Committee on Aging Members Talking Story After Their Monthly Meeting*



*Committee on Disability Members Smile for a Photo*



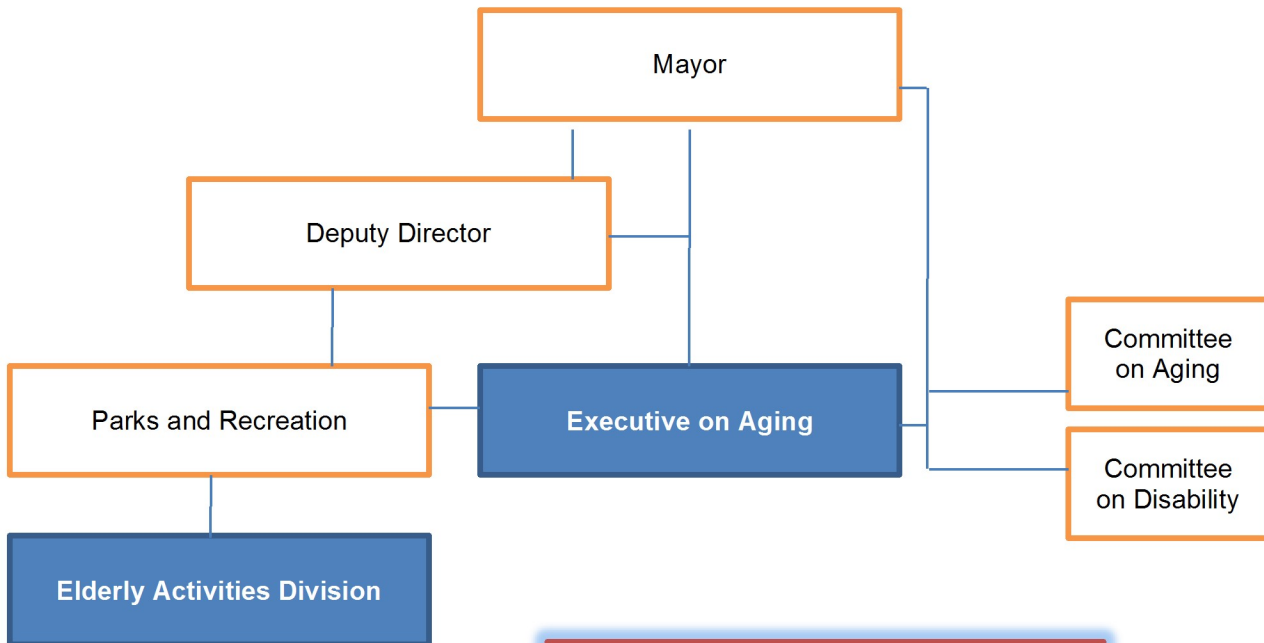


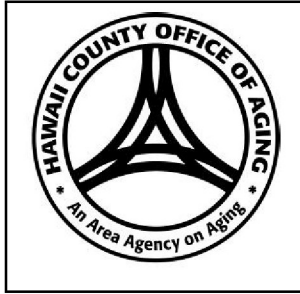
**The County of Hawai'i Organizational Structure**

The Hawai'i County Office of Aging is one of 19 departments within the County of Hawai'i organization. As an Area Agency on Aging, HCOA operates under the umbrella of the County of Hawai'i with the majority of agency positions funded by the County. The two primary county programs that serve the elderly are the **Parks and Recreation Elderly Activities Division** for active seniors and the **Office of Aging** for seniors who need additional supports to maintain their quality of life. (See Chart 3)

**Chart 3: Office of Aging and Elderly Activities – Organizational Placement**

**County of Hawai'i**

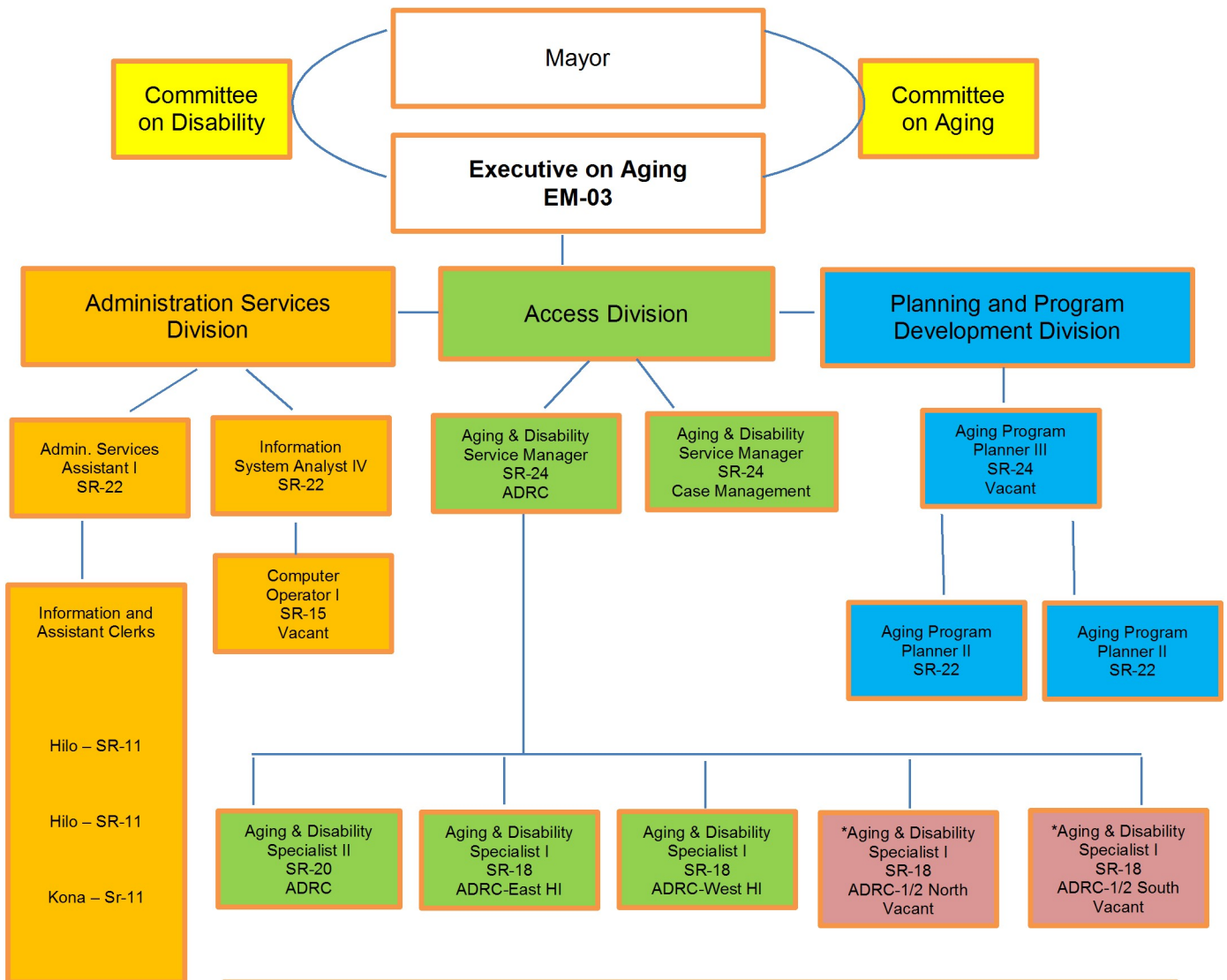




### Hawaii County Office of Aging

The Office of Aging falls organizationally under the Mayor's office headed by an Executive on Aging. The HCOA has an East and West Hawai'i office and **will provide outreach to South and North Hawaii starting in 2017**. HCOA is staffed by an Executive on Aging, three Aging Program Planners, two Access Managers, five Aging and Disability Specialist, an Accountant, a Computer Programmer/Analyst, and three Information and Assistance Clerks. (See Chart 4)

**Chart 4: Office of Aging – Position Organizational Chart – 2015**



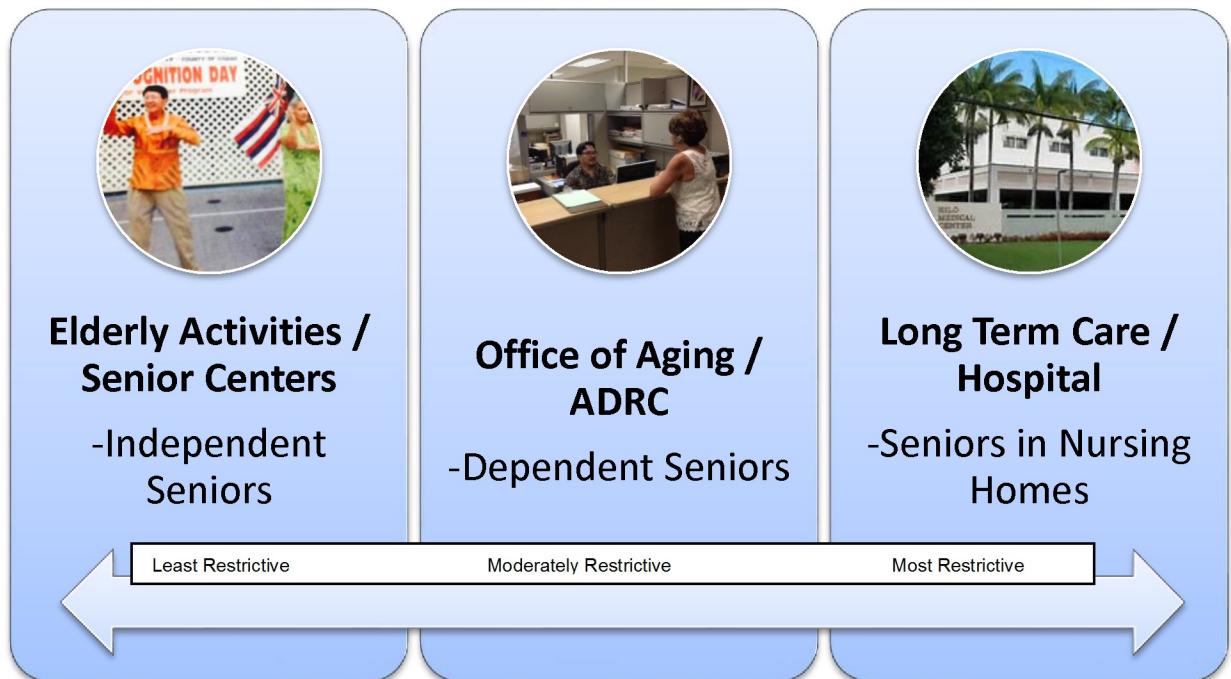
**\*Note:** Given the statewide data consolidation emphasis, HCOA is considering a re-organization of the ADRC half-time positions in exchange for a full time data-entry clerk position. The intent of the North and South ADRC concept will be fulfilled by ADRC specialists providing outreach options counseling to the north and south districts on an as needed basis.

## The HCOA Aging Services Network

HCOA through its ADRC has **developed an array of home and community-based services throughout its' history**. Consumers can access services directly or through agency referrals. After an initial pre-screening, the ADRC intake staff determines the level of care that is most appropriate for the consumer, their caregiver, or the respective contact person making the inquiry. As a result of the determination of level of care, information and assistance is **provided or a referral for services are made to the appropriate program, agency, or service**.  
(See Chart 5)

### Chart 5. Office of Aging Spectrum of Service

#### Continuum of Care Conceptual Flow

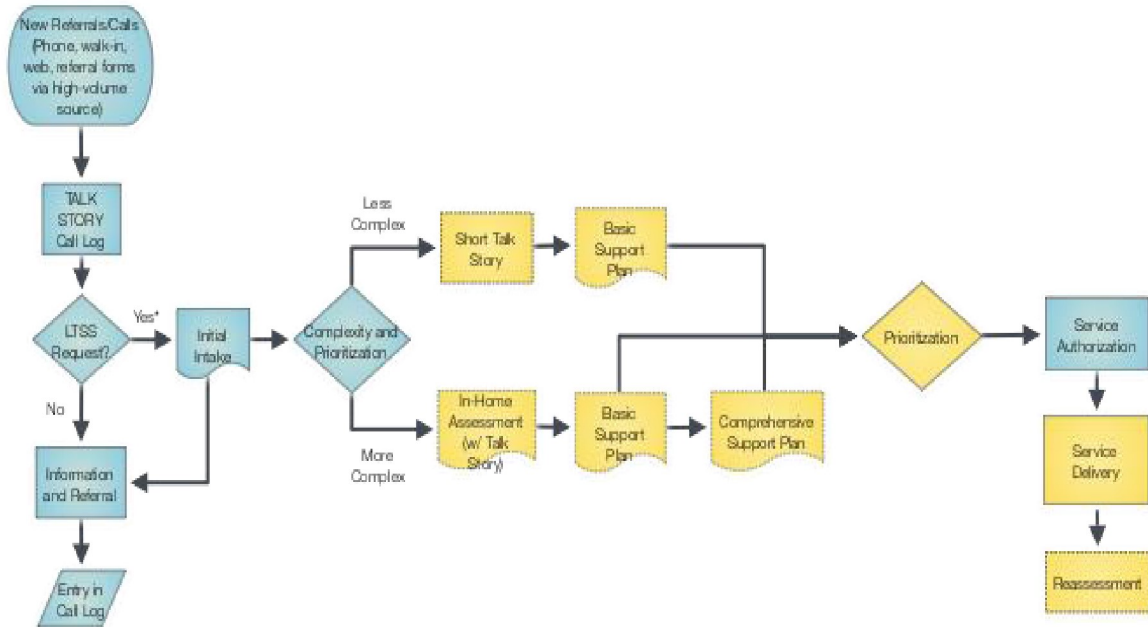


*HCOA Team Discussing Senior Services*



**HCOA-ADRC Operational Flow**

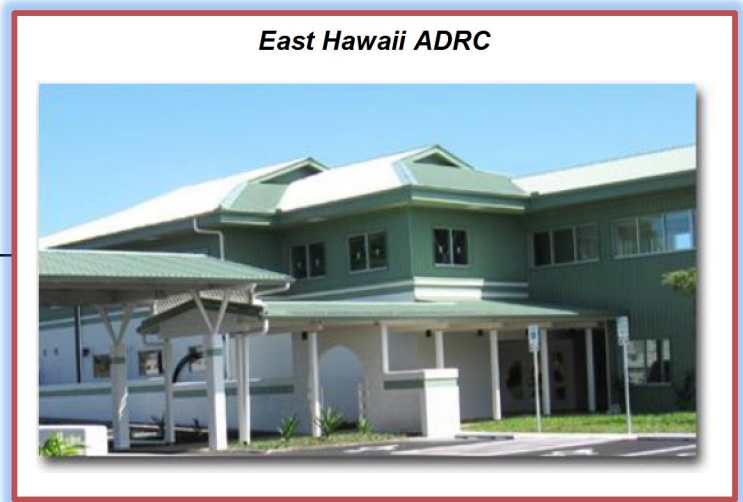
**Proposed Model for Operating the ADRC in Hawai'i County**



**Legend**

Conducted by HCOA	Conducted by Contracted Agency (SFS)	Conducted by Contracted Agency (SFS) in-person
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\* Client with a LTSS requests will be checked for in DMO before Initial intake if screened for possible Medicaid eligibility.



## C. AAA Planning Process

### Purpose

As an Area Agency on Aging, the Hawai'i County Office of Aging (HCOA) is responsible for assessing the needs of the county's older adult population, determining the kinds and amounts of services required to meet those needs, developing and executing contracts with service providers selected through a "request for proposal" or RFP process, monitoring the provision of services, and evaluation of the effectiveness and efficiency of service delivery.

### Process

The collection of information documenting the needs and areas of concerns of older individuals for Hawai'i County is conducted on an ongoing basis. This extensive research incorporating multiple benchmarks and comparisons to understand the question: How is Hawaii County doing? Thus, as part of the needs assessment and planning process, HCOA researches data from a variety of sources including, but not limited to:

- *Federal and State Indicators*: Secondary data was analyzed using the U.S. Census population data and projections; State data ([www.Hawaiihealthmatters.org](http://www.Hawaiihealthmatters.org)); National prevalence rates; the Administration on Aging;
- *HCOA and ADRC Indicators*: Harmony Information System and summaries of current program and service activities;
- *Key Informant Interviews*: Focus groups and individual interviews; and
- *Consumer, Provider, and Community Survey*: Survey Monkey was used to survey a sample of community residents, providers, and consumers, via online survey, supplemented by key informant interviews.

### Description of the Planning Process:

The following is an outline of the planning process utilized by the Office of Aging in the development of the 2015 – 2019 Area Plan on Aging. Involving community groups in the planning process ensures the needs of the community will be heard and reflected in policies and the development of aging programs and services.

#### Steps:

##### 1. Assess the Needs of Older Persons

- ◆ Quantitative Data Review:
  - U.S. Census data, studies, reports, proceedings, regulations, and surveys.
- ◆ Qualitative Data Review:
  - Committee (Aging and Disability) Feedback / Concerns

- Focus Groups
- Key Informant Surveys

2. Identify Areas of Concern
3. Evaluate Effectiveness of Existing System of Services
4. Develop Area Agency Goals
5. Develop List of Possible Alternative Approaches
6. Investigate Alternatives and Other Funding Sources
7. Establish Priorities
8. Develop Plan

### **Public Hearings**

Public hearings are a requirement and play an essential role in the planning process. Public hearings afford the general public an opportunity to comment and provide needed input to proposed Area Plans. Public hearings were held in East and West Hawai'i in **August, 2015**.

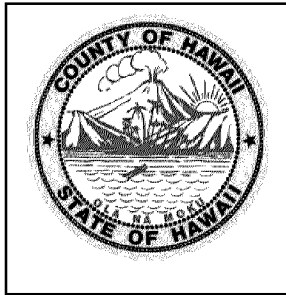
Public informational meetings were planned in the major districts of the island where the public can gain information on the plan and submit public comment, if desired. These meetings were scheduled in the second quarter of 2015. For details of public hearings, see Appendix.



# PART I

## Overview of the Older Adult Population and Existing Programs and Services

### A. Overview of the Older Adult Population

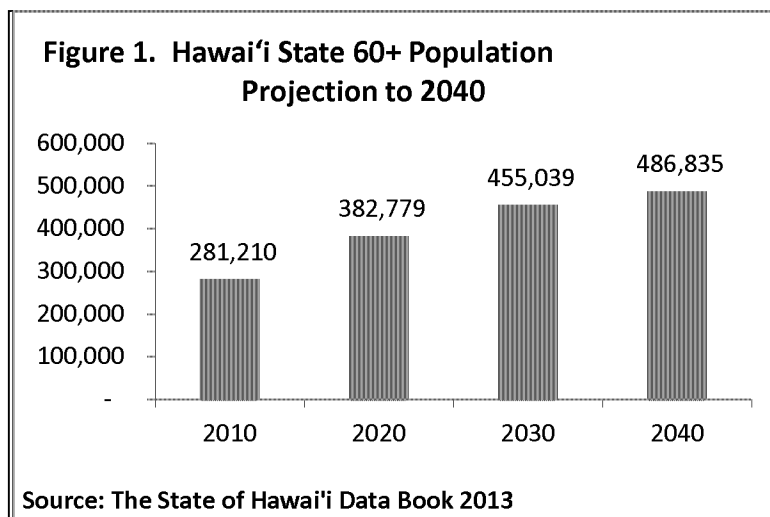


#### Population Profile

The purpose of the Hawai'i County Office of Aging and its network providers is to serve the older population supported by the Older Americans Act Title III, State, and local grants and other funding sources. The 60 and over age group is the fastest growing population worldwide. The baby-boom cohort, those born between 1946 and 1964, began to turn 60 in 2006 and 65 in 2011. This "Silver Tsunami" population will have a great impact on programs and services for the elderly as they enter the aging network of programs and services. According to *An Aging Nation: The Older Population in the United States*, the U.S. population aged 65 and over is projected to be 83.7 million by 2050, almost double its estimated population of 43.1 million in 2012. (Ortman, Velkoff, & Hogan)

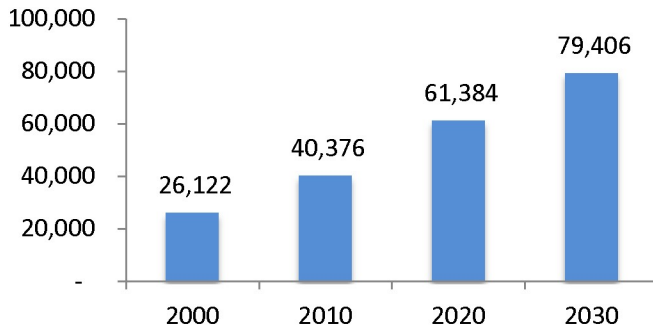
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The American aging population will have wide-ranging implications socially and economically for families, business, and health care providers. The projected growth of the older population will present challenges to policy makers and programs, including Social Security, Medicare, and Medicaid. There will also be large increases in the need for elderly housing, transportation, recreation, education, health, and nutrition services, among others. From 2010 to 2040, the elderly population of the State of Hawai'i is expected to grow by **73%**. (See Figure 1)





**Figure 2. Hawai'i County 60+ Population Growth**



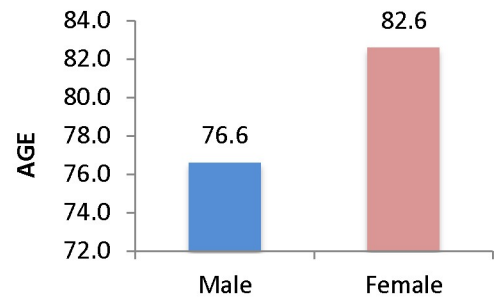
Source: WHFarr Kupuna Care Report 2014

The **population over the age of sixty** in Hawai'i County is expected to **triple** from the years 2000 to 2030 to almost 80,000 older adults (See Figure 2). Moreover, people are staying active longer as evidenced by the average age of HCOA's **case management consumer being 82yrs old**. This is longer than the life average expectancy for Hawaii county residents at **80yrs**. HCOA estimates that consumers in need of services will grow 3% each year.

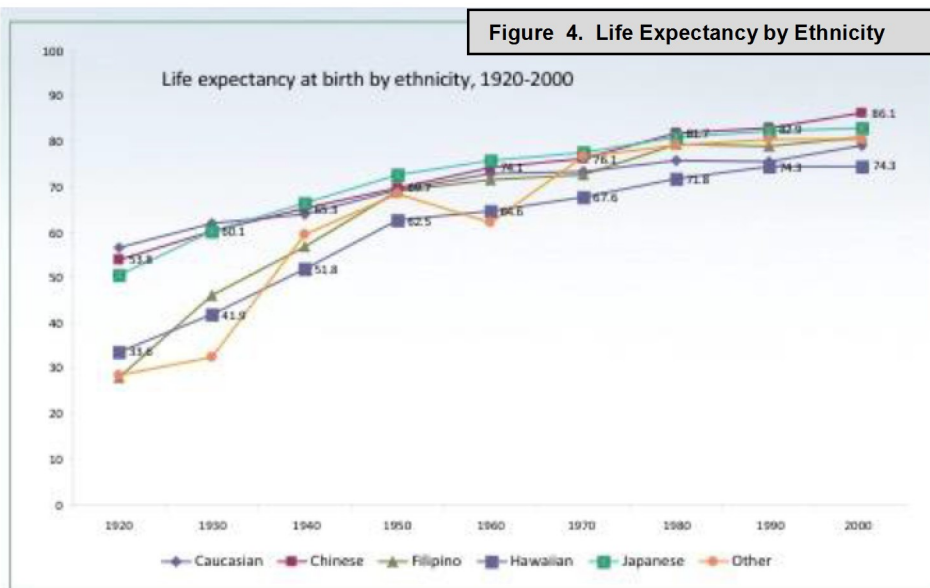
**Life expectancy in Hawai'i is the highest** in the nation, with women outliving men by an average of six years (See Figure 3). Yet, it's important to note that not all ethnic groups are living equally as long. **Native Hawaiians have the lowest life expectancy at 74.3 years** (figure 4), eight years less than the average age consumer receiving case management services through HCOA.

Source: The Institute for Health metrics and Evaluation at: [www.healthmetricsandevaluation.org](http://www.healthmetricsandevaluation.org) retrieved on January 16, 2014

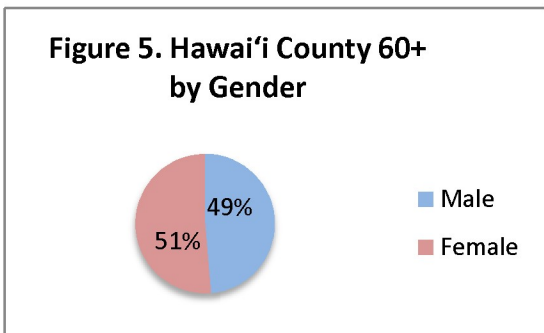
**Figure 3. Hawai'i County Life Expectancy**



**Figure 4. Life Expectancy by Ethnicity**



Sources: For data from 1910-1990, Hawai DBET; For data from 2000 Park, Braun, Horiuchi, Tottori and Onaka (2009). Longevity Disparities in Multiethnic Hawaii: An Analysis of 2000 Life Tables. Public Health Reports, July-August 2009, Vol. 124, p.580.

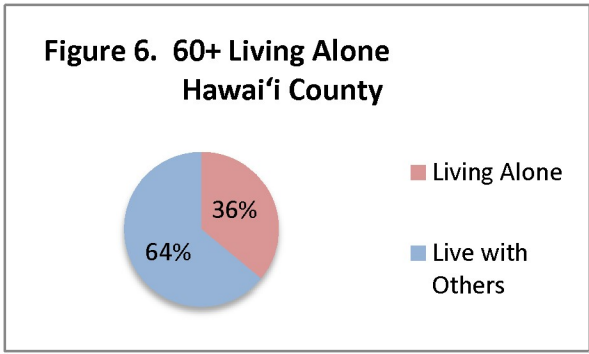


In Hawai'i County, **older women represent 51%** of the older population. As the population grows, women will continue to represent a larger percentage of the general older population. (See Figure 4)

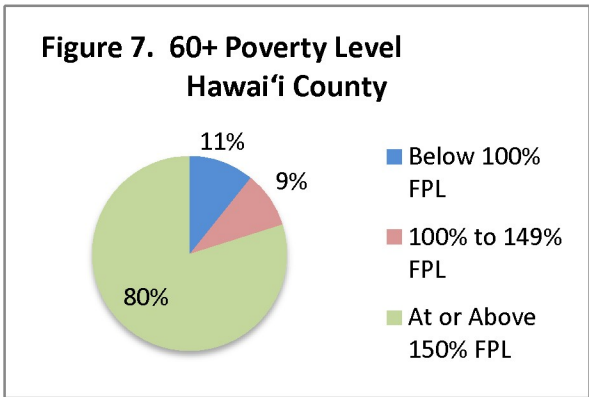
Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates

**Older Adult Vulnerable Population**

There are several demographic indicators that Area Agencies on Aging use to determine service and program needs in the community. They include: **seniors living alone, income levels** (at or below Federal Poverty Level), **limited English speaking ability, ethnic distribution, disabilities, living with grandchildren, health status and chronic conditions, living in rural areas, social isolation, and family caregivers**, among others. Note: Data for Figures 5, 6, and 7 obtained from U.S. Census Bureau, 2008-2012 American Community Survey 5- year Estimates.

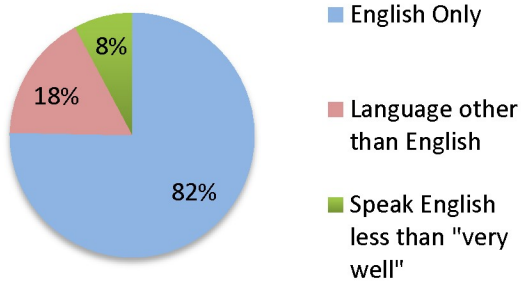


According to a 2011 study by AARP, nearly **90% of people over age 65 wish to remain in their home** for as long as possible. Although studies have shown that the impact of **loneliness and isolation can shorten a persons' life**, staying in familiar surroundings may offer benefits to seniors' emotional well-being. In HCOA's 2015 data sets, we **find 249 out of 726 (34%) seniors receiving cluster 1 services living alone.**



Economic stability is a major concern for the elderly. National studies show that **as people age, the more likely they are to have reduced incomes.** According to a report by the Economic Policy Institute, the average family income of people aged 80 and older is less than half the income of adults between 18 and 64 years of age. Issues commonly experienced by the elderly such as living on a fixed income, increased medical expenditures, and death of a spouse can lead to limited income available for basic needs. The Federal Poverty Level measures sufficient income for the most basic level of subsistence.

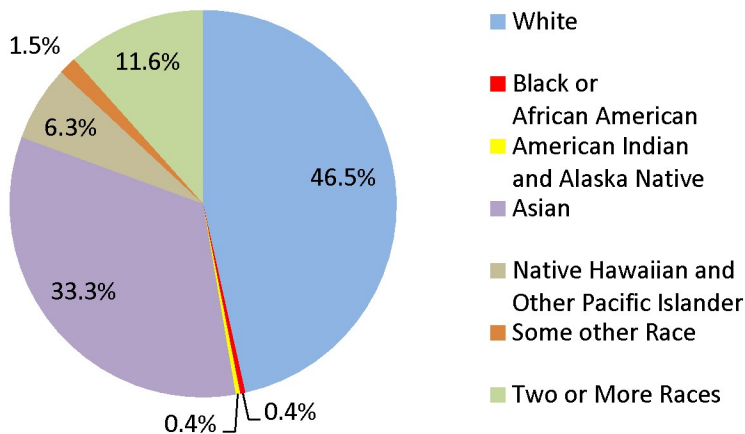
**Figure 8. 60+ Limited English Proficiency, Hawai'i County**



Older adults who experience **limited English proficiency** are at risk for **greater economic insecurity and inequality of access to services**.

People who do not speak English well face barriers in their ability to communicate within the society in which they live. Often eligible seniors do not receive benefits and services due to barriers of language and culture. Limited English speaking older adults are twice as likely to fall below the FPL as other older adults. Government programs must make special efforts to ensure that limited English speaking populations have equitable access to services.

**Figure 9. 60+ Population by Race (2012) Hawai'i County**



**Race remains an important social factor in understanding disparities in the well-being of older adults** in many important areas of life

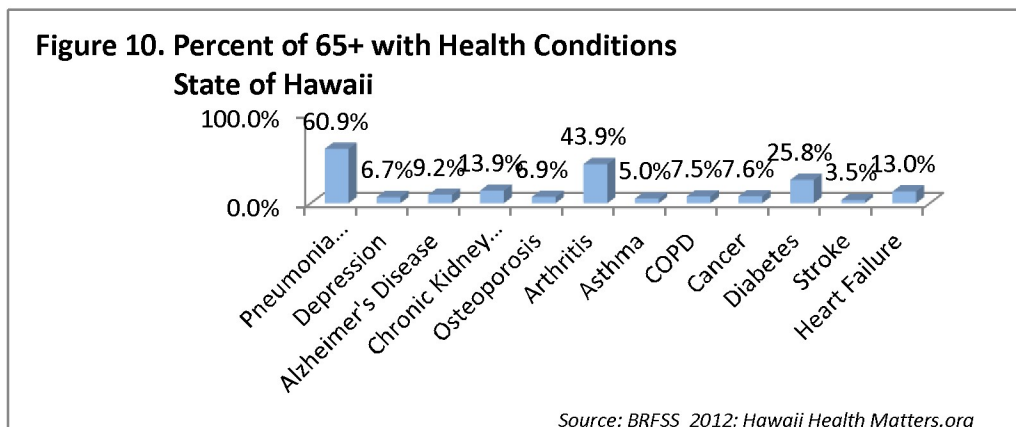
including: employment, health, income, housing, and criminal justice. Although older adults in general are healthier as a result of technological advances in medicine and broader access to health care, some racial and ethnic groups receive poorer care, are less healthy, and have shorter life expectancy and lowered quality of life.

*Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates*

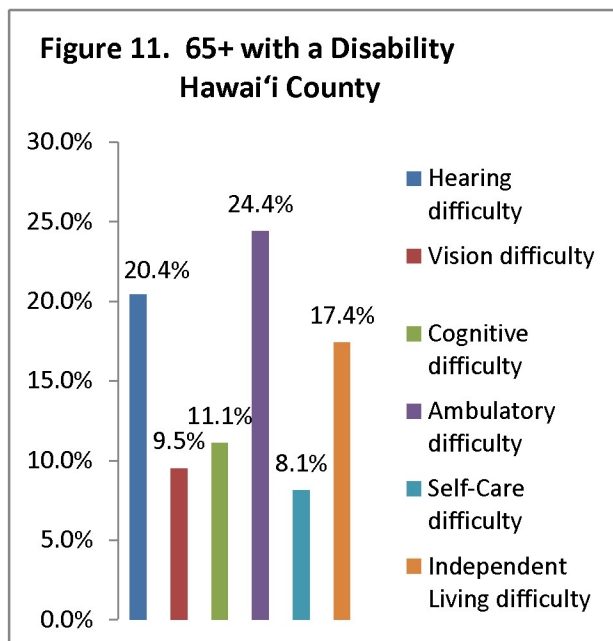
**2015 Magic of the Season County Holiday Special**  
**Departments of Housing and Aging Helping Out**



Many older adults experience challenges in daily living due to **chronic illness or disability**. According to the Center for Disease Control and Prevention (CDC), **about 80% of older adults have one chronic condition, and 50% have at least two**. The CDC also states that infectious diseases (including influenza and pneumococcal disease) and injuries (often due to fall) disproportionately affect older adults. Physical and health related conditions can lead to difficulties that restrict the ability to perform basic self-care, or activities of daily living (ADL's) and Instrumental Activities of Daily Living (IADL's). **ADL's include: eating, dressing, bathing, toileting, transferring, and walking. IADL's include: cooking, housekeeping, shopping, managing money, ability to use transportation, medication management, and using the telephone.**



Note regarding Pneumonia Vaccination: Pneumococcal pneumonia is a serious condition characterized by high fever, cough, shortness of breath, and meningitis. Because it's the leading cause of vaccine-preventable death and illness in the United States, it is recommended that older adults over 65 get vaccinated. Hawaii county has a much higher number of older adults over 65 getting vaccinated at **68%** (BRFSS, 2015) but more can be done to increase vaccinations among older adults in Hawaii county.



**Many older adults experience some level of diminished physical capacity.** Visual impairment, reduced motor skills, hearing and memory loss are common in the progression of aging. Many elderly adults live with a comorbidity of physical and health related conditions that make self-care more difficult. Through the Older Americans Act grants and the State's Kupuna Care funding are available for programs that aid in the promotion of independence for those who may be experiencing difficulties in performing activities of daily living and their caregivers. They include: **supportive home and community-based services, nutrition programs, disease prevention campaigns, health promotion services, and caregiver support programs.**

Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates

The U.S. Administration on Aging defines “rural” areas as “an area that is not urban”. Urban areas comprise (1) a “central place and its adjacent density settled territories with a combined minimum population of 50,000”, and (2) and “incorporated place or a census designated place with 20,000 or more inhabitants”. According to the AoA criteria, the majority of the County of Hawai‘i is defined as “rural” with the exception of the **South Hilo, Puna, and Kona** districts. (See Table 1)

**Table 1. Hawai‘i County Elderly Population 60 Years and over by District**

<b>Hawai‘i County Age 60+ Population by District</b>								
District	Percent	Total	55-59	60-84	85+	Total 60+	Male	Female
S Hilo	28.49%	52,827	4,000	11,828	1,798	13,626	25,562	27,265
Puna	21.64%	40,108	3,782	7,772	664	8,416	19,917	20,191
Kau	3.89%	7,203	750	1,515	246	1,761	3,767	3,436
N/S Kona	28.48%	52,787	4,634	10,418	868	11,286	26,921	25,866
S Kohala	9.13%	16,925	1,222	2,829	281	3,110	8,701	8,224
N Kohala	3.20%	5,934	345	1,128	114	1,242	3,072	2,862
Hamakua	3.96%	7,346	247	900	136	1,036	2,351	2,208
N Hilo	1.22%	2,269	154	432	5	437	1,083	1,186
	100%	185,399	15,349	37,110	4,137	41,247	92,982	92,417
Total 60+		~41,247 (2012)						
Percent of Population		~22.25%						
Total Population		~185,399						

Source: U.S. Census Bureau, 2008-2012 American Community Survey

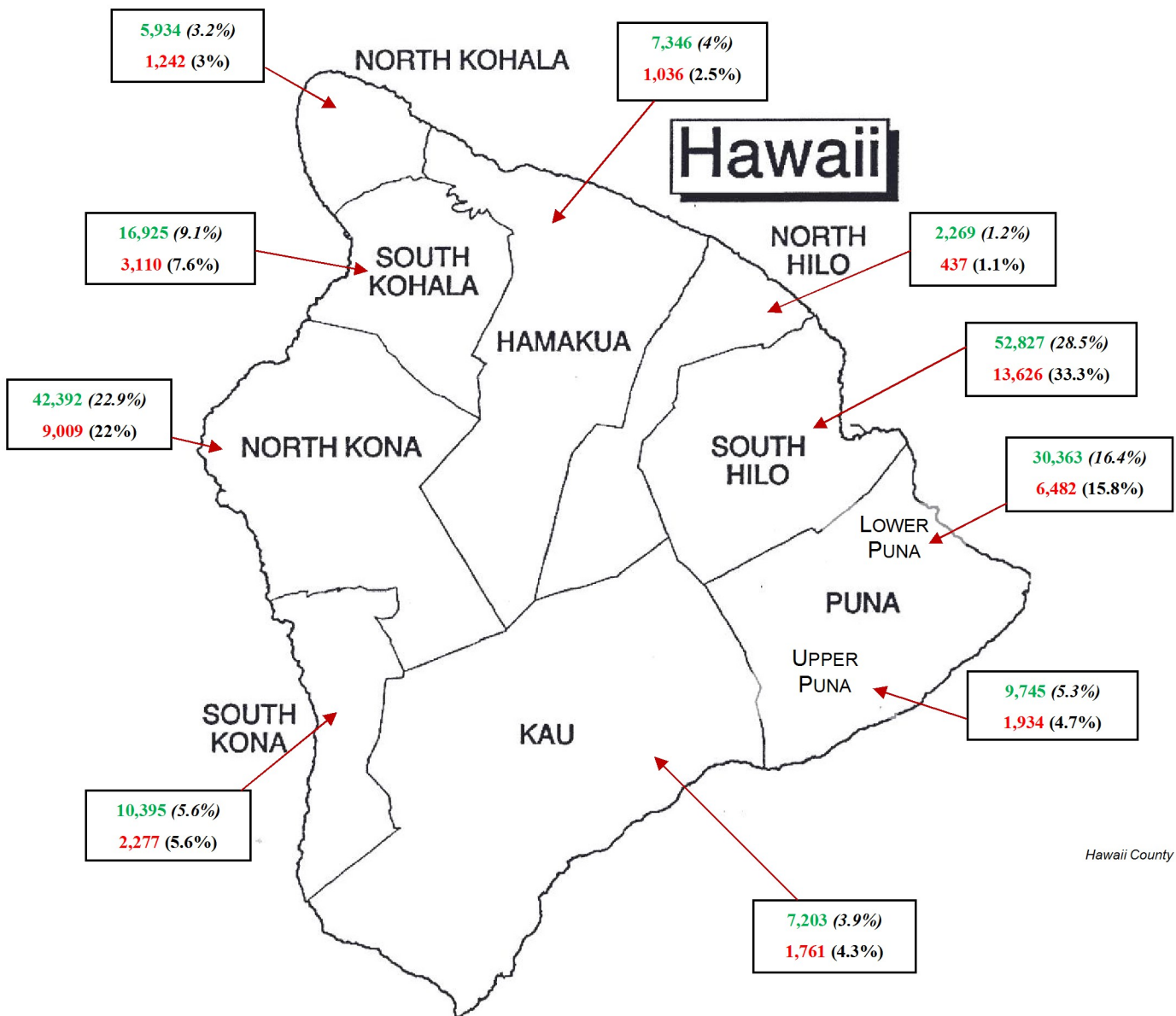


Figure 12. Hawai'i County 60+ Population Distribution Map

**County of Hawaii**  
**Population Distribution by Judicial District**  
 U.S. Census Bureau, **2013** American Community Survey

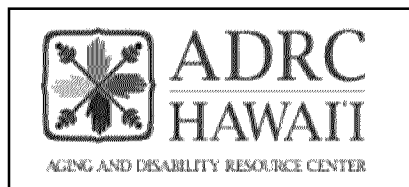
*Total Population (All Ages) – 190,821 (13.6% of State of Hawaii's Total Population)*  
 and

*Total Older Individuals (60+) Population – 47,285 (22.1% of Hawaii County's Total Population)*



Prepared by  
 Hawaii County Office of Aging  
 DLW-1114

## B. Description of Existing Programs and Services



### Aging and Disability Resource Center

The **Aging and Disability Resource Center** Program (ADRC), a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. CMS **originally** provided funding for the ADRC program through the **Real Choice Systems Change Initiative**. ADRC funding is now supported through the **State legislature**. The ADRC program working in conjunction with the AAA's provide an opportunity to effectively integrate the full range of long-term supports and services into a single, "no wrong door", coordinated system. By simplifying access to long-term care systems, ADRC's are serving as the cornerstone for long-term care reform in many states. AoA and CMS envision ADRC's as highly visible and trusted places available in every community across the country where people of **all ages, incomes and disabilities go to get information on the full range of long-term support options**. Nationally, ADRC programs have taken important steps towards meeting AoA and CMS's vision by:

- creating a **person-centered**, community-based environment that promotes independence and dignity for individuals;
- providing easy **access to information** to assist consumers in exploring a full range of long-term support options; and
- providing resources and services that support the range of needs for **family caregivers**.

ADRC target services or supports to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities. The ultimate goal of the ADRCs is to **serve all individuals with long-term care needs regardless of their age or disability**. ADRC programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act, as amended in 2006, and state revenue programs. (aoa.gov)



### Older Americans Act (OAA) Title III-B

#### **Supportive Services and Senior Centers Program (OAA Title III-B)**

Home and Community-Based Supportive Services, established in 1973, provides grants to States and Territories using a formula based primarily on their share of the national population aged 60 and over. The grants fund a broad array of services that enable seniors to remain in their homes for as long as possible. These services include but are not limited to:

- Access services such as transportation, case management, and information and assistance;
- In-home services such as personal care, chore, and homemaker assistance; and
- Community services such as legal services, mental health services, and adult day care.

This program also funds multi-purpose senior centers that coordinate and integrate services for older adults such as congregate meals, community education, health screening, exercise/health promotion programs and transportation. Hawaii County, through its **elderly activities division** has **senior learning centers** that provide much of the services mentioned above (i.e., Kamana Senior Center) while being funded by the county. With regard to each States federal funding stream, an intrastate funding formula to fairly allocate funds is used by EOA. Area agencies on aging (AAA's) have the flexibility to use their funds to provide the supportive services that best meet the needs of seniors in their planning and service areas (PSA's). With that being said, the **funding formula** used for Hawaii County, **while taking into consideration our population size, will not yield a result that would allow for an allocation to support a full-blown multipurpose senior center.**

Support Services that the funding formula warrants for **FY 2014** include:

- **Transportation Services**—provide an average of **86,722 trips** to doctor's offices, grocery stores, pharmacies, senior centers, meal sites, and other essential needed activities.
- **Home Modification**: provide an increase of over **\$20,000 per year** on home modification equipment.
- **Legal Services** – provide an average of **2,000 hours** of legal assistance to adults 60 years of age and older.

### **OAA Title III-C**

#### **Nutrition Programs (OAA Title III-C)**

According to the Administration on Aging, **Congregate Nutrition Services and Home-Delivered Nutrition Services** were established in **1972 and 1978** respectively. Nutrition Service Programs provide meals and related nutrition services to older individuals in a variety of settings including **congregate facilities such as senior centers or by home-delivery** to older individuals who are homebound due to illness, disability, or geographic isolation. Services are targeted to those in greatest social and economic need with particular attention to low income individuals, minority individuals, those in rural communities, those with limited English proficiency, and those at risk of institutional care placement. Nutrition Service Programs help older adults remain independent in their communities. The purpose of the OAA Nutrition Program is to **reduce hunger, food insecurity, promote socialization, and improve the health and well-being of older adults.** OAA Nutrition programs strive to delay adverse health conditions through access to nutrition, chronic disease prevention, and health promotion services for older adults. Adequate nutrition is necessary for health, functionality, and the ability to remain at home in the community. For seniors, healthy eating can help increase mental acuteness, resistance to illness and disease, energy levels, immune system strength, recuperation speed, and the effectiveness of chronic health problem management.

The OAA authorizes and provides appropriations to the Administration on Aging (AoA) for **three nutrition programs under Title III: Congregate Nutrition Services (Title III C1), Home-Delivered Nutrition Services (Title III C2), and the Nutrition Services Incentive Program (NSIP).** Grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories by a **formula based on their share of the population** aged 60 and over. Nutrition Services Incentive Program grants are an allocation to States, Territories, and eligible Indian Tribal Organizations. These grants are in addition to C1 and C2 and may only be used for food. These grants are based on the proportional share of the total number of meals served by all States, Territories and Indian Tribal



Organizations in the prior Federal fiscal year. Title III C1 authorizes meal provision and related nutrition services in congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. **Services in addition to meals include nutrition assessment, screening, education, and counseling, as appropriate.** The program also presents **opportunities for social engagement and meaningful volunteer roles**, which contribute to overall health and well-being.

In **Fiscal Year 2014**, the Hawai'i County Nutrition Program (HCNP) served **61,499 meals to 1,029** participants at **15 Congregate Nutrition Sites**. Nutrition services are available to individuals who are age 60 or over and the spouse of an older individual regardless of age. Services may be available to a limited number of individuals who are under age 60 if they are: individuals with disabilities who reside with older individuals, volunteers who provide services during meal hours, or individuals with disabilities who reside in elderly housing at which congregate nutrition services are provided.

**Title III C2 authorizes provision of meals and related nutrition services to older individuals that are homebound.** Home-delivered meals are often the first in-home service that an older adult receives and the program is often a primary access point for other home and community-based services. Services also include nutrition assessment, screening, education, and counseling, as appropriate. Home-delivered meals represent an essential service for many caregivers by helping them to maintain their own health and well-being. **In Fiscal Year 2014, 67,992 home delivered meals (both title III and KC funded) were provided to 567 total participants by the HCNP Home Delivered Meals Program.** Services are available to individuals who are age 60 or over, homebound, and the spouse of an older individual regardless of age. Services may be available individuals who are under age 60 with disabilities if they reside with the homebound older adult or in elderly housing.

The NSIP was established by the OAA (Section 311) in **1974** as the Nutrition Program for the Elderly in United States Department of Agriculture USDA. The NSIP appropriation was transferred to Administration on Aging in 2003. NSIP provides additional funding to States, Territories and eligible Tribal organizations that is used exclusively to purchase food. It may not be used for the cost of meal preparation or to pay for other nutrition-related services such as nutrition education or for state or local administrative costs. States may choose to receive the grant as cash, commodities, or a combination of both. Hawaii County participates in the **NSIP program through an automatic formula reimbursement that goes into providing congregate and home meals the following year.**

### **OAA Title III-D**

#### **Evidence-Based Disease Prevention & Healthy Promotion Services (OAA Title III-D)**

The Disease Prevention and Health Promotion Services Program (Title III D) provides disease prevention services or health promotion programs. Title III D supports programs to assist older adults prevent illness and manage chronic physical conditions. Although illness and disability rates increase with age, research has demonstrated that health promotion and disease prevention activities can help promote healthy and independent lives for older individuals. Disease Prevention and Health Promotion Services promote benefit healthy aging and the maintenance of optimal physical, mental, and social well-being in older adults. An active healthy lifestyle can help older adults prolong their independence and improve their quality of life.

- The Aging Network has been moving toward using evidence-based disease prevention and health promotion programs over the past few years. The Fiscal Year (FY) 2012 Congressional appropriations now require that OAA Title III D funding be used only for program and activities which have been demonstrated to be evidence-based. In this regard, the Hawai'i County Office

of Aging has expand the ***Better Choices, Better Health – Ke Ola Pono (BCBH)***, Chronic Disease Self-Management Program in all areas of the Big Island including the rural areas. A total of **54 individuals** participated in 2014 alone. Also, in 2015, **6 individuals participated in the Stanford University Master Train-the-Trainer program in CDSMP on Oahu, and 4 individuals** participants in a Cross Training Diabetes/Self-Management (DSMP) on Hawaii Island. The goal is to provide training to at **least 80 participants (20% of the States goal of 400) and to graduate 8 master trainers and lay leaders** (20% of the States goal of 40) prior to September 2017.

### **OAA Title III-E**

#### **National Family Caregiver Support Program (OAA Title III-E)**

The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. Families are the major provider of long-term care and research has shown that caregiving exacts a heavy emotional, physical, and financial toll. Many caregivers who work and provide care experience conflicts between these responsibilities. Of caregivers nationwide, 22 % of caregivers are assisting two individuals, while 8 % are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor. A 2009 study conducted by the National Alliance for Caregiving, in collaboration with AARP, estimated that more than 43 million adults over the age of 18 in the United States serve as unpaid caregivers to people over the age of 50. (aoa.gov)

The NFCSP offers a range of services to support family caregivers. Under this program, States shall provide five types of services:

- information to caregivers about available services,
- assistance to caregivers in gaining access to the services,
- individual counseling, organization of support groups, and caregiver training,
- respite care
- supplemental services

These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. According to the 2006 Amendments to the OAA, priority for NFCSP services must be given to caregivers who are older individuals with greatest social and economic needs, and who are providing care to individuals with severe disabilities, including children with severe disabilities.

**Hawai'i County FY14 output** data for the National Family Caregiver Support Program shows that the services caregivers received from this program helped them manage their caregiving responsibilities including:

- Counseling and Training Services: HCOA contracted for over **100 hours** of counseling, peer support groups, and training to help **approximately 30 caregivers** better cope with the stresses of caregiving.

- Respite Care Services: HCOA contracted for the services of **73 caregivers with 3,660 hours of temporary relief** – at home, or in an adult day care or institutional setting – from their caregiving responsibilities.
- Supplemental Services: HCOA contracted for **103 hours of support services to 9 caregivers**.

Data from AoA’s national surveys of caregivers of elderly clients shows similar patterns of service:

- OAA services provided through the National Family Caregiver Support Program are effective in helping caregivers keep their loved ones at home.
- 77 % of NFCSP caregivers report that services enabled them to provide care longer than otherwise would have been possible and 77 % reported that the services have “helped a lot”.
- 89 % of caregivers reported that services helped them to be a better caregiver.
- Nearly half the caregivers of nursing home eligible care recipients indicated that the care recipient would be unable to remain at home without the support services.

According to the National Family Caregivers Association and Family Caregiver Alliance, the **State of Hawai’i has an estimated 126,379 caregivers that provide 135 million hours of free caregiving activities** with an annual market value of \$1,343 (million) in comparison to the 28,827,766 caregivers nationwide that provide 30,880 (million) hours of care at a market value of \$306,333 (million) annually. (Arno)

#### **OAA Title IV**

The Discretionary Funds Program, although no funds are distributed to the AAA (Hawaii County), constitute the major research, demonstration, training and development effort of the Administration on Aging, led by the Assistant Secretary for Aging. The Title IV mandate is aimed, generally, at building knowledge, developing innovative model programs and training personnel for service in the field of aging and matching these resources to the changing needs of older persons and their families in the coming decades. In particular, AoA’s research, demonstrations, training and other discretionary projects are focused on:

- Advancing our knowledge and understanding of current program and policy issues, such as community and in-home long term care service systems and programs, significant to the well-being of the older population.
- Improving the effectiveness of Older Americans Act programs by testing new models, systems and approaches for providing and delivering better services to older persons.
- Providing training, technical assistance and information that will increase our ability to serve older Americans with skill, care and compassion.

#### **OAA Title V: Senior Community Service Employment Program**

Under **Title V**, the Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the Older Americans Act title V, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. SCSEP provides both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools and hospitals. It is

intended that community service training serves as a bridge to unsubsidized employment opportunities; SCSEP's goal is to place 30% of its authorized positions into unsubsidized employment annually.

### **OAA Title VI: Native Hawaiians**

Under **Title VI**, the ACL awards funds to tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. For the State of Hawaii, **Alu Like** has been the recipient of these funds targeting Hawaiians.

### **OAA Title VII-A3**

#### **Prevention of Elder Abuse, Neglect, and Exploitation (OAA Title VII-A3)**

In 1987 AoA established the Prevention of Elder Abuse, Neglect, and Exploitation program. Through the program, AoA provides federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

Although recognized by OAA, funding for elder abuse has not come to Hawaii County in the form it does with other AAA's. Funds from OAA supports the **Statewide Ombudsman** position that works out of the State Executive Office of Aging. Also, Hawaii County works closely with the **State Department of Health's Adult Protective Services** when concerns of elder abuse, neglect, and exploitation become apparent. If there are housing concerns of exploitation, HCOA works with Hawaii County Housing's Fair Housing Officer.





**Other Federal Partners and Programs: Corporation for National and Community Service (CNCS)**

Established in 1993, the Corporation for National and Community Service (CNCS) is a federal agency that engages more than 5 million Americans in service through its core programs -- Senior Corps, AmeriCorps, and the Social Innovation Fund -- and leads President Obama's national call to service initiative, "United We Serve". As the nation's

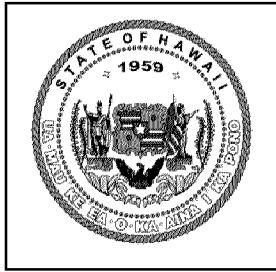
largest grant maker for service and volunteering, CNCS plays a critical role in strengthening America's nonprofit sector and addressing our nation's challenges through service. Three volunteer programs offered in Hawaii County include:

- **Foster Grandparents** serve as role models, mentors, and friends to children with exceptional needs. The program with approximately **22 volunteers** island-wide provides a way for volunteers age 55 and over to stay active by serving children and youth in their communities;
- **Senior Companions** are volunteers age 55 and over who make a difference by providing assistance and friendship to adults who have difficulty with daily living tasks, such as shopping or paying bills. Approximately **10 volunteers** island-wide help our kupuna remain independent in their homes instead of having to move to more costly institutional care. Senior Companions also give families or professional caregivers a much needed time off from their duties, run errands, etc;
- **Retired Senior Volunteer Program (RSVP)** is one of the largest volunteer networks in the nation for people 55 and over. Established in 1971 and later moved into the Senior Corps program, RSVP harnesses the skills and talents of kupuna to serve in a variety of volunteer activities within Hawaii County. In 2014, **1,406 volunteers** were placed at **158 volunteer stations** accumulating 110,649 hours of service – a value of at least **1.1 million** given back to the community.

*Giving is what RSVP is all about. Pete Velasco says, "I love what I do. The RSVP program helps me to share my aloha with those I can help."*



## State Programs



### **Kupuna Care (KC) Program**

The Kupuna Care (KC) program was **enacted in 1999** to address the needs of Hawaii's aging population and the issues arising from those needs. The KC program is considered to be an alternative to traditional long-term care options. The **goal of KC parallels the mission of OAA which helps seniors to lead independent, meaningful, and dignified lives in their own homes and communities.** Services offered by the KC program provide a safety net for Kupuna that we would consider part of the “gap group”—those who earn too much to qualify for Medicaid but too little to help pay for their own long term care costs. By drawing upon both formal and informal supports, these services help older adults live independently in a safe and healthy environment, thus avoiding costly institutionalization for as long as possible. Kupuna Care funds provide services for individuals who meet the following eligibility requirements:

- U.S citizen or legal alien.
- 60 years of age or older.
- **Not covered by any comparable government or private home and community–based care services.**
- Not residing in an institution, such as an intermediate care facility, skilled nursing facility, foster family, hospital, or adult residential care home.
- Have **impairment of at least two ADL’s, IADL’s, or substantive cognitive impairment and having an unmet need of at least one or more ADL’s or IADL’s.**

Activities of Daily Living (ADL’s) include eating, bathing, dressing, transferring from bed to chair, controlling bowel and bladder, and moving about the house safely on their own.

Instrumental Activities of Daily Living (IADL’s) include preparing meals, shopping for food and essential items, taking medications, managing finances, using the telephone, doing housework, and using public transportation.

The Kupuna Care Case Management program provides assistance to clients, families, and caregivers in identifying needs, exploring options, and mobilizing informal as well as formal supports to achieve the highest possible level of client independence. Case Management assistance includes assessing needs, developing care plans, coordinating provision of services among Kupuna Care (KC) and National Family Caregiver Support Program Vendor Pool providers, monitoring, and providing follow-up and reassessment as needed. The KC Home and Community Based Services program provides the following approved services for **FY 2014**:

- **Assisted Transportation Services**—KC funded services to approximately **75 consumers**.
- **Personal Care, Homemaker, and Chore Services**—**provided 5,824 hours of assistance to 180 seniors unable to perform daily activities** (such as eating, dressing or bathing) or instrumental activities of daily living (such as shopping or light housework).
- **Adult Day Care/Day Health Services**—provided **4,782 hours of care for 28 dependent adults** in a supervised, protective group setting during some portion of a twenty-four hour day thus allowing respite for the caregiver(s).
- **Home Delivered Meals**—KC funds **provide a little over 40%** of the home delivered meal costs.

- **Case Management Services**—provide on **340 clients** an average of **6,431 hours** of assistance in assessing needs, developing care plans, and arranging services for older persons or their caregivers.

## HCOA Maximizes Kupuna Care (KC) Funding

Hawaii County Office of Aging (HCOA) expanded the number of seniors receiving Kupuna Care (KC) funding with close monitoring and technical assistance of its case management contracted provider. In a study of **273 KC-funded seniors receiving case management in 2014, 77 percent were able to stay in their homes at an average cost of \$1200 per month.** This is an astonishingly low figure when average monthly costs at Hilo's Life Care Center run \$12,405, Okutsu VA at \$11,200 and Foster Home Care or a Care Home between \$3-\$5,000. KC case management reduced out of pocket costs through its "least restrictive placement" approach to transition planning that involves the development of lasting informal partnerships for seniors at every level.

After a Kupuna Care consumer receives case management and wrap services, case management staff work diligently to replace formal services with community and volunteer supports. These supports are provided by caregivers in the family, friends, faith-based members, and/or community volunteers willing to be a part of the consumer's caregiving team. Transition to informal supports reduces the use of Kupuna Care funds which then allows for other eligible seniors to participate in the program. This system also reduces the number of consumers on a wait list allowing HCOA and its contracted provider to help more deserving elders age in place with dignity.

For every **KC dollar HCOA spends**, the State of Hawaii and her taxpayers save **either \$2-\$3 in foster care home costs, or \$10-\$12 in long-term residential costs.** By listening to our kupuna and our partners in care, the whole community benefits from KC funding.



## B1. Differences in the Types of Supports and Providers of Service based On Eligibility Status: An Example

Independent (Able to drive)	HI Ct. Elderly Activities Division	HI Ct. Office on Aging	Other County	State/Fed	Private
Housing	-	-	Dept. of Housing	State Housing Authority	Big Island Housing Foundation
Transportation	EAD Trans	-	Hele-on/Share a Ride	-	Taxi Cabs
Meals	Congregate	Congregate	-	-	Hope Services / Salvation Army
Work/Finances	STEP	-	-	DHS Welfare, Medicaid, Med Quest, SAGE Plus	Work finders Hawaii
Help at Home	Chore, Personal Care	-	-	-	Mastercare, Metrocare, Aloha Maiden, Mastercare, Care Resources, etc.
Legal Supports	-	-	-	-	Legal Aide Hawaii
Rec/Healthy Aging	Senior Centers, Recreation Activities	BCBH Education	Health Fairs, Blue Zones, Swimming, Biking, Running	-	HMSA, Kaiser, etc. Programs
Volunteerism	RSVP, Senior Companion, Foster Grandp.	At the East/West Office	-	-	
Education/Info	Kupuna News	Silver Bulletin, Na Leo Ch. 54, Caregiver Flyers	Holomua Newsletter	-	Generations Magazine
Caregiver Support	Fun Activities	Education, Respite, and Counseling,	-	-	Alzheimer's Association
Dependent (Unable to drive and not Medicaid Eligible)	Elderly Activities Division	Hawaii County Office on Aging	Other County	State/Fed (if Medicaid eligible, Medicaid pays for most home care services).	Private
Housing	-	-	-	If Qualify for Medicaid	Life Care, Hale Anuenue, Regency Hilo/Kona
Transportation	Trans for Doctor, Meals, Shopping..	Trans for Doctor, Meals, Shopping..	-	-	-
Meals	Congregate/Home	Congregate/Home	-	-	Hope Services
Work/Finances	-	Options Coun.	-	-	
Help at Home	-	Home assessment, Chore, Homemaker, Personal Care, Case Managment	-	-	Mastercare, Metrocare, Aloha Maiden, Mastercare, Care Resources, etc.
Legal Supports	-	Legal Aide HI / Brouchures	-	DCCA, SMP HI, State Ombudsman	Attorney
Rec/Healthy Aging	-	EBP Tai Chi / BCBH	-	-	-
Volunteerism	-	-	-	-	-
Education/Info	Kupuna News	Silver Bulletin, Na Leo Ch. 54, Caregiver Flyers	Holomua Newsletter	-	Generations Magazine
Caregiver Support	Fun Activities	Education, Respite, and Counseling,	-	-	Alzheimer's Association



## B2. A Narrative List of Existing Programs and Services

<b>HCOA Contracted Services</b>		
<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
<b>Access</b>		
Assisted Transportation	Hawai'i Island Adult Care, Inc.	East Hawai'i
	Ho'oNani Place	Waimea
	Kona Adult Day Center	N/S Kona
	Mastercare	Island-wide
	Nurse Pro-Care	Island-wide
	Paradise Home Care Cooperative	East Hawai'i
	Seniors Helping Seniors	Island-wide
Caregiver Access Services	Services for Seniors	Island-wide
Caregiver Counseling	Alzheimer's Association	Island-wide
Case Management	Services for Seniors	Island-wide
Outreach	EAD – Coordinated Services	Island-wide
Transportation	EAD - Coordinated Services	Island-wide
	EAD - Nutrition Program	Island-wide
	Economic Opportunity Council	Island-wide
<b>In-Home</b>		
Chore	Mastercare	Island-wide
	Metrocare Hawai'i	Island-wide
	Nurse Pro-Care	Island-wide
	Paradise Home Care Cooperative	East Hawai'i
	Seniors Helping seniors	Island-wide
Home Delivered Meals	EAD – Nutrition Program	Island-wide
Homemaker	Care Resource Hawai'i	Island-wide
	Mastercare	Island-wide
	Metrocare Hawai'i	Island-wide

<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
	Nurse Pro-Care	Island-wide
	Paradise Home Care Cooperative	Island-wide
	Seniors Helping Seniors	Island-wide
Personal Care	Care Resource Hawai'i	Island-wide
	Mastercare	Island-wide
	Metrocare Hawai'i	Island-wide
	Nurse Pro-Care	Island-wide
	Paradise Home Care Cooperative	Island-wide
	Seniors Helping Seniors	Island-wide
<b>Community Based</b>		
Adult Day Care	Kona Adult Day Care	N/S Kona
	Hawaii Island Adult Care Inc.	East Hawaii
	Ho'o Nani Place	Waimea
Legal	Legal Aid Society of Hawai'i	Island-wide
Nutrition – Congregate	EAD – Nutrition Program	Island-wide
Nutrition Education	EAD – Nutrition Program	Island-wide
Respite	Care Resource Hawai'i	Island-wide
	Hawaii Island Adult Care Inc.	East Hawaii
	Ho'o Nani Place	Waimea
	Kona Adult Day Care	N/S Kona
	Mastercare	Island-wide
	Metrocare Hawai'i	Island-wide
	Nurse Pro-Care	Island-wide
	Paradise Home Care Cooperative	Island-wide
Senior Employment	EAD – Senior Training & Employment Program	Island-wide
Volunteer	EAD- Retired & Senior Volunteer Program	Island-wide

<b>Community Public, Private, &amp; Non-Profit Programs and Services</b>		
<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
Adult Foster Care	DHS – Adult and Community Services Section, Adult Protective Services	East Hawai'i West Hawai'i
Assisted Transportation	Alu Like, Inc.	Island-wide
	EAD – Coordinated Services	Island-wide
Caregiver Information	Aging & Disability Resource Center	Island-wide
	Alu Like, Inc.	Island-wide
	Alzheimer's Association	Island-wide
	HCOA Caregiver Resource Center	West Hawai'i
Case Management	PHN Case Management Coordination Project	Island-wide
	DHS Adult Protective Services	Island-wide
Chore & Homemaker	DHS – Adult & Community Care Services	Island-wide
	EAD – Coordinated Services	Island-wide
Community Health Centers	Bay Clinic Mobile Dental Van	Pahoa & Ka'u
	Hamakua Health Center	Island-wide
	Hilo Family Health Center	East Hawai'i
	Hilo Family Dental Center	East Hawai'i
	Ka'u Family Health Center	Ka'u
	Kea'au Family Health Center	Puna
	Kohala Family Health Center	Island-wide
	Pahoa Family Health Center	Pahoa
	West Hawai'i Community Health Center	West Hawai'i
	West Hawai'i Community Health Center - Kealakekua	West Hawai'i
	West Hawai'i Community Health Center – Dental Van	West Hawai'i
Elder Abuse and Neglect	DHS – Adult Protective Services	Island-wide

<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
Employment	Alu Like Inc.	Islandwide
	State Workforce Development Division	Islandwide
Home Health	Care Resource Hawaii	Island-wide
	Department of Human Services	Island-wide
	Health Resources	Island-wide
	Kohala Home Health	N/S Kohala
	North Hawai'i Hospital	Hamakua
	Kokua Nurses	East Hawai'i
	Metrocare Hawaii	Island-wide
	Nurse Pro-Care	Island-wide
	West Hawai'i Home Health	West Hawai'i
Hospice	Hospice of Hilo	East Hawai'i
	Hospice of Kona	N/S Kona
	North Hawai'i Hospice	N/S Kohala
Housing	Big Island Housing Foundation	East Hawai'i & Waimea
	Bob Tanaka Realty	West Hawai'i
	Day Lum Property Management	Island-wide
	Hale Hoaloha	East Hawaii
	Hawai'i Affordable Properties	Island-wide
	Hawai'i Island Community Development Corporation	Island-wide
	Hawai'i Public Housing Authority	Island-wide
	Office of Housing and Community Development	Island-wide
Nutrition:		
Congregate Meals	Alu Like, Inc.	Islandwide
Home Delivered Meals	Alu Like, Inc.	Islandwide
Nutrition Education	Alu Like Inc.	Islandwide

<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
Recreation	Adult Day Care	Hilo, Kona, Waimea
	Alu Like Inc.	Islandwide
	EAD – Elderly Recreation Services	Islandwide
	EAD – Congregate Nutrition Program	Islandwide
Shopping Assistance	Alu Like, Inc.	East Hawai'i
	EAD – Coordinated Services	Island-wide
	Hawai'i County Economic Opportunity Council	Island-wide
Volunteer Services	Alu Like, Inc.	Islandwide
	Foster Grandparent Program	East Hawaii
	Senior Companion Program	Islandwide

## **B.2 Community Focal Points and Multi-Purpose Centers**

<b>Community Focal Points and Multi-Purpose Centers</b>	<b>Location</b>
Aging and Disability Resource Center	1055 Kino'ole St., Suite 101 Hilo, HI. 96720
Honoka'a Senior Center	45-540 Koniaka Place Honoka'a, HI. 96727
Kamana Senior Center	127 Kamana Street Hilo, HI. 96720
Kohala Court House	54-3900 Akoni-Pule Hwy. Kapaau, HI. 96755
Lily Yoshimatsu Center	67-1199 Mamalahoa Hwy. Kamuela, HI. 96743
Na'alehu Community Center	95-5635 Mamalahoa Hwy. Na'alehu, HI. 96772
Pāhala Senior Center	96-1169 Holei Street Pāhala, HI. 96777
Pāhoa Community Center	15-2910 Puna Road Pāhoa, HI. 96778
West Hawai'i Civic Center	75-5044 Ane Keohokalole Hwy., Bldg. B Kailua-Kona, HI. 96740

### B.3 Congregate Nutrition Sites and Home Delivered Meal Distribution Centers

Congregate Nutrition Site	Area Served	Congregate Units	HD Meal Units	Schedule
Aunty Sally's Luau Hale 799 Pi'ilani St. Hilo, HI 96720	South Hilo	800		M-F 8:30a – 12:30p
Kula'imano Elderly Housing 28-2947 Kumula St.. Pepe'ekeō, HI 96783	South Hilo	300		M-F 8:30a – 12:30p
Pāpa'aloa Gym Annex 35-1994 Govt. Main Rd.. Pāpa'aloa, HI 96780	North Hilo	320		M-Th 8:00a-12:00p
Hale Ho`okipa Elderly Housing 81-1038 Nani Kupuna St. Kealakekua, HI 96750	South Kona	300		M-F 8:30a – 12:30p
Hualālai Elderly Housing 75-256 Hualalai Rd. Kailua-Kona, HI 96745	North Kona	200		M-F 8:00a-12:00p
Hōlualoa Imin Center 76-5877 N. Kona Belt Rd.. Keauhou, HI 96739	North Kona	180		MWF 8:00a-12:00p
Ocean View Estates 799 Pi'ilani St. Ocean View, HI 96737	Ka'ū	360		MWF 8:30a-12:30p
Pa'auilo Community Center 43-977 Gym Rd. Pa'auilo, HI 96776	Hamakua	240		M-F 8:00a-12:00p
Hale Haouli Elderly Housing 45-540 Konaika Place Honoka`a, HI 96720	Hamakua	500		M-F 8:30a – 12:30p
Kea'au Elderly Housing 16-189 Pilimuai St. Keaau, HI 96749	Puna	220		M-F 8:00a-12:00p
Pāhoa Neighborhood Center 15-2910 Puna Road Pahoa, HI 96778	Puna	500		M-F 8:00a-12:00p
Lily Yoshimatsu Senior Center 67-1199 Māmalahoa Hwy. Kamuela, HI 96743	South Kohala	240		M-F 8:00a-12:00p
Kohala Senior Center 54-3900 Akoni-Pule Place. Kapaa, HI 96755	North Kohala	240		M-F 7:30a-11:30a
Nā`ālehu Community Center 95-5635 Mamalahoa Hwy. Na`alehu, HI 96772	Ka'ū	320		M-F 8:30a – 12:30p
Pāhala Elderly Housing 96-1183 Holei St. Pahala, HI 96777	Ka'ū	500		M-F 8:30a – 12:30p
<b>Home Delivered Meal Distribution Centers</b>				
Meals on Wheels – Hilo	South Hilo	4,300		M-F 9:00a-12:00p
Meals on Wheels - Kona	North Hilo	1,300		M-F 9:00a-12:00p

#### B.4 Senior Learning Centers

Center	Address	Contact Number
Imin Center	76-5877 N. Kona Belt Rd., Holualoa, HI. 96725	Renovations
St. Benedict's Church	84-5140 Painted Church Rd., Honaunau, HI. 96726	NA
Hale Hau'oli Senior Center	45-540 Koniaka Pl., Honokaa, HI. 96727	NA
Honomu Gym	28-1641 Government Main Rd., Honomu,, HI. 96728	963-5302
Hale Halewai	75-5760 Alii Dr., Kailua-Kona, HI. 96740	326-2640
Kamana Senior Center	127 Kamana St., Hilo, HI. 96720	961-8777
Keaau Community Center	16-186 Pili Mua St., Kea'au, HI. 96749	966-5801
Kohala Court House	54-3900 Akoni Pule Hwy., Kapa'au, HI. 96755	887-2011
Yano Hall Senior Center	82-6156 Mamalahoa Hwy., Captain Cook, HI. 96704	323-2439
Laupahoehoe Pt. Gym	36-1041 Laupahoehoe Pt. Rd., Laupahoehoe, HI, 96764	962-6268
St. Theresa Parish Hall	18-1355 Volcano Rd., Mt. View, HI. 96771	959-7083
Na'alehu Community Center	95-5635 Mamalahoa Hwy., Na'alehu, HI. 96772	929-9047
HOVE Community Center	92-8607 Paradise Circle Mauka, Ocean View, HI. 96737	939-8553
Pa'auilo Gym	43-977 Pau'uilo Hui Rd. Pa'auilo, HI. 96776	776-7600
Pahala Senior Center	96-1169 Holei St., Pahala, HI. 96777	928-3101
Pahoa Community Center	15-3016 Kauhale St, Pahoa, HI. 96778	965-2705
Papa'ikou Community Center	27-228 Maluna PL., Papa'ikou, HI. 96781	964-3300
Kulaimano Community Center	28-2892 Alia St., Pepe'ekeo, HI. 96783	964-3305
Pomaika'i Senior Center	929 Uilani St., Hilo, HI. 96720	961-8714
Seniors of Paradise	Hawaiian Paradise Park Community Center, Paradise Park, HI. 96749	982-6987
Cooper Center	19-4030 Wright Road, Volcano, HI. 96785	985-7561
Lily Yoshimatsu Center	67-1199 Mamalahoa Hwy., Kamuela, HI. 96743	887-2011
Waikoloa Village Assoc. Community Rm	Melia St., Waikoloa, HI. 96738	883-8547

#### B.5 Acute, Long-Term Care Institutional, and Facility Care

Facility	Type	Number of Beds
Hale Anuenue Restorative Care Center 1333 Waianuenue Ave. Hilo, HI. 96720	SNF/NF/ICF	120
Hale Ho'ola Hamakua 45-547 Plumeria St. Honokaa, HI. 96727	SNF/NF/ICF	77

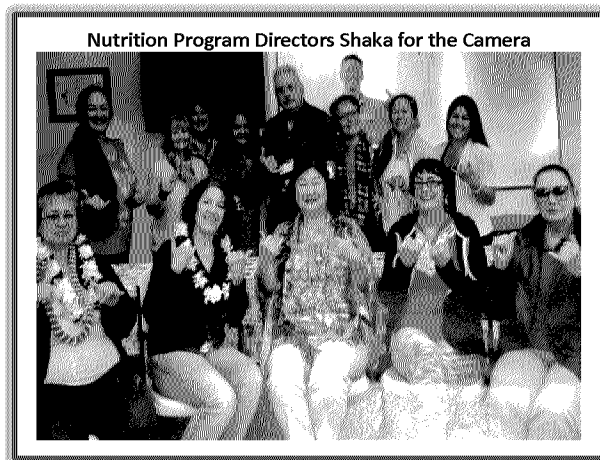
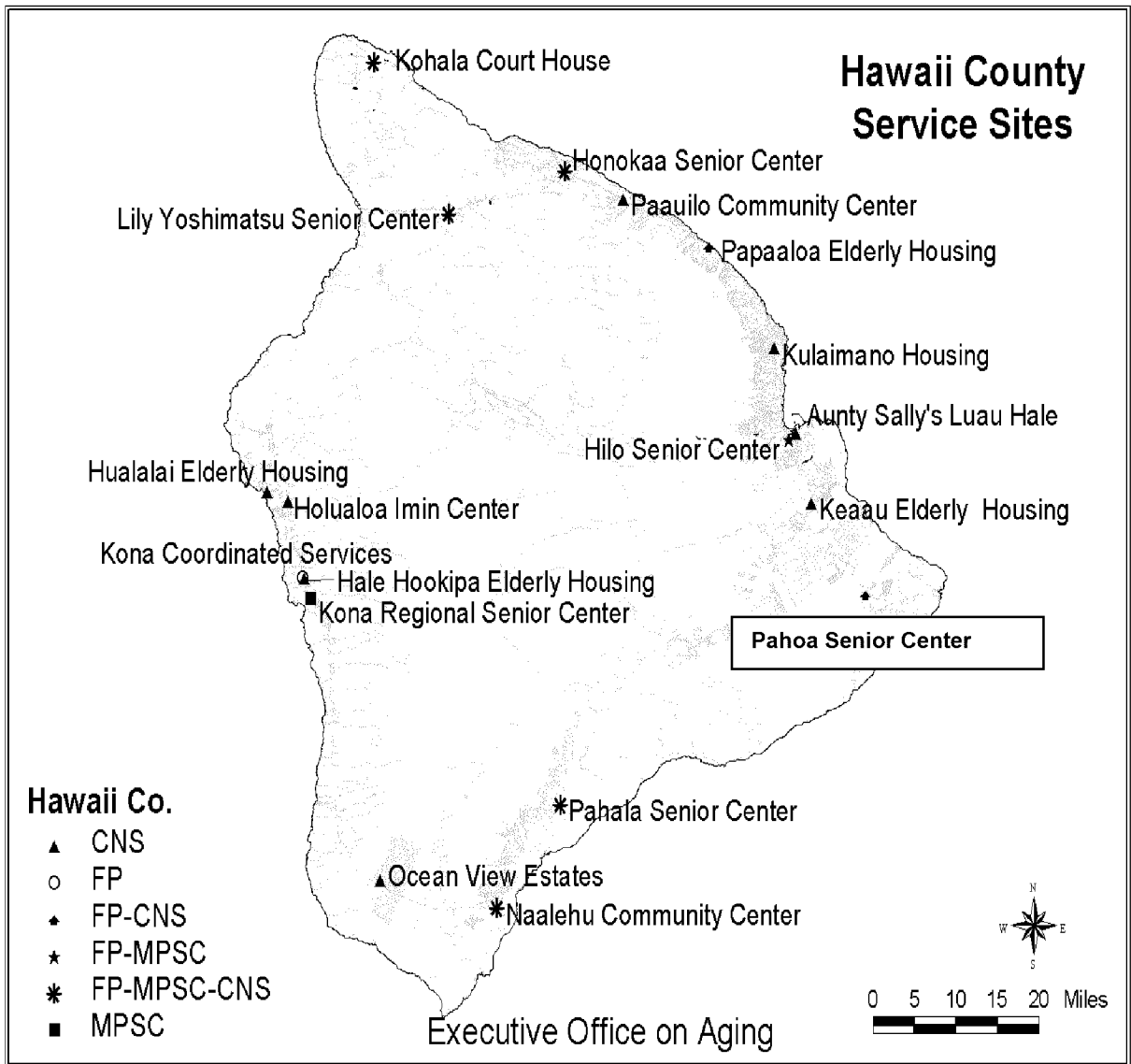
Hilo Medical Center 1190 Waianuenue Ave. Hilo, HI. 96720	SNF/ICF	134
Ka'u Hospital 1 Kamani St. Pahala, HI. 96777	SNF/ICF Adult Day Health	21
Kohala Hospital 54-383 Hospital Rd. Kapa'au, HI. 96755	SNF/ICF	28
Kona Community Hospital 79-1019 Haukapila St. Kealahou, HI. 96750	SNF/NF	18
Life Care Center of Hilo 944 W. Kawaihewa St. Hilo, HI. 96720	SNF/NF/ICF	252
Life Care of Kona 78-6957 Kamehameha III Rd. Kailua-Kona, HI. 96740	SNF/NF/ICF	94
North Hawai'i Community Hospital 67-1125 Mamalahoa Hwy. Kamuela, HI. 96743	Acute Care	33
Yukio Okutsu State Veterans Home 1180 Waianuenue Ave. Hilo, HI. 96720	SNF/NF/ICF Adult Day Health	95
Hospice of Hilo Pohai Malama A Harry & Jeanette Weinberg Care Center 590 Kapiolani St. Hilo, HI. 96720	Hospice	12
Hospice of Kona Nakamaru Hale 76-6008 Mamalahoa Hwy. Kailua-Kona, HI. 96740	Hospice	5

Note: Service capacity subject to change due to availability of funding and/or unforeseen circumstances.

Sources: Hawai'i State Department of Health, Office of Health Care Assurance at: [www.health.hawaii.gov/ohca/medicare-facilities/skillednursingintermediate-care-facilities/](http://www.health.hawaii.gov/ohca/medicare-facilities/skillednursingintermediate-care-facilities/) and State Health Planning and Development Agency at: [www.health.hawaii.gov/shpda/files/2015/05/sh13table-2.pdf](http://www.health.hawaii.gov/shpda/files/2015/05/sh13table-2.pdf) retrieved on June 25, 2015.







## PART II Framework and Recommendations

### A. Framework

The Area Agency on Aging's recommendations adhere to the general guidelines for program and service delivery for older adults developed throughout the State by the Executive Office on Aging, including directives and initiatives of the Administration on Aging. This framework is drawn from the Older Americans Act (as amended, 2006), and Chapter 349, Hawai'i Revised Statutes. Recent trends in AoA and EOA initiatives and grants lean towards the concept that the needs of dependent elderly can be met through the provision of home and community-based care for institutional nursing home care and family, friends, and neighbors as caregivers for private caregivers.

#### The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended in 2006, states that in keeping with the traditional American concept of the **inherent dignity** of the individual in our democratic society, the older people of our Nation are entitled to the full and free enjoyment of the following objectives:

1. An adequate retirement income in accordance with the American standard of living;
2. The best possible physical and mental health which science can make available without regard to economic status;
3. Obtaining and maintaining suitable affordable housing, independently selected, designed and located with reference to older citizens special needs;
4. Full restorative services for those who require institutional care, and a comprehensive **array of community-based, long-term care services** adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
5. Employment opportunities with no age discriminatory personnel practices;
6. Retirement with health, honor, and dignity;
7. Participating in and contributing to meaningful activity within the **widest range of civic, cultural, educational, training, and recreational opportunities**;
8. Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a **continuum of care** for the vulnerable older individuals;
9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
10. Freedom, independence, and the free exercise of individual initiative in planning and

managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

### **Targeting of Services**

The Older Americans Act, as amended in 2006, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, and those who are low-income minority and older individuals residing in rural areas with additional emphasis on targeting older individuals with limited English proficiency and older individuals at risk of institutional placement. Special emphasis has been placed on using outreach methods to target services to:

- ◆ older individuals residing in rural areas;
- ◆ older individuals with greatest economic needs (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ◆ older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ◆ older individuals with severe disabilities;
- ◆ older individuals with limited English proficiency;
- ◆ older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and informing these individuals and the caregivers of such individuals, of the availability of assistance; and
- ◆ older individuals at risk of institutional placement.

## **B. Prioritization of Issues and Needs**

In order to identify issues and areas of concern for the population 60 years and over of Hawai‘i County and their caregivers, **HCOA conducted community focus groups and surveys of key informants** and caregivers. The utilization of various data collection methods yielded a good cross-section of community viewpoints and identification of needs. One focus group with open-ended questioning was held at the **West Hawai‘i Civic Center on May 15, 2014**. Another focus group held in **East Hawai‘i on July 15, 2014 and September 4, 2014**, were asked to brainstorm topic **areas within each of the five goals** determined by the State Executive Office of Aging. This was done to get, not just a perspective on overall needs, but to hear specific **concerns from participants on services** that’s already being provided. These recommendations are provided in the next section.

Participants included a variety of key stakeholders in the community ranging from seniors currently receiving OAA Title III services, representatives from government, private, and public service agencies, and representatives involved in community development and policy-making. The following issues and areas of concern for older adults and their caregivers were identified as the **Top 5 Service Needs** ranked from 1 to 5, where **1 = Most Important and 5 = Least**

**Important.** (See Figure 12) Details of the data analysis methodology used can be found in Appendix J.

1. Transportation
2. Additional Money for Services
3. Prevention: Falls, Diabetes, Disease, Nutrition
4. In-Home Services
5. Education: Information & Assistance, What's Available (Information)

Analysis of the West Hawaii focus group discussion points (qualitative data) identified the following common themes ranked by frequency of occurrence:

1. Transportation
2. Resources and Services
3. LTC Planning/Fall Prevention/Legal Planning
4. Socialization, Isolation
5. Medical Care

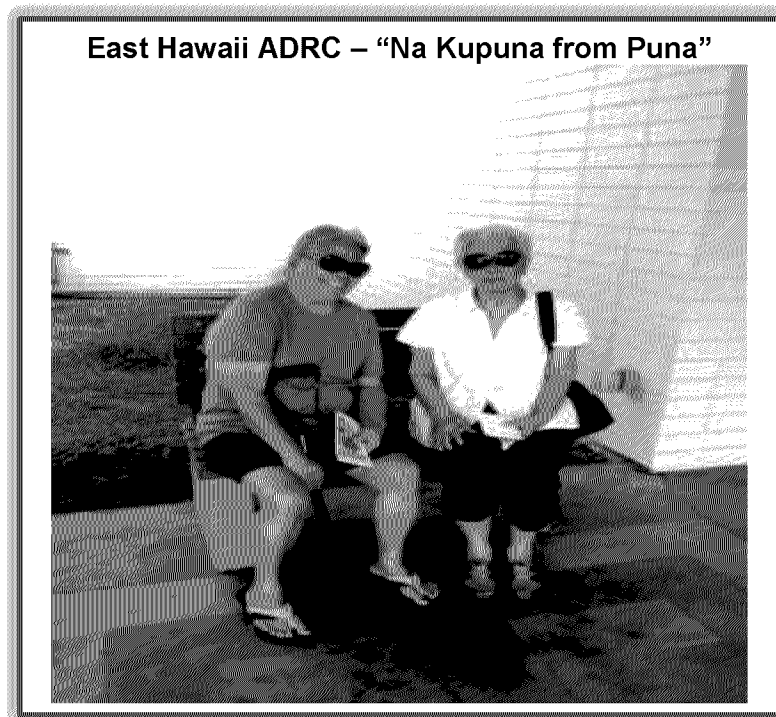
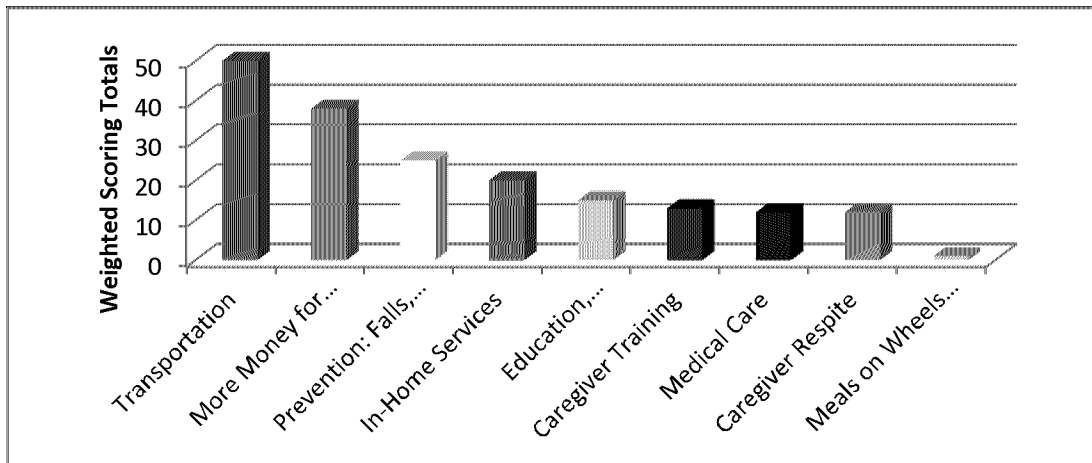


Figure 13. Top 5 Service Needs for West Hawai'i



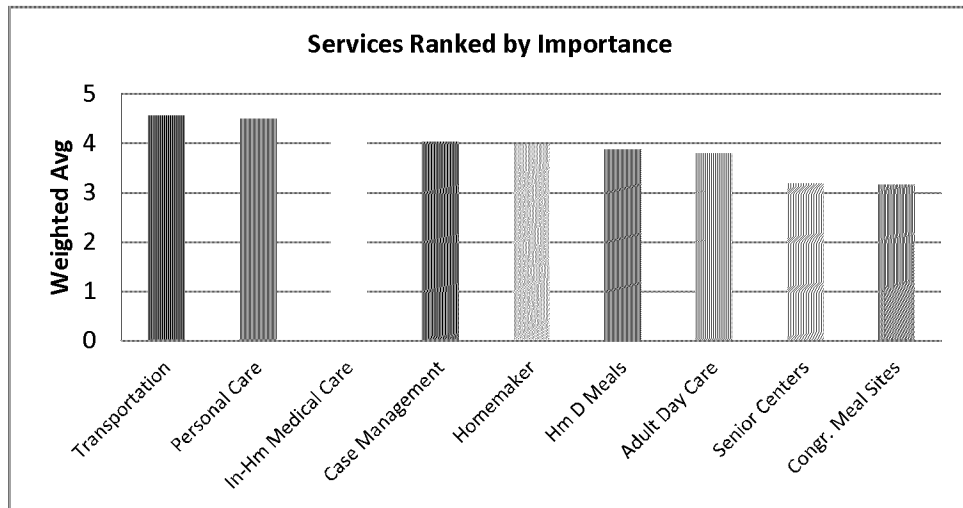
In East Hawai'i, HCOA facilitated a focus group on May 29, 2014 (and a follow-up in September 2014) composed of community stakeholders and 51% consumers. General analysis of the data from the focus groups revealed the following 4 top consensus recommendations:

- Participants recommended that HCOA and EAD (Elderly Activities Division) to look into what it would take to develop an **ideal congregate meal site** that includes not just meals but socialization activities and even nutrition counseling.
- Participants strongly encouraged HCOA to identify **strategic partnerships** that will promote the ADRC concept as well as developing a marketing plan that include a multi-messaging approach (web, TV, newsletter, radio, health fairs, etc).
- Participants recommended that HCOA, EAD, and the Aging Network focus on prevention by keeping **seniors active for as long as possible** and to target the older adults that are at risk of institutionalization.
- Participants recommended that the aging network focus on the needs of the **caregivers** and to help to overcome the challenges they face. Participants also discussed methods of distribution for caregiver education/information and other resources available to assist with finding good caregivers.

HCOA also developed an on-line survey for professionals in the Aging Network and other key informants and stakeholders. Over 90 survey invitations were sent via email on June 2, 2015 to 24 various community program and service representatives including: AARP, Adult Day Care, Adult Protective Services, Alzheimer's Association, Case Managers, Committee on Aging, Coordinated Services for the Elderly, County Prosecutor's Office, Dept. of Health, Elderly Activities Division, Elderly Recreation Services, Hawai'i Community Caregiver Network, Hawai'i County Nutrition Program, Home Health agencies, Hospice, Hospital Social Workers, Kaiser

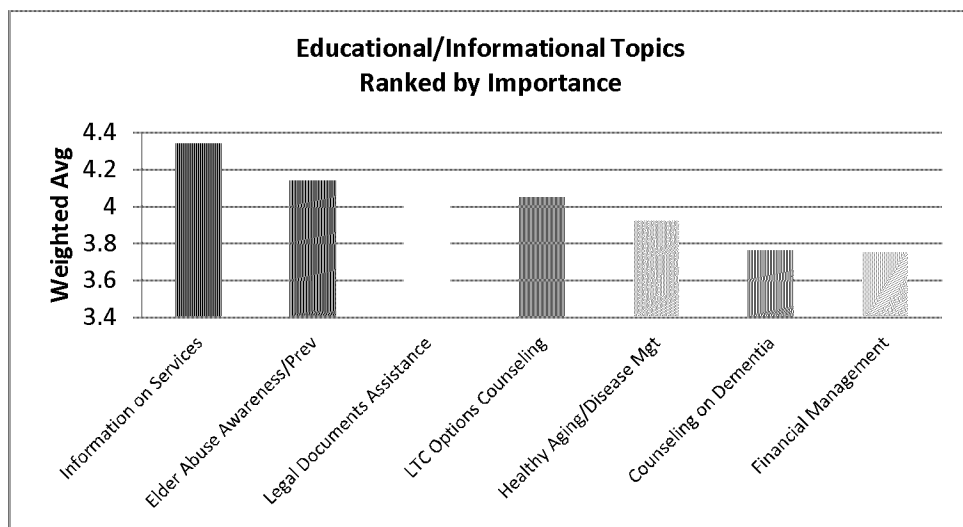
Permanente, Legal Aid Society of Hawai'i, Social Security Administration, Life Care Centers, Public Health Nurses, Veterans Administration, seniors, and caregivers. Of the 91 survey invitations, 46 responded yielding a 51% response rate. Transportation was identified as the greatest need with In-Home Services and Case Management ranking high as well. (See Figure 13)

**Figure 14. Service Needs Ranking by Key Informant Survey**



The survey also asked key informants to rank educational and informational topics by level of importance. Information on Availability of Services was ranked highest with Elder Abuse issues and Legal Assistance ranking second and third respectively. (See Figure 14)

**Figure 15. Educational & Information Topics Ranked by Key Informant Survey**



Analysis of the survey group responses (qualitative data) in the areas of Challenges, Unmet Needs, Caregiver Needs, and Supports Needed to Remain in the Home identified the following

top common themes ranked by frequency of occurrence:

1. In-Home Care
2. Transportation
3. Information, Outreach, and Training
4. Medical Care
5. Funding for programs, services, and caregiver supports
6. Case Management
7. Distance challenges due to living in rural areas
8. Isolation, Socialization
9. Housing

The need for In-Home care and community medical care services comes at a time when Hawai'i is facing severe budget cuts to LTC facilities, layoffs, possible closures, and a lack of qualified, reliable home care workers. Transportation continues to be one of the highest unmet needs of the Big Island. The vastness of the Big Island rural communities takes a toll on the limited resources in the area of elderly and disabled population transportation. The demand for transportation services continues to rise year after year. The need for information and training stems from the trend that caregivers are often tasked to deliver quasi-medical care procedures in the home after their loved ones are discharged, without proper knowledge or training in the level of care they are required to provide.

### **Evaluation of Community Needs Assessment**

The survey results identified the major areas of concern regarding programs and services for the elderly and their caregivers. The majority of respondents identified transportation, in-home services, and access to information, resources, and training as top priorities. Other issues that were identified as important included: medical care, Case management, caregiver supports, adult day care, long term care options, elderly housing, legal assistance, mental health services, home safety, and isolation/socialization.

### **HCOA Prioritization of Services for Funding**

HCOA also utilized predetermined criteria to determine funding priorities based on several indicators:

#### **A) Title III-B Priority**

Title III-B of the Older Americans Act, as amended in 2006, contains service priorities in the areas of Access, In-Home, Community Based, and Legal services. Following the OAA prioritization guidelines, Adult Day Care, Caregiver Support, Case Management, Chore, Elder Abuse Prevention and Awareness, Health Promotion and Disease prevention, Home Modification, Homemaker, Information and Assistance, Legal Assistance, Congregate Meals, Home Delivered Meals, Nutrition Education, Outreach, Personal Care, Transportation, Hospital Discharge, and Consumer Directed HCBS programs

ranked highest among III-B services, receiving 3 points each for falling into Title III-B priority services.

**B) Greatest Economic/Social Need and Low Income Minority**

Older individuals with the Greatest Economic Need (GEN), individuals with Greatest Social Need (GSN), and Low-Income Minority (LIM) individuals are mandated to be given preference by Title III-B regulations. Measurements are based on the extent to which services address isolation, physical or mental limitations, racial or cultural barriers, or inadequate income.

**C) Instrumental Activities of Daily Living**

National standards to determine the extent of disability based on ability to perform Activities of Daily Living (ADL's) without assistance including: bathing, dressing, toileting, eating, transferring, and walking and Instrumental Activities of Daily Living (IADL's) which include: essential shopping, meal preparation, laundry, light and/or heavy housework, money management, medication management, telephone use, and ability to utilize transportation, all without assistance.

**D) Gap Filling Services**

The planning process employed by the HCOA seeks to identify gaps in the service delivery system and to seek solutions either through advocacy, coordination, or funding. Services identified that promote filling gaps in vital in-home and community based services which delay or prevent institutionalization ranked highest.

**E) Documented Needs**

Various needs assessments have been utilized by HCOA see section II. B. The community recommendations were taken into consideration during the prioritization process based on various factors including available resources, feasibility, and sustainability, among others.

**F) Assignment of Strategic Modes**

Strategic Modes refer to the methods the HCOA uses in meeting priority service needs. After having arrived at service priorities, the HCOA must:

1. Advocate for the elderly, encouraging the redirection of community resources to service priorities (**advocacy mode**);
2. Coordinate these resources to make them more accessible to the elderly (**coordination mode**); and
3. Issue Title III grants and contracts to supplement community resources, or as "seed money" to attract additional community resources (**funding mode**).
4. Approach all services through the eyes of the consumer (**Person-centered approach**).



Strategic modes are assigned to each service according to the approach HCOA plans to take in meeting service needs. More than one mode may be assigned to each service.

Although there are many factors to consider in the distribution of limited Title III funds including capabilities of service providers and level of service requirements, the HCOA utilizes the following basic factors in determining funding priorities:

1. Whether the service is determined to fill a priority gap. In order for a service to be considered a funding priority, it must first be a service priority.
2. Whether there are funding sources other than Title III that are adequate.
3. Whether service utilizes existing community resources to the fullest extent possible. Are there adequate volunteer resources to support the service (as an alternative to Title III funding?).
4. Whether the service is cost effective.
5. Whether the service addresses the HCOA target group. Whether the service is needed by that target group.
6. Whether other support services are in place to complement this service.
7. Whether there are enough Title III funds to support this service.
8. Whether funds are for “seed money” or permanent funding.

**In the previous planning period (2011-2015), HCOA conducted an expert panel prioritization of services by assigning number values (0-3) to each service based on the criteria above. These results are used in conjunction with the findings from the focus groups and surveys. In Table 3 below, rankings were given to indicate the services that HCOA should keep in mind as plans are being made and funding allocated. This prioritization is reflective of this planning period as well.**

See Table 2: **The Prioritization of Services for Funding- HCOA** below.

**Table 2. The Prioritization of Services for Funding- HCOA**

List of Programs & Services	Criteria					Total Score Points	Strategic Mode Assignment			
	Title III Priority	GEN, GSN, LIM OIRA	Priority Needs Survey	Service Gap	Lower Risk of Institutionalization		Funding	Advocacy	Coordination	Ranking
<b>CORE PROGRAMS:</b>										
Adult Day Care	3	3	3	2	3	14	X	X	X	<b>1</b>
Caregiver Support	3	3	3	2	3	14	X	X	X	<b>1</b>
Case Management	3	3	3	2	3	14	X	X	X	<b>1</b>

List of Programs & Services	Criteria					Total Score Points	Strategic Mode Assignment			
	Title III Priority	GEN, GSN, LIM OIRA	Priority Needs Survey	Service Gap	Lower Risk of Institutionalization		Funding	Advocacy	Coordination	Ranking
Elder Abuse Prevention & Awareness	3	3	2	2	3	13	X	X	X	2
Health Promotion /Disease Prevention	3	3	2	2	3	13	X	X	X	2
Heavy Chore	3	3	3	2	3	14	X	X	X	1
Home Modification	3	3	3	2	3	14	X	X	X	1
Homemaker	3	3	3	2	3	14	X	X	X	1
Information & Assistance	3	3	3	2	2	13	X	n/a	X	2
Legal Assistance	3	3	2	2	2	12	X	X	X	3
Meals-Congregate	3	3	3	2	3	14	X	X	X	1
Meals-Home Delivered	3	3	3	2	3	14	X	X	X	1
Nutrition Education	3	3	3	2	3	14	X	X	X	1
Outreach	3	3	3	2	2	13	X	n/a	X	2
Personal Care	3	3	3	2	3	14	X	X	X	1
Transportation	3	3	3	2	3	14	X	X	X	1
<b>DISCRETIONARY GRANTS:</b>										
Hospital Discharge	3	3	1	3	3	13	X	X	X	2
Alzheimer's Grants	2	3	1	2	3	11	X	X	X	4
Community Development	2	2	2	2	1	9	X	X	X	6
Consumer Directed HCBS	3	3	3	2	3	14	X	X	X	1

List of Programs & Services	Criteria					Total Score Points	Strategic Mode Assignment			
	Title III Priority	GEN, GSN, LIM OIRA	Priority Needs Survey	Service Gap	Lower Risk of Institutionalization		Funding	Advocacy	Coordination	Ranking
Financial Management	0	3	2	3	2	10	X	X	X	5
Housing	0	3	2	2	2	9	N/A	X	X	6
Interpreting Translating	0	3	2	2	1	8	X	X	X	7
Senior Training & Employment	0	3	2	2	1	8	X	X	X	7
Wandering Locator System	1	1	1	2	3	8	X	X	X	7
<b>OTHER:</b>										
Network Education & Training	2	2	2	2	2	10	X	X	X	5
Public Education	2	2	2	2	2	10	X	X	X	5
Senior Companion Program	0	2	1	2	2	7	N/A	X	X	8
Volunteer Opportunities	0	2	1	1	0	4	X	N/A	X	9

**Priority Measures:** 3 = Highest  
2 = Moderate  
1 = Slight  
0 = Lowest

**Ranking:** Lower number indicates higher priority with 1 as highest ranking.



## C. Addressing the Unmet Needs

### Addressing Outreach Needs via the Use of Prevalence Rates

Prevalence in epidemiology is the proportion of a population found to have a condition (typically a disease or a risk factor such as having an illness). It is arrived at by comparing the number of people found to have the condition with the total number of people studied, and is usually expressed as a fraction, as a percentage or as the number of cases per 10,000 or 100,000 people. According to the U.S. Bureau of the Census, slightly over 5 percent of the 60+ population occupy nursing homes, congregate care, assisted living, and board-and-care homes, and about 4.2 percent are in nursing homes at any given time. About 15 percent of adults 60+ are semi-dependent and 80 percent of adults over 60 are active, mobile, and independent.

If we take these prevalence estimates, we find the following calculations. Out of the **42,000** seniors 60+ in Hawaii county (2012 estimate), about **33,600 are active** and not in need of HCOA's semi-independent services. These seniors are most likely engaged with the services and supports provided by our Elderly Activities Division, which currently reports an unduplicated participant amount of 12-15,000 seniors. We can assume that the other 18,000 active island seniors are either a) still in the work force, b) don't want the services provided by Elderly Activities, or c) engaged in their own active lifestyle.

If we look at the 15 percent of seniors who are possibly semi-dependent, this translates to **6,300 seniors that could be eligible for HCOA services**. HCOA registers as high as 2,000 participants. This leaves about **4,300 seniors that are in need of semi-dependent** care. Of the 4,300 seniors, up to 25 percent (1,075) are eligible for **Medicaid** which would make them ineligible for on-going services from HCOA. This leaves **3,255** possible semi-dependent seniors in Hawaii County needing some type of service to keep them in their homes. The question remains, where are the 3,225 seniors who could use our services? We have a few hypotheses. One, is that half (**1,612**) **are being cared for by family members or have the means to pay for their own care**. The rest of the seniors (**1,612**) are those that HCOA are targeting with outreach and marketing efforts. Again, these are estimates based on the use of the statistical procedure of prevalence rates. And, it is a very conservative estimate based on a national percentage since we have found the percentage of frail seniors in Hawaii County is around 15-17%.

### Addressing Unmet Needs

The following is a summary of how HCOA and the Aging Network seeks to address the reported unmet needs utilizing existing programs, services, and initiatives.

1. **Access to Information:** Providing information regarding the Aging Network is a strength of the HCOA, Aging and Disability Resource Center (ADRC), Coordinated Services for the Elderly (CSE), Case Management (CM), and Hawaii County Nutrition Program (HCNP) programs, among others. The HCOA ADRC maintains a comprehensive data base of existing programs and services available to assist persons seeking information assistance. The HCOA website offers a wealth of information as well as including the HCOA Information and Service Directory on-line (also available in hard-copy). HCOA

maintains an Aging and Disability Resource Center in East Hawai'i and in West Hawai'i and is in the process of hiring two half-time positions for the North and South areas of Hawaii County. Development of "fully functioning ADRC's" is a priority of the EOA. HCOA is currently incorporating Information, Assistance, Referral, and Options Counseling services as part of its operations. HCOA will be participating in future opportunities with the State and County that will enable the "fully functioning ADRC" concept to become a reality.

2. **Elderly Housing:** There are **22,752 households** that include one or more frail elderly persons and most communities in the County have limited availability of public elderly housing that is intended for low-income seniors. There is general consensus among the Network that supply does not meet demand for affordable elderly housing on the island. Although HCOA works together with interested parties in providing data and resource information pertaining to elderly housing, limited Title III-B funding prohibits HCOA from utilizing funds directly for housing. With that being said, the County's Office of Housing and Community Development 2015-2019 plan has as part of its overall goals to 1) construct 30 affordable rental units for low income elderly persons; 2) rehabilitate 36 affordable rental units for low income disabled and/or elderly persons; and 3) provide loans/grants for home rehabilitation to 50 homeowners (Housing Consolidated Plan, 2015)
3. **Financial Management:** This unmet need reflects the harsh reality that a significant portion of seniors that are in serious financial need. Most Network providers are aware of various public benefits and assistance programs that can assist seniors (Soc Sec, SSI, Food Stamps, Financial, LIHEAP, LIS, MSP's, QMB, SLMB, Medicare Part D, etc.). HCOA provides resource information for "Emergency Assistance" program that could provide assistance for emergency needs that cannot be met through other sources, including personal safety. Nevertheless, this category of unmet need reflects a very real concern for the AAA and the Network as a whole. Of all the greatest unmet needs identified through the provider survey and the community needs assessment, a number of them can be directly attributed to the issue of low family income for seniors (Providers: transportation, elderly housing, financial assistance); (Seniors: services cost too much, eligibility requirements are too restrictive, applying for financial assistance, finding transportation).
4. **In-Home Services:** Through the Kupuna Care Program, HCOA has the authority to authorize Home and Community-Based Services for eligible seniors. However, there is general consensus among Case Managers and HCOA staff that the amount of funding available to purchase services for **Kupuna Care** clients is limited. However, the goal of Kupuna Care funding, which is usually 5-8 months, is to help the individual in need build their circle of informal support. Although there is much to be acknowledged regarding case management services via Kupuna Care funding, more funding is needed to sustain gains made from the initial services. The new **Quest Expanded Access program** is

required to provide Home and Community Based services to all Medicaid eligible seniors, yet often fails to meet their clients' needs.

5. **Outreach:** HCOA survey data indicated that the general public is unaware of the existing Aging Network Services and the assistance that is available through this Network. There is clearly an ongoing need to provide outreach to seniors and their caregivers to inform them of the availability of assistance. HCOA ADRC has developed a multi-marketing strategy approach which includes a monthly publication, a website, coordination with Elderly Activities Division regarding their outreach efforts via their quarterly publication senior centers activities, and senior ID program. In addition, HCOA host a weekly TV show called “**Rise Above Hawaii with Dr. Kimo**” which is airs every Monday and Tuesday nights on the local Public Access TV called Na Leo Hawaii. **These outreach efforts should increase HCOA’s and ADRC’s visibility in the community since Na Leo reports that there network reaches over 55 thousand households.**
6. **Senior Centers:** All 26 senior educational centers around the island offer some form of socialization or recreational activity. As the survey data indicated, there is a great disparity among which services are available in each district. Although there are senior centers located throughout the island, the programs and services offered in some areas are very limited.
7. **Transportation:** HCOA views transportation as one of the most critical and primary needs for seniors throughout the island. As such, Title III funding is provided to fund several transportation programs. Transportation services are available in every district through the Coordinated Services for the Elderly (CSE) program, which is funded in part by OAA funds administered by HCOA. HCOA also contracts with the Hawai’i Economic Opportunity Council to provide transportation for various services. Public transit services are also available on the island through County of Hawai’i Mass Transit Agency. Although HCOA supports transportation services through available funding opportunities, HCOA is well aware of the deficit in transportation services island-wide, as the survey data revealed. Limited funding restricts the HCOA’s ability to expand transportation services in order to meet the growing demand.

*From left to right:  
Maile David, County Council S. Kona & Kau;  
Debbie Wills, HCOA;  
Pam Punihaole & Joshua Pratt –New Members  
Karen Eoff, County Council N. Kona*



## D. Strategies to Meet Issues

In an effort to meet future challenges of the Aging Services Network, the Administration on Aging developed initiatives and discretionary grants to meet federally established goals and objectives. One of the primary focus areas of the AoA directives includes redesigning the Aging Network service delivery system to include a Client-Centered, Home and Community-Based system as the preferred service delivery model.

This shift in service models is an adaptation of the Nursing Home Diversion Program and Money Follows the Person programs established in prior years. A key outcome of this initiative is to reduce the occurrence of persons at-risk for institutionalization **spending-down to Medicaid eligibility in order to have access to long term care support services**, thereby creating cost savings to the Medicaid program and other support services. **National research as well as HCOA's own research demonstrates that Home and Community-Based Services (HCBS) provide tremendous cost savings in comparison to traditional Nursing Home care.**

The State Executive Office on Aging has adopted these initiatives and have been working towards these goals. Their efforts began with the Kupuna Care Visioning Process, which evaluated the State Kupuna Care Program from December 2008 to January 2010. This study was conducted by Dolores Foley, PhP., Muthusami Kumaran, PhD., and Ashley Muraoka, (MURP Candidate) with the University of Hawai'i at Manoa for the Executive Office on Aging. After an extensive review of the Kupuna Care program statewide, the following priorities were determined:

1. Develop and implement KC Services through a consumer-directed model.
2. Research and define which services actually delay or prevent entry into nursing homes.
3. Implement KC and other services through a fully functioning ADRC sites available to every community, using volunteerism.
4. Utilize Management Information System (MIS) to prevent duplication of services.
5. Finalize EOA's Kupuna Care Manual.
6. Coordinate services through the Aging and Disability Resource Center.
7. Evaluate Kupuna Care with impact measures.

EOA then embarked on a Systems Change Development process with the assistance of HCBS Strategies, Inc. which is still in progress. In conjunction with EOA, HCBS Strategies, Inc. held the ADRC Recharge Conference 2010. This conference provided HCBS Strategies, Inc. an opportunity to present the AoA and CMS expectations for AoA discretionary grants and infrastructures to the local Aging Network. HCBS, Inc. **identified the 5 Year ADRC Plan**, Fully Functioning ADRC, Community Living Program, and the Hospital Discharge Grant as the major issues involved in the Systems Change Development (SCD) project for Hawai'i .

Within the SCD framework, HCBS Inc. established additional focus areas required for the fully functional ADRC model, which include: standardization of ADRC Intake and Assessment protocols, development of fully functioning ADRC's statewide, development of comprehensive

set of State-specific standards for Options Counseling, accessibility to Medicaid Administrative Federal Financial Participation funds, bringing Case Management in-house, development of a Participant Direction option, providing Hospital Discharge Planning Systems Operations, building the Veteran's Administration Participant Directed Program, restructuring Service Contracts, centralization of the MIS system, and development of a statewide budget for ADRC implementation. **All of the components are incorporated into the 5 Year ADRC Plan, which is slated for completion by the end of this year (2015).** However, part of the current State plan incorporates some of the action items in the 5 year plan that were left uncompleted.

### **State Proposed Initiatives**

Much of these proposed initiatives were embraced by Hawaii County's Office of Aging and ADRC. Hawaii County is currently under corrective action to align HCOA service protocols with State initiatives. For example, Hawaii County is moving toward statewide **consolidation of Hawaii County's data base into the statewide database.** Hawaii County is also in the process of implementing the standardized intake, in-home assessment, and support planning tools. These initiatives go hand-and-hand and will be a key outcome in the months to come.

To date, all four Hawaii Area Agencies on Aging have adapted standardized tools and protocols included in the Five Year Systems Change Plan, the Hawaii State Executive Office on Aging has implemented a consolidated statewide database. Current statewide initiatives spearheaded by the Governor's office include the expansion of the ADRC system to increase active collaboration with state agencies such as the Department of Human Services MedQuest and Vocational Rehabilitation Divisions; the Department of Health Executive Office on Aging, Adult Mental Health Division, Developmental Disabilities Division, Disability and Communication Access Board, Hawaii State Council on Developmental Disabilities, and the Language Access Advisory Council; the Hawaii Department of Defense Office of Veterans Services; and with community organizations and councils such as Centers for Independent Living.

The goal of this collaborative effort is to build upon the ADRC Systems Change to create a No Wrong Door (NWD) System in the state. The NWD Initiative will enhance existing ADRC processes to expand assistance to all populations and payers in accessing long term services and supports, thereby making it easier for people of all ages, disabilities, and income levels to learn about and obtain the help they need. A reasonable expected outcome of the NWD Initiative also includes the removal of silos and the increase of integrated efforts among various State and local agencies that serve these populations.

An area of that is promising is the push for HCOA to **develop a fully functioning ADRC.** Based on EOA and SCD standards, HCOA has identified long term and short term goals for implementation of this project. Several factors were taken into consideration in development of these goals including: existing service delivery structures, availability of resources, and feasibility of implementation within the given timeframe. Each county has varying degrees of Information and assistance (I & A), Case Management, and service contract structures. HCOA has a fully-operational in-house I & A, as well as a referral and options counseling service.



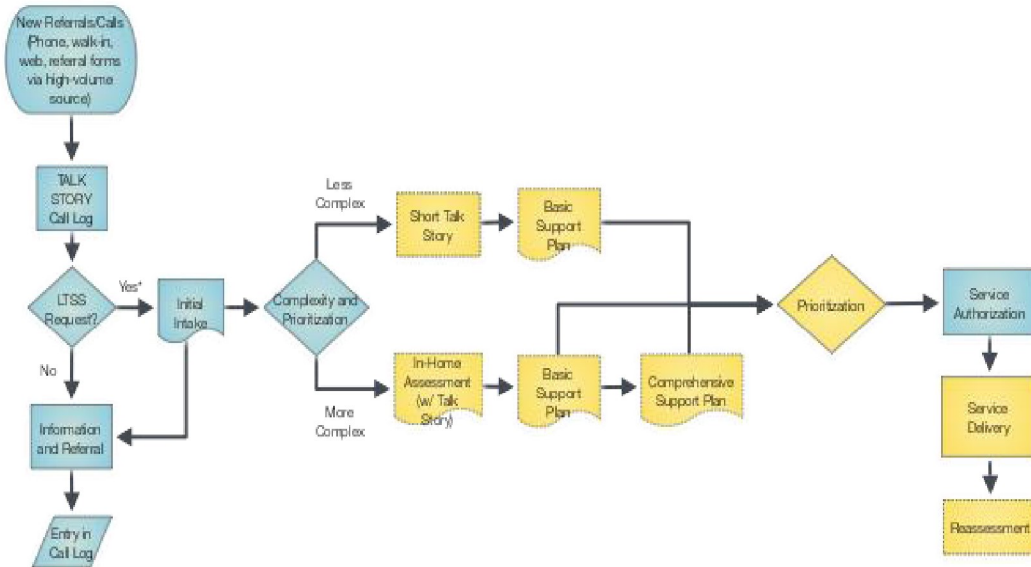
With regard to 5 year ADRC plan recommendation in bringing Case Management “in-house”, HCOA decided that Case Management services are better contracted through a nonprofit entity, which is currently *Services for Seniors, Inc.* It’s important to take note that *Services for Seniors* is located within East Hawaii’s ADRC so it is **physically “in-house” and yet it has the benefits of serving as a private entity which allows HCOA more flexibility in its monitoring, managing, and oversight – a model we see as the best of both worlds.**

I&A/Outreach services are provided by HCOA and **Coordinated Services for the Elderly**, which is a County of Hawai’i agency with some OAA funding from HCOA. HCOA has also developed an ACCESS Model for service delivery. This model addresses initial entry into the Aging Network system, assessment of caregiver and/or consumer circumstances, and follows the client through to the efficient provision of services and/or supports (see figure 14- HCOA – ADRC operational flow below).



**Figure 14--HCOA-ADRC Operational Flow**

**Proposed Model for Operating the ADRC in Hawai'i County**



**Legend**

Conducted by HCOA	Conducted by Contracted Agency (SFS)	Conducted by Contracted Agency (SFS) in-person
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\* Client with a LTSS requests will be checked for in DMO before initial intake if screened for possible Medicaid eligibility.

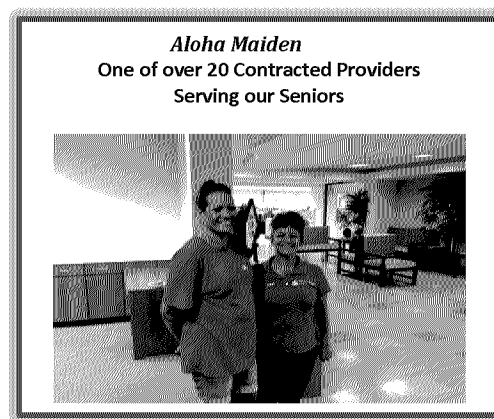
**ADRC Manager Nic Los Banos share's his views to representatives from the Committee on Aging & the State Office on Aging (9/23/15)**



After review of current issues, trends, and needs in the community, HCOA has determined the following **short term and mid-range goals** and priorities for this planning period:

1. Increase awareness of Hawaii County’s **“aging continuum of care”** and **preserve the intent of the Older American’s Act** by connecting stakeholders at each point of the aging continuum utilizing programs and supports that will enhance healthy independent aging for all.
2. Finalize and implement a **fully functional access to services** model through the ADRC information, referral, and options counseling system. This includes the consideration of a north and south **rural outreach and follow-up** service to assure ADRC supports are at all points (north, south, east, west) of Hawaii County.
3. Strengthen HCOA contracted **case management services** through active monitoring, technical assistance, outcome measure tracking, and an increased informal support network so seniors can successfully age at the least restrictive placement for as long as possible.
4. Update previous **memorandums of agreements** with partnering agencies to better serve seniors at all points of the continuum of care.
5. Enhance the **design and function** of the Hawaii County **ADRC website** to include items such as an improved intake application, updated resource directory, video introduction of services and video provider interviews, on-line provider training, translation materials, and important documents and reports.

The development of a fully functioning ADRC is right around the corner and the addition of the current contracted positions to civil service positions will also come to a realization before the currently planning year ends in 2015. **The Hawaii County Aging Network is committed to the need for more uniformity state-wide while ensuring that the delivery of services within the aging network remain constant.**



## **E. Targeting Services**

### **E.1 The Next Four Years (2016, '17, '18, '19)**

The Hawaii Revised Statutes Section 349-1 declares that older adults are entitled to secure equal opportunity to the full and free enjoyment of the following:

- ◆ an adequate income in retirement in accordance with the American standard of living;
- ◆ the best possible physical and mental health which science can make available, without regard to economic status;
- ◆ suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- ◆ full restorative services for those who require institutional care;
- ◆ opportunity for employment with no discriminatory personnel practices because of age;
- ◆ retirement in health, honor, and dignity;
- ◆ pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- ◆ efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- ◆ immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- ◆ freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

In support of the declaration mentioned above, it is the policy of the State and its counties to:

- ◆ make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- ◆ give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to the elderly with the greatest economic and social needs;
- ◆ provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community; and
- ◆ insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

With respect to targeting services to older individuals:

- ◆ with the greatest economic or social needs;
- ◆ who are from rural areas;
- ◆ who are low income minority;
- ◆ who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)
- ◆ at risk for institutional placement;
- ◆ with limited English proficiency;

The following methods for assuring service preference will apply:

#### **I. Methods for Assuring Service Preference to Older Individuals with the Greatest Economic or Social Needs**

##### **A. Declaration of Compliance**

With respect to older individuals with the greatest economic or social needs, the

Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

#### **B. Definitions**

1. **Greatest Economic Need** means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. [OAA, Sec. 302(20)]
2. **Greatest Social Need** means the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently. [OAA, Sec. 302(21)] ("Greatest social need" has the same meaning as "socially disadvantaged.")
3. **Both Greatest Social Need and Low-Income** should be self-explanatory from the definitions provided above. This refers to older persons who are in both greatest social and greatest economic need. (This group of persons is commonly referred to as the most vulnerable.)

#### **C. Methods for Assuring Service Preference**

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals with the greatest economic or social needs, with special emphasis on meeting the service needs of the most vulnerable older adults. Such plans will also include proposed methods for implementing the preference requirements which are consistent with methods contained herein.
2. Each Area Agency on Aging will develop and publish methods by which priority of services is determined. Such methods will include factors and weights which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social needs and the most vulnerable older adults.
3. Area Agencies on Aging will divide their respective geographic area into distinct sub-areas considering among others the following: the distribution of older individuals having greatest economic need; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
4. Area Agencies on Aging, upon review and analysis of information described in item C.3 above, will determine which locations within the area will need

- service assistance under area plans due to high concentration or high proportion of older individuals with greatest economic or social need, and specialize in the types of services most needed by these preference groups.
5. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals in greatest economic or social need.
  6. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.
  7. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provision of such services.
  8. Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of vulnerable older persons, such as Easter Seals, rehabilitation units, boarding homes, sheltered workshops, post office, police department, utilities, etc., toward gaining their assistance in identifying problems, and inform such agencies and organizations of the availability of service under area plans.
  9. Area Agencies on Aging will use outreach efforts that will identify individuals eligible for assistance under area plans, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
  10. Area Agencies on Aging will maintain, as reasonably feasible, elderly minority participation rates in Title III funded programs at or above the %age distribution of older minorities in their planning and service areas, as determined by the most reliable and satisfactory data available.

## **II. Method for Assuring Service Preference to Older Individuals from Rural Areas**

### **A. Declaration of Compliance**

With respect to older individuals residing in rural areas, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner so as to ensure that this target group will be served.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enables our older people to secure equal opportunity to the full and free enjoyment of the following, which apply to rural older adults:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
3. Efficient community services which provide social assistance in coordinated manner which are readily available when needed.
4. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.
5. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.

## **B. Definitions**

**Rural** seniors are persons age 60+ residing in any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. For PSA IV, Hilo is the only census designated place that would qualify as urban.

## **C. Methods for Assuring Service Preferences**

1. Each area plan submitted by the Area Agencies on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals living in rural areas.
2. Area Agencies on Aging will use outreach efforts (such as intake and referral, newsletters, community forums and public hearings) to identify individuals eligible for assistance as well as to inform the rural seniors of the availability of services.
3. Area Agencies on Aging will provide a variety of services for the rural area such as: comprehensive services, case management, information and referral, personal care, senior identification, and transportation.
4. Area Agencies will inform the isolated rural older adults about the services and programs available by using a variety of means available and feasible which may include brochures, newsletters, radio programs and/or television programs.
5. The Area Agencies will work with community council representatives in an effort to inform them of programs and services existing in the rural community.
6. Federal funds awarded to Area Agencies on Aging will take into consideration the numbers of older individuals residing in rural areas.



### III. Method for Assuring Service Preference to Low-Income Minority Older Individuals

#### A. Declaration of Compliance

With respect to low-income minority older individuals service needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner as to ensure that this target group will be met.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following, which apply to low-income minority older individuals:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Ensure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

#### B. Definitions

1. **Low Income** means having an income at or below the federal poverty level. It is the same as “greatest economic need.”
2. **Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic.
3. **Low-Income Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

#### C. Methods for Assuring Service Preferences

1. The Area Agencies on Aging will provide assurance that preference will be given to providing services to low-income older individuals with special emphasis on meeting the service needs of the most vulnerable seniors. The Area Plan will include proposed methods for implementing the preference



- requirements which are consistent with methods contained herein.
2. The Area Agencies on Aging will include a condition in all contracts with its service providers that:
    - a. If there is a wait list, the provider will give preference to low-income and/or minority older adults.
    - b. Service providers will attempt to serve low-income minority elderly individuals in at least the same proportion as the population of low-income minority older individuals bear to the population of older individuals of the area served by such providers.
  3. The Area Agencies on Aging will develop and publish methods by which priority services are determined. Such methods will include factors which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social need and the most vulnerable seniors.
  4. The Area Agencies on Aging will divide the County into distinct sub-areas considering, among others, the following: the distribution of low income; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
  5. The Area Agencies on Aging, upon review and analysis of information described in item 4 above, will determine which locations within the area will need service assistance under its Area Plan due to high concentration or high proportion of low-income minority older individuals, and specialize in the type of services most needed by this group.
  6. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older low-income individuals in need of community or home-based support services.
  7. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
  8. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of low-income minorities older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
  9. The Area Agencies on Aging will use information and referral, and outreach efforts will identify individuals eligible for assistance under its Area Plan, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
  10. The Area Agencies on Aging will encourage service providers to make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly. Lastly, the Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.
  11. The Area Agencies on Aging will maintain, as reasonably feasible, low-income minority older adult participation rates in Title III funded programs at or above the percentage distribution of elderly minorities in the State as determined by the most reliable and satisfactory data available.

12. The Area Agencies on Aging will give preference to the promotion and publicity of programs and services with a high indication for the low-income and/or the minority seniors.
13. The Area Agencies on Aging will continue to advocate for expansion and implementation of services with a high indication for the low-income and/or minority seniors.
14. The Area Agencies on Aging will encourage service clubs and private enterprises to conduct service projects and/or funding to the low-income, minority, or frail older individual whenever the opportunity arises.
15. The Area Agencies on Aging will encourage service providers to plan ethnic activities as a means of attracting minority elderly to participate or utilize the services and programs in the County.

**IV. Method for Assuring Activities to Increase Access to Title III Services by Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)**

**A. Declaration of Compliance**

With respect to Native Older Americans, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner so as to ensure that this group will be served.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following which apply to older individuals of native ancestry:

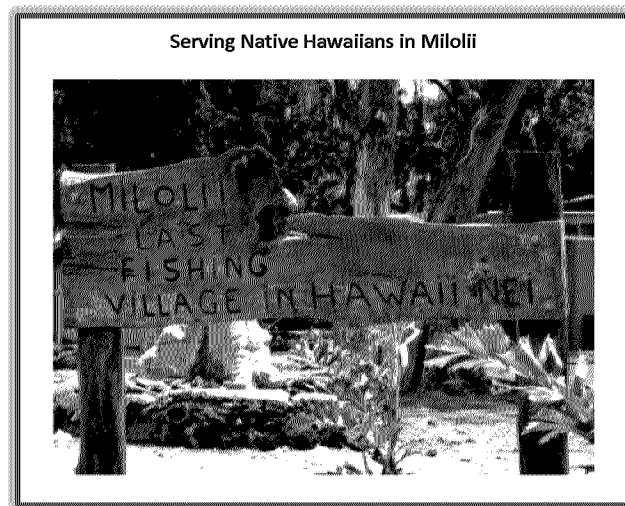
1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

## B. Definitions

**Native Americans** - Title VI of the Older Americans Act, as amended in 2006, Grants for Native Americans Sec. 601 states: It is the purpose of this title to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III.

## C. Methods for Assuring Service Preferences

1. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older Native American individuals in need of community or home-based support services.
2. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older Native American individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.



## V. Methods for Assuring Service Preference to Older Individuals at Risk for Institutional Placement

### A. Declaration of Compliance

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies

on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

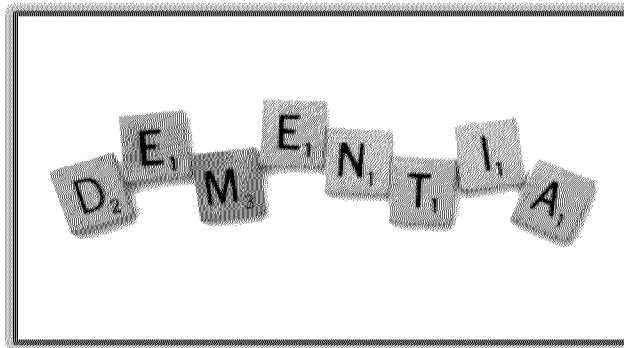
1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

## **B. Definition**

**At risk for Institutional Placement** means, with respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. [OAA, Sec. 101(45)]

## **C. Methods for Assuring Service Preference**

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals at risk for institutional placement, with special emphasis on meeting the service needs of the most vulnerable older adults.
2. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals at risk for institutional placement.
3. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.



## VI. **Methods for Assuring Service Preference to Older Individuals with Limited English Proficiency**

### A. **Declaration of Compliance**

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

### B. **Definition**

**Limited English Proficiency** – individuals who do not speak English as their primary language and/or have a limited ability to read, write, speak, or understand English [Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency].

### C. **Methods for Assuring Service Preferences**

1. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older individuals with limited English proficiency in need of community or home-based support services.
2. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will continue working relationships with other public and private agencies and organizations working on behalf of limited English proficient older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
4. The Area Agencies on Aging will use information and referral, and outreach efforts to identify limited English proficient older individuals.
5. The Area Agencies on Aging will encourage service providers to make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly.

6. The Area Agencies on Aging will utilize tools and resources, as needed and allowed by fiscal resources, offered through the Federal Interagency Working Group on Limited English Proficiency, comprised of representatives from over 35 federal agencies. This group created the Web site LEP.gov, which supports implementation of Executive Order 13166 (defined above), Title VI and Title VI regulations regarding language access. It is a clearinghouse, providing and linking to information, tools and technical assistance regarding Limited English Proficiency and language services for federal agencies, recipients of federal funds, users of federal programs and federally assisted programs, and other stakeholders.
7. The Area Agencies on Aging will utilize resources, as needed and allowed by fiscal resources, training, technical assistance, translation and interpretation services by organizations such as the Hawaii Interpreters and Translators Association, the National Counsel on Interpreting in Health Care, the Society of Medical Interpreters, Diversity RX, and the Cross Cultural Health Care Program.
8. The Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.



## E.2 Targeting Services – The Previous Year, 2014

**Table 3. Previous Year's Targeting Outputs (FY 2014 Oct, Period of 2013-Sept. 2014)**

\*The "Greatest Social Need" and "Limited English Proficient" data fields were taken out this planning cycle because the calculations were too inconsistent to draw meaningful conclusions.

Program & Services	Total Fund Budgeted	FY 14 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Limited English Proficient	At Risk for Institutionalization	Native American	Resource Allocation
Access			Number of Persons Served							
Transportation	\$261,993	\$261,993	333	*	220	956	*	138	13	NB
I & A	\$0	\$0		*			*			
Outreach	\$33,592	\$33,592		*			*			NB
Case Mgmt	\$320,000	\$326,146	40	*	23	203	*	258	7	A
Asst Transp	\$42,000	\$41,433	11		7	44		39	4	A, NE
In-home			Number of Persons Served							
Personal Care		\$92,464	12	*	6	64	*	64	2	A
Homemaker		\$40,645	13	*	6	55	*	51	3	A
Chore		\$6,448	2	*	1	7	*	4	1	A
Home Del. Meals	\$294,000	\$300,119	72	*	45	198	*	212	2	A, NC-2
Legal	\$93,660	\$69,944							0	NB, A
Community Based Services			Number of Persons Served							
Adult Day Care		\$59,357	2	*	0	17	*	17	0	A
Caregiver Support		\$71,909		*	7	34	*	2	0	NE
Cong. Meals	\$304,000	\$292,120	261	*	174	879	*	76	123	NC-1
Title III & KC Funding Total	\$1,307,245	\$1,596,170		*			*			

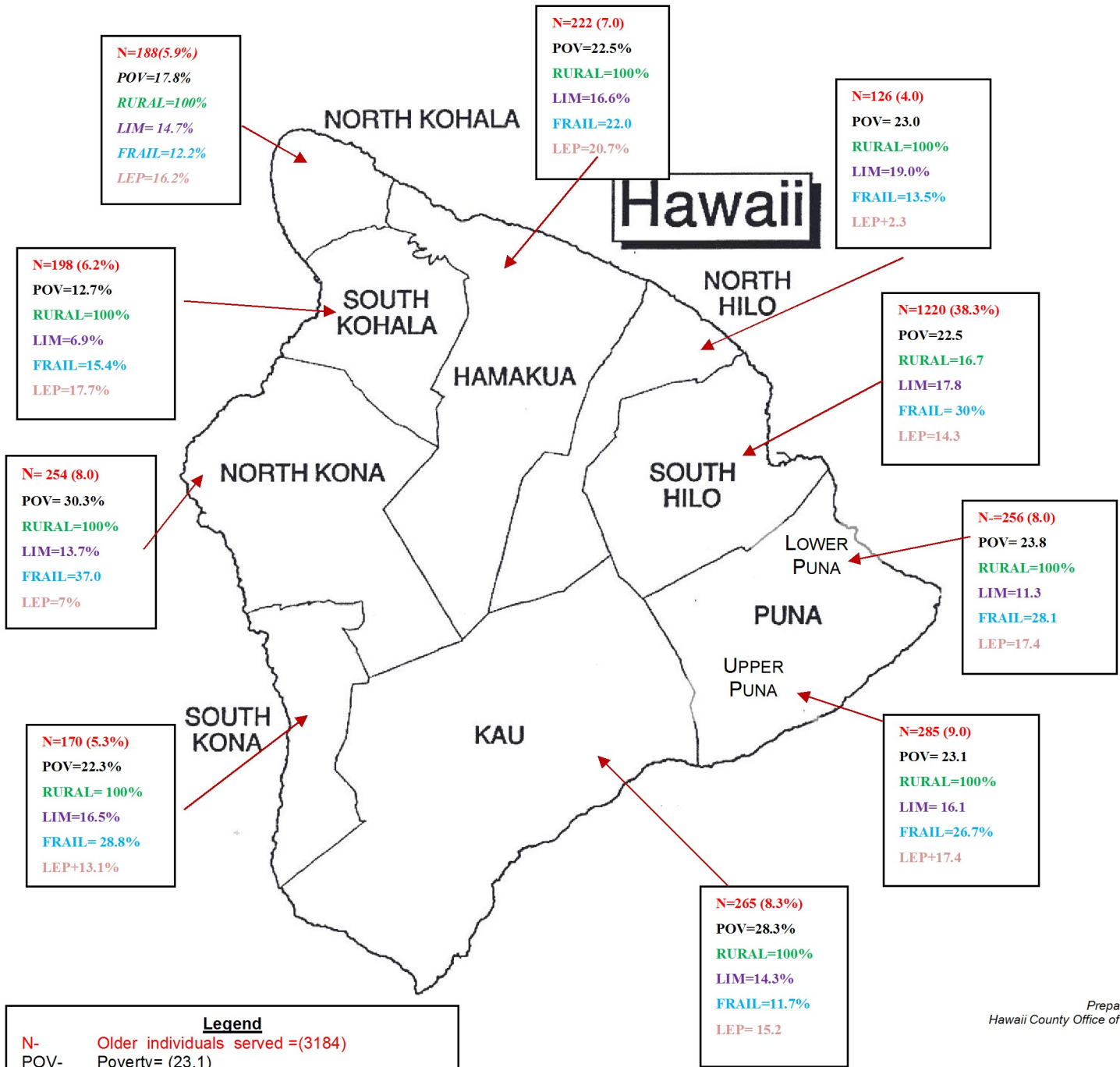
\*\* No data to support field.

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- A = State General Funds (General Funds)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
- O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
- XS = County In-kind
- XO = Other In-kind

Figure 15. Hawai'i County Targeting Performance Indicators

County of Hawaii  
**Population Distribution by District PY 2014-2015**  
 U.S. Census Bureau, 2013 American Community Survey

*Total Older Individuals Served (Unduplicated) -3187*



**Legend**  
 N- Older individuals served =(3184)  
 POV- Poverty= (23.1)  
 RURAL- Rural Residence =  
 LIM- Low income minority =(66.8)  
 FRAIL- Unable to perform 2 ADLs or more=(15.3)  
 LEP- Limited English Proficiency = 26.9  
 \*(96) - Targeting Performance for Hawaii County

Prepared by  
 Hawaii County Office of Aging



## **F. Waivers**

*Note: Not Applicable but shown here as a reference.*

### **F.1 Waiver to Provide Direct Service**

The State of Hawai'i Executive Office on Aging will be issuing a statement that will allow all AAA's in Hawai'i to provide direct services without requiring Waivers to Provide Service.

(Area Agency)

#### **JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE**

For the period beginning \_\_\_\_\_ through \_\_\_\_\_

Service

Title III Reference

Funding Source

Title III

State

County

Other

Total

Justification

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

## F.2 Waiver of Priority Categories of Services

(Area Agency)

### **JUSTIFICATION FOR WAIVER PRIORITY CATEGORIES OF SERVICES For the duration of the Area Plan (2015-2019)**

The Area Agency on Aging is required to spend at least 40 % of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 % of its Title III-B annual allocation for the remaining priority categories of services.

<b>Priority Service</b>	<b>Check Category Affected</b>
<b>Access</b> (Transportation, Outreach, and Information and Assistance, and Case Management Services)	_____
<b>In Home Services</b> (including supportive Services for Families of Older Individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction).	_____
<b>Legal Assistance</b>	_____

### **Justification**

## PART III Goals and Objectives

### A. Summary of Goals & Objectives

The State Executive Office on Aging (EOA) and the Area Agencies on Aging (AAA) are pursuing the following statewide goals for the planning period 2015-2019:



**Goal 1. Age Well:** Maximizing opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.



**Goal 2. Forge Partnerships:** Forging partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.



**Goal 3. Enhance the ADRC:** Developing a statewide ADRC system for older adults and their families to access and receive Long Term Support Services (LTSS) within their respective counties.




**Goal 4. Live at Home with Dignity:** Enabling people with disabilities and older adults to live in their community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.



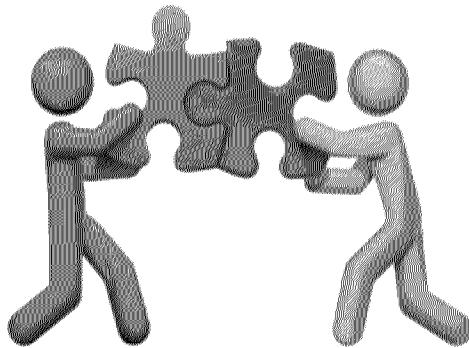
**Goal 5. Keep Kupuna Safe:** Optimizing the health, safety, and independence of Hawai'i's older adults.

## Summary of Objectives

Goal	Objective
<p><b><u>Goal 1. Age Well:</u></b>  <i>Maximizing opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.</i></p> <hr/>  <hr/>	<ul style="list-style-type: none"> <li>• 1.1: <u>Support Elderly Activities Division</u> in their efforts to maintain, develop, and/or enhance programs that keep seniors active and socially engaged.</li> <li>• 1.2: <u>Increase stakeholder awareness of the aging continuum of care</u> and efforts to support the sustainability of services for all seniors along the continuum. Such efforts will consist of updated brochures, newsletter message exchanges, and a minimum of 12 presentations within the County and Aging Network.</li> <li>• 1.3: Explore and organize efforts with Elderly Activities Division to <u>maintain senior interest at each congregate meal site.</u></li> <li>• 1.4: Ensure that the <u>Better Choices, Better Health Program</u> are available to older adults throughout Hawaii County, which includes training of Lay Leaders.</li> <li>• 1.5: Participate and <u>advocate for the development of Blue Zone Communities</u> throughout Hawaii County.</li> <li>• 1.6: <u>Support the volunteerism of older adults,</u> through assistance and monitoring of the Elderly Activities RSVP program.</li> </ul>

**Goal 2. Forge Partnerships:**

*Forging partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.*



- 2:1: Establish and update MOU's with government, health care, social services, financial institutions, and faith-based organizations, Hawaiian organizations such as Hui Malama, and the Alzheimer's Association just to name a few.
- 2:2: Partner with the Hawaii County Transportation Department to advocate, organize, and promote a county-wide mass transit plan which includes addressing transportation needs of the elderly and individuals with disabilities.
- 2:3: Partner with the Hawaii County Housing Department to advocate, organize, and promote county-wide housing for seniors which includes addressing housing needs of frail seniors and individuals with disabilities.
- 2:4: Partner with private and public agencies to organize educational opportunities for grandparents raising grandchildren.

**GRAND LOVE**

Grandparents Raising Grandchildren



Shelby Turner

**Goal 3. Enhance the ADRC:**

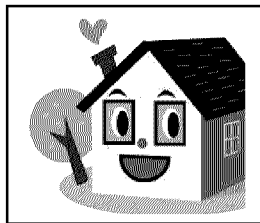
*Developing a statewide ADRC system for older adults and their families to access and receive Long Term Support Services (LTSS) within their respective counties.*




- 3.1: Maintain ADRC Federal and State Compliance.
- 3.2: Provide relevant person-centered information, assistance, referrals, and options counseling to consumers requesting services through the ADRC.
- 3.3: Complete HCOA's language access plan.
- 3.4: Use marketing strategies to promote community awareness of the ADRC.
- 3.5: Strengthen the disability placard program.
- 3.6: Increase public and private access to ADRC training and awareness activities on cognitive aging, brain health and risk factors for cognitive impairment.

**Goal 4. Live at Home with Dignity:**

*Enabling people with disabilities and older adults to live in their community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.*



- 4.1: Provide effective home-based services via case management.
- 4.2: Actively sustain (or increase) the number of home modifications each year.
- 4.3: Provide active support for family caregivers through training, annual conferences, respite, counseling, and informational materials.

	<ul style="list-style-type: none"> <li>• 4.4: Ensure that each year of the planning period that the <u>resource directory will be updated and available</u> on the HCOA/ADRC website.</li> </ul>
<p><b><u>Goal 5. Keep Kupuna Safe:</u></b>  <i>Optimizing the health, safety, and independence of Hawai'i's older adults.</i></p> 	<ul style="list-style-type: none"> <li>• 5.1: <u>Partner with civil defense</u> to ensure annual updates of a county-wide emergency disaster plan and protocol for older adults and people with disabilities.</li>   <li>• 5.2: Work with partnering agencies to <u>promote awareness and address elder neglect, abuse, and fraud protection.</u></li> </ul>

Volunteer honoree delegates throughout the state were celebrated on June 5th, at Cafe Julia, Honolulu, with the directors of each Hawai'i county for the Executive Office on Aging (also known as the AAAs). Volunteer honoree delegates (L-R top) Roger Caires (Kaua'i), Robert Ferolano (Hawai'i Island), Donald Jensen (Maui), Alan Kumalae (O'ahu), (middle): Pat Simpson (Kaua'i), Janet Murakami (Hawai'i Island), Katsuko Enoki (Maui), Yolanda Morreira (O'ahu); (bottom) AAA directors Nalani Aki, (O'ahu County), Deborah Stone-Walls (Maui County), Kealoha Takahashi (Kaua'i County), Kimo Alameda (Hawai'i County).



## B. Goals and Objectives

In accordance with the goals developed by EOA for the State of Hawai'i, HCOA's research and focus groups, and feedback from the public hearings, HCOA developed the following objectives for program development and service delivery for this planning period. Following each objective, there is a rationale, major action steps, baseline, outcomes, and proposed evaluation measures.



### ***Goal 1 -- Age Well:***

***Maximizing opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.***

### **Active Seniors**



- **Objective 1.1:** Support Elderly Activities Division in their efforts to maintain, develop, and/or enhance programs that keep seniors active and socially engaged.

**Rationale 1.1:** Keeping seniors active and healthy is the cornerstone of the Hawaii County Aging Network for a number of reasons. First, active seniors spend less time in the hospital which helps to limit the rising costs of healthcare. Second, active seniors give back to the community through volunteerism which translates to huge cost savings in salary and wages. Lastly, a large percentage of active seniors are caregivers who provide care to loved-ones that would otherwise be dependent on private or state funded services.

### **Major Action Steps 1.1:**

1. Work closely with Elderly Activities Division (EAD) by monitoring the various contracts and supporting their mission to keep seniors active and engaged.
2. Partner on county-wide initiatives that promote active health and disease prevention.
3. Advocate for continual county, state, and federal funding that support the activities and programs that keep seniors active and healthy.
4. Increase cross-training opportunities that address active and frail senior issues.



**Baseline 1.1:**

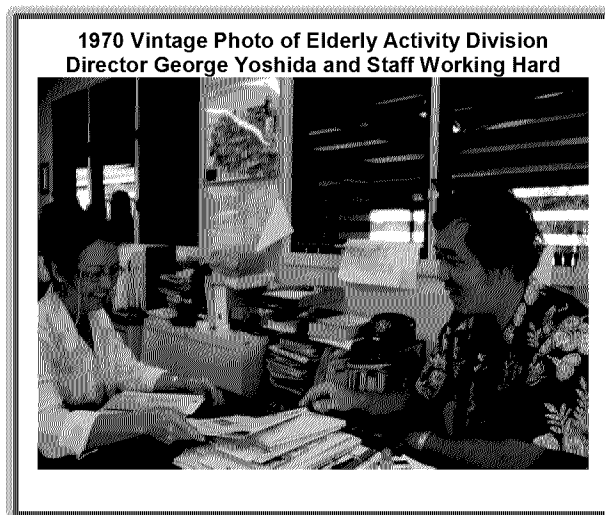
Currently, HCOA supports EAD informally through monitoring and meetings as needed but no formal and/or on-going meetings have been established to ensure collaborative alliances.

**Outcomes 1.1:**

1. 80% of seniors who participate in county-supported recreation activities and seniors participating in programs at the senior centers will have favorable opinions regarding their experiences.
2. Seniors will live active and healthier lives and the average life expectancy for all ethnic groups will increase over time.
3. Positive collaborative relationships will be fostered between HCOA and EAD.

**Effective Measures:**

1. Random interview of active seniors participating in county-wide activities and programs.
2. # of formal meetings with HCOA and EAD (Elderly Activities Division).
3. Annual monitoring results.
4. # of county-wide shared initiative participation.
5. Level of inter-staff camaraderie between Elder Activities and HCOA via staff interviews.



**Continuum of Care**



- **Objective 1:2:** Increase stakeholder awareness of the aging continuum of care and efforts to support the sustainability of services for all seniors along the continuum. Such efforts will consist of updated brochures, newsletter message exchanges, and a minimum of 12 presentations within the County and Aging Network.

**Rationale 1:2:**

A common misperception among county residents is that HCOA oversee ALL aging services, supports, and activities. Most of HCOA funding are targeted to frail seniors and their caregivers, whereas Elderly Activities Division, under the Parks and Recreation, oversee services and supports for active seniors. Also, when seniors become fully dependent in need of institutional care, it is likely that they will be served by public funded supports (e.g., Medicaid) or private pay. We feel it's important to get this message out to the public.

**Major Action Steps 1:2**

1. Develop an Aging Network Power Point Presentation draft
2. Develop a pre-posttest to assess level of knowledge in the presentation series.
3. Present draft to HCOA staff and the committee on aging.
4. Solicit feedback and modify presentation as needed.
5. Solicit presentation opportunities county-wide and within the aging network.
6. Update HCOA's brochures and website to include information on the aging continuum of care.
7. Work with Elderly Activities Division to share messaging within agency newsletters (EAD's Kupuna News and HCOA's Silver Bulletin).

**Baseline 1.2:**

Currently, no recent updates to HCOA's brochures and website have been done, and just 3 presentations have occurred since the drafting of this plan.

**Outcomes 1.2:**

1. Key stakeholders, like the Hawaii County Council will be made aware of the aging network and the aging continuum of care.
2. An updated HCOA/ADRC website will indicate the continuum of care in a user friendly, easy-to-understand way.
3. Hawaii county residents will know which county agency to contact for the type of service they are seeking.
4. The Hawaii County Senior Centers will be conceptualized as a one-stop service entity for active seniors, whereas, the ADRC will be conceptualized as a one-stop service entity for frail seniors and people with disabilities seeking long-term supports and services.

**Effective Measures:**

1. # of presentations on the Hawaii County Aging Continuum of Care.
2. # of people informed about how to access services on the continuum of care.
3. # of brochures updated and distributed.
4. Website updated and utilized.

## **Nutrition**



- **Objective 1:3:** Explore and organize efforts with Elderly Activities Division to maintain senior interest at the congregate meal sites.

### **Rationale 1:3:**

Congregate meal participation is one of the best ways to help seniors engage with their community because of the opportunities to connect socially and participate in fun activities following the meal. Yet, there is a national decline of senior participation which may be due to the baby-boomer senior having different interest and food preferences. This objective will help Hawaii County look at ways to increase or sustain participation at the meal sites.

### **Major Action Steps 1:3:**

1. Collaborate with Elderly Activities Division (EAD) and other partnering agencies to plan for the enhancement of each site through meaningful activities and marketing strategies.
2. Conduct a cost-benefit analysis of a county-operated congregate meal sites.
3. Conduct comparisons of current and potential models, review cost benefit analyses, and make viable recommendations.
4. Work with EAD to consider enhancing potential or current sites with additional services such as medication management, health status monitoring, intergenerational activities, etc.

### **Baseline 1.3:**

Congregate meal participation over the years has leveled off at 900-1000 individuals.

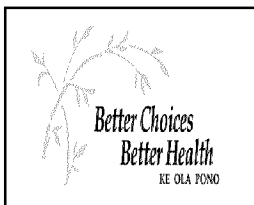
### **Outcomes 1.3:**

1. Participation will be sustained at 1000 individuals or increased.
2. Number of congregate meals will be sustained or increased.
3. Over 85 percent of participants will report being satisfied with the menu.
4. Over 85 percent of participants will report being satisfied with the program.
5. Over 85 percent of participants will report maintaining or improved health.

### **Effective Measures:**

1. # of participants.
2. # of meal sites.
3. % of participants being satisfied with the congregate meal menu.
4. % of participants being satisfied with the congregate meal program.
5. % of participants whose baseline scores on the nutritional risk assessment survey are maintained or improved annually.

## **Healthy Aging**



- **Objective 1.4:** Ensure that the *Better Choices, Better Health Program* are available to older adults throughout Hawaii County, which includes training of Lay Leaders.

### **Rationale 1.4:**

Nutrition awareness is key to sustained health for all seniors. This Stanford Evidenced Based Program aims to provide participants with information, motivation, inspiration, and group bonding experiences that help them make better lifestyle choices around nutrition and exercise.

### **Major Action Steps 1.4:**

1. Conduct a minimum of 6 workshops per year.
2. Identify and secure potential sites to conduct workshops and new areas in the community where workshops have not been offered.
3. Schedule workshops and coordinate training for trainers and lay leaders.
4. Evaluate each workshop with an “outside” evaluator.
5. Maintain “Better Choices, Better Health” license.
6. Conduct one Lay Leader training each year with a minimum of 6 participants.
7. Increase visibility and outreach of program through the development and implementation of an expanded public relations effort.
8. Increase outreach efforts to Native Hawaiians.

**Baseline 1.4:** In 2014, there was a total of 54 participants and a total of 6 Lay Leaders.

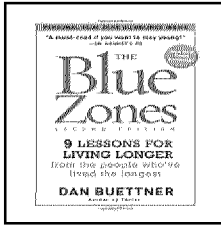
### **Outcomes 1.4:**

1. By 2017, HCOA will have trained 80 participants and 70% (7 out of 10) of these participants will be surveyed with results showing an improvement or maintenance of their physical health status 6 months and 12 months after the end of each workshop.
2. Increase Lay Leaders to 6 each year, totaling 12 in 2017.
3. Comparison of pre-post data will show a decrease number of visits to physicians’ offices and the emergency room.
4. At 6-month follow-up, participants will report exercising more and having fewer negative health symptoms.

### **Effective Measures:**

1. # of workshops and # of graduates held each year.
2. % of participants showing improvement in managing their health.
3. Better Choices, Better Health –Ke Ola Pono Outcome Data

## **Community Involvement**



- **Objective 1.5:** Participate and advocate for the development of Blue Zone Communities throughout Hawaii County.

### **Rationale 1.5:**

It has been noted that good health is not just simply making good health choices, because the health choices seniors make depends on the health choices they have and not every kupuna have the same health choices given the various health determinants such as, where they live, income level, education, and so on. This is why it is critical that HCOA supports Hawaii County's Blue Zones Initiative, which shapes social policy to help make the best health choice the easy choice.

### **Major Action Steps 1.5:**

1. Designate a lead staff person to participate in monthly Blue Zones meetings.
2. Educate leaders and key stakeholders about the Blue Zones concept, including safer streets initiatives and livable communities.
3. Partner with Blue Zone Leaders in their efforts to rally supporters for their various initiatives.
4. Conduct a series of TV shows to be aired on public access TV (Naleo, Ch. 54) highlighting Blue Zone Concepts and the 9 Blue Zone Tips.
5. Partner with other stakeholders to educate and encourage legislatures at local, state and federal levels to develop policies that target the social, economic, and environmental determinants of health such as using EBT cards at local farmers markets, enforce no smoking policies at senior housing complexes, etc.

**Baseline 1.5:** Blue Zones is a new concept to Hawaii County.

### **Outcomes 1.5:**

1. At least 90% of all Blue Zone meetings will be attended by an HCOA staff.
2. Increased awareness of Blue Zone concepts amongst key stakeholders.
3. Increased senior participation in Blue Zone initiatives, such as getting seniors to complete an advanced health care directive.
4. Seniors living longer and stronger.

### **Effective Measures:**

1. # of meetings attended.
2. # of TV shows produced.
3. # of households who watch Na Leo's ch. 54.
4. # of policy changes or county-wide initiatives because of Blue Zone influences.

## Volunteerism



- **Objective 1.6:** Support the volunteerism of older adults, through assistance and monitoring of the Elderly Activities RSVP program.

### **Rationale 1.6:**

There are 3 primary volunteer programs in Hawaii County for older adults —Foster Grandparents, Senior Companion, and the Retired Seniors Volunteer Program (RSVP). Foster Grandparents and Senior Companion programs have income requirements that limit participant eligibility which limits its growth, which makes the RSVP program the most popular. Hawaii County has one of the most vibrant RSVP programs in the nation and this objective is to help keep our attention on issues or concerns that threaten the effectiveness of the program.

### **Major Action Steps 1.6:**

1. Encourage Elderly Activities Division (EAD) to sustain recruitment efforts.
2. Collaborate with EAD to identify volunteer opportunities and new volunteer stations.
3. Conduct volunteer membership meetings and RSVP luncheons each year.

**Baseline 1.6:** RSVP membership for 2014-2015 was a little over 1,406 at 158 volunteer stations.

### **Outcomes 1.6:**

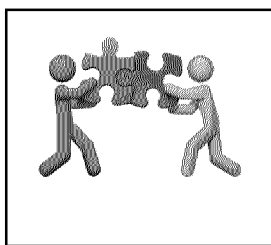
1. Participation will be sustained (or increase) from year to year.
2. At least 85% of volunteers express satisfaction in remaining active and socially engaged through volunteerism.

### **Effective Measures:**

1. # of RSVP volunteers enrolled.
2. % of RSVP volunteers expressing satisfaction in their volunteer work.

*1975 Vintage Photo of 1<sup>st</sup> RSVP Director Alan Parker with TV Host Bob Barker*

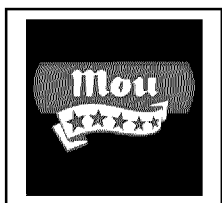




## **Goal 2 – Forge Partnerships**

***Forging partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.***

### **MOUs**



- **Objective 2.1:** Establish and update MOU's with government, health care, social services, financial institutions, faith-based organizations, Hawaiian organizations such as Hui Malama, and the Alzheimer's Association just to name a few.

### **Rationale 2.1:**

Services and supports for kupuna would not be possible without the in-kind supports from partnering agencies within the aging network. In order to sustain these services, partnerships are critical.

### **Major Action Steps 2.1:**

1. Identify appropriate partners, government agencies, including DHS Adult Protective Services, and private entities.
2. Draft and execute Memoranda of Understanding.
3. Establish and solidify working relations with partners.
4. Annual meeting to evaluate effectiveness of partnerships.

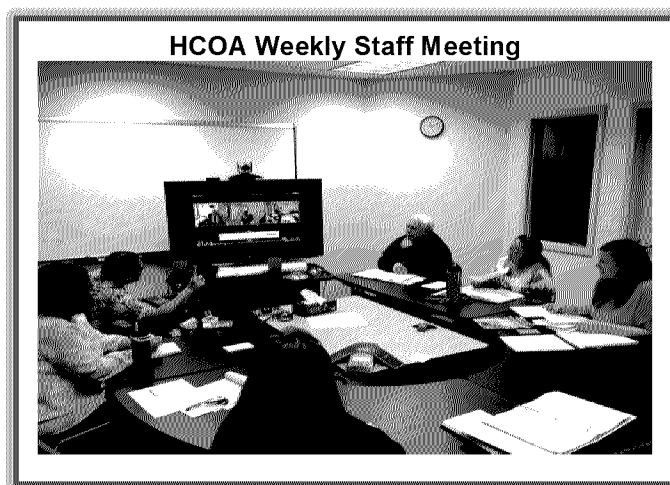
**Baseline 2.1:** In 2014, HCOA had MOU's with 15 partnering agencies.

### **Outcomes 2.1:**

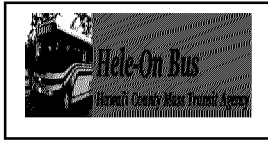
1. 75% of partners will express satisfaction with coordination efforts of the ADRC.

### **Effective Measures:**

1. # of partners completing MOUs.
2. % of partners satisfied with the coordination (partnership) efforts of HCOA.
3. # of trainings held at the ADRC by partnering agencies.



## Transportation



- **Objective 2.2:** Partner with the Hawaii County Transportation Department to advocate, organize, and promote a county-wide mass transit plan which includes addressing transportation needs of the elderly and individuals with disabilities.

### Rationale 2.2:

Transportation is listed as the top concern by seniors and senior advocates. Although HCOA receive limited transportation funds that target frail seniors, we can advocate on behalf of all seniors through collegial partnership with the county's transportation department and private transportation providers.

### Major Action Steps 2.2:

1. Establish and promote transportation priorities for seniors and people with disabilities
2. Solicit volunteers from the Committee on Aging and the Committee on Disability to participate in upcoming discussions regarding mass transit.
3. Ensure that at least one representative from the Aging Network is part of the RFP review panel that selects a vendor to perform the mass transit needs assessment.

**Baseline 2.2:** Although there are information interactions via meetings between HCOA and Hawaii County Transportation Department, there is no formal or on-going meetings held at this time.

### Outcomes 2.2:

1. HCOA will have representation at meetings and focus groups concerning transportation.
2. Hawaii County Transportation Department will view HCOA as a key partner in planning for mass transit needs on the island.
3. Kupuna and people with disabilities will be well represented on the overall planning and design of the mass transit plan.

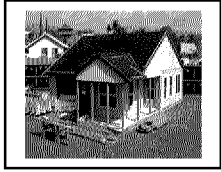
### Effective Measures:

1. # of transportation related county meetings attended.
2. # of older adults or people's with disabilities actively engaged in the mass transit planning process.





## Housing



- **Objective 2.3:** Partner with the Hawaii County Housing Department to advocate, organize, and promote county-wide housing for seniors which includes addressing housing needs of frail seniors and individuals with disabilities.

### **Rationale 2.3:**

In 2015, there were **22,752 households** that include one or more frail elderly persons and most communities in the County have limited availability of public elderly housing that is intended for low-income seniors. There is a general consensus among the Network that supply does not meet demand for affordable elderly housing on the island. Lack of affordable housing is listed as one of the top concerns by seniors and senior advocates. Although HCOA does not receive funds for housing, we can advocate on behalf of seniors through a collegial partnership with the county's housing department and private housing entities.

### **Major Action Steps 2.3:**

1. Encourage the participation of the county's housing director to be an ex-officio member of the Hawaii County Committee on Aging.
2. Establish and promote housing priorities for seniors and people with disabilities.
3. Solicit volunteers from the Committee on Aging and the Committee on Disability to participate in upcoming discussions regarding housing.
4. Assess the county's home modification loan program for active seniors.

**Baseline 2.3:** Although there are information interactions via meetings between HCOA and Hawaii County Housing Department, there is no formal or on-going meetings held at this time.

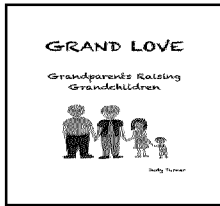
### **Outcomes 2.3:**

1. HCOA will be actively engaged in meetings and focus groups concerning housing.
2. Hawaii County Housing Department will view HCOA as a key partner in planning for housing needs on the island.
3. Affordable housing for seniors and people with disability will be a primary goal for the County of Hawaii.

### **Effective Measures:**

1. # of housing related meetings attended.
2. # of goals or objectives in the county housing plan addressing senior housing and housing for people with disabilities.

## **Grandparents**



- **Objective 2.4:** Partner with private and public agencies to organize educational opportunities for grandparents raising grandchildren.

### **Rationale 2.4:**

There are a number of grandparents raising grandchildren and it can be quite a burden caring for a child fulltime. The stress that comes with providing caregiving for a child is very high and grandparents need help. Thus, partnering with Department of Human Services and private entities like Queen Liliokalani Children's Center (QLCC) will be key implementing an educational event for grandparents raising grandchildren.

### **Major Action Steps 2.4:**

1. Establish partnerships with grandparent raising grandchildren agencies like DHS and QLCC.
2. Work together to identify grandparents who could benefit from training on raising children in today's era.
3. Organize a half-day workshop on grandparents raising grandchildren and work to provide child-care if the children are young and/or not in school.
4. Select a site and make arrangements for a half or full-day training.

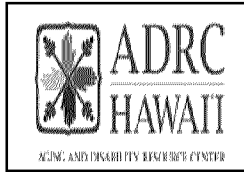
**Baseline 2.4:** Grandparents raising grandchildren has never been a focus of the area plan.

### **Outcomes 2.4:**

1. At least 25 participants will register for the conference.
2. Over 90% of participants will report satisfaction with the conference.
3. As a result of the training, at least 80% of grandparents will report that they are more confident in their grand-parenting skills.

### **Effective Measures:**

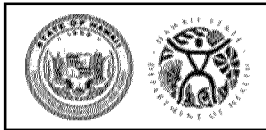
1. # of participants.
2. % of participants satisfied with the conference.
3. % of participants who report feeling more confident because of the training received at the conference.



### **Goal 3: Enhance the ADRC.**

*Developing a statewide ADRC system for older adults and their families to access and receive Long Term Support Services (LTSS) within their respective counties.*

#### **ADRC Compliance**



- **Objective 3.1: Maintain ADRC State and Federal Compliance.**

#### **Rationale 3:1:**

The Hawaii County Aging Network also includes State partners, particularly the Hawaii Department of Health's State Executive Office on Aging. Over 70% of the funding for kupuna services on Hawaii island gets channeled through the State office and it's imperative that working relations remain respectful and collaborative.

#### **Major Action Steps 3.1**

1. Continue to use the statewide standardized tools for assessment, support planning, and service authorization.
2. Maintain agency participation in the Statewide Consolidated Database.
3. Implement inclusion of service providers in the Statewide Database.
4. Continue to educate local and state elected officials regarding the need for ADRC funding.

**Baseline 3:1:** HCOA is currently 85% in compliance with State ADRC mandates.

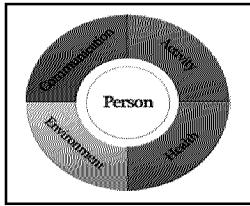
#### **Outcomes 3:1:**

1. HCOA operates a seamless, high quality long-term supports and services system.
2. Participant data is readily available through a HIPPA-compliant statewide database.
3. Participants served through HCOA's ADRC receive person-centered assistance and options counseling.

#### **Effective Measures:**

1. HCOA receives favorable monitoring results from the Executive Office on Aging.
2. # of service providers activity using the Statewide Consolidated Database.
3. # of staff able to provide person-centered options counseling.

## **Person-Centeredness**



- **Objective 3.2:** Provide relevant person-centered information, assistance, referrals, and options counseling to consumers requesting services through the ADRC.

### **Rationale 3:2:**

The person-centered approach was first introduced by psychotherapist Carl Rogers in the late 1950s and then re-introduced as a key customer service philosophy that empowers clients to direct their own care and services. It is crucial that HCOA adopts this model of service delivery.

### **Major Action Steps 3.2:**

1. Staff will be trained on person-centered concepts and how it translates to working with clients and potential clients of the ADRC.
2. Utilize effective options counseling to develop person-centered support plans that meet individual and caregiver needs.
3. HCOA will adopt a general person-centered customer service approach that will guide interaction with walk-ins, call-ins, and individuals representing partnering agencies.
4. Continue to support the vendor pool service delivery model where the choice of provider is given to the consumer.

**Baseline 3:2:** HCOA has some staff trained on the general person-centered approach (AHA-Aloha, Help, A Hui Hou model of customer service) and two staff trained in person-centered options-counseling.

### **Outcomes 3:2:**

1. All staff will be trained in the AHA person-centered approach to customer service.
2. All ADRC intake staff will be able to provide person-centered assistance, referral, and options counseling.
3. At least 90% of persons receiving services from HCOA will report satisfaction.

### **Effective Measures:**

1. % of staff trained in the person-centered approach.
2. % of customers satisfied with the information, assistance, and supports given to them by HCOA's ADRC.
3. State monitoring results.

## Language Access



- **Objective 3.3:** Complete HCOA's language access plan.

### **Rationale 3:3:**

Language access and communication is a basic right. Having a language access plan or policy detailing what to do with a consumer who prefers to speak in their primary language is critical. Hawaii County has a county-wide language access plan, but HCOA needs to have one specific to the population it serves.

### **Major Action Steps 3.3:**

1. Finalize language access plan and submit to State language access coordinator for approval.
2. Draft and finalize an interpreter policy and procedure (P&P) to be implemented at HCOA and its ADRC.
3. Send P&P to County language access liaison for feedback and approval.
4. Review and refine P&P.
5. Acquire and distribute the most common requested informational brochures in a variety of languages.
6. Increase overall staff knowledge of access to and use of assistive technologies as needed.

**Baseline 3:3:** A first draft of the plan have been completed.

### **Outcomes 3:3:**

1. Individuals with limited English-proficiency will have the opportunity to access services and participate fully in their service delivery.
2. Individuals receive written information in their preferred language.
3. HCOA staff will demonstrate increased competency in communicating with individuals with Limited English-proficiency.

### **Effective Measures:**

1. Completion of Language Access Plan.
2. # of written materials provided in non-English languages.
3. # of interpreters or assistive technologies utilized upon request.

## **ADRC Marketing**



- **Objective 3.4:** Use marketing strategies to promote community awareness of the ADRC.

### **Rationale 3:4:**

Older adults have always been the target population since HCOA first opened its doors in 1966. However, in 2006 HCOA aligned itself with the State Executive Office on Aging initiative to also serve people with disabilities regardless of age. Although the service is limited to information, assistance, referral, and options counseling, the ADRC still provides the “one-stop-shop” for clients and caregivers needing long-term services and supports. This is why a strong marketing approach to inform the community of the ADRC is critical.

### **Major Action Steps 3.4:**

1. Develop ADRC marketing materials.
2. Develop procedures for HCOA staff to present ADRC materials during outreach activities.
3. Conduct outreach activities with different geographic areas and segments of the population.
4. Use public access TV to launch shows highlighting the ADRC once a month.
5. Utilize the HCOA newsletter to inform as many seniors as possible about ADRC related events.
6. Update the ADRC website to include caregiver resources, video testimonials, etc.
7. Develop a marketing plan that would include information to the limited English proficient population.

**Baseline 3:4:** 2014 data shows outreach efforts informing 2,584 people island-wide. Also, in 2014, county-wide averages for call-ins were 350 and walk-ins were 200.

### **Outcomes 3:4:**

1. The community will see the ADRC as a visible entity where they can obtain correct information about long-term care issues.
2. Community members will demonstrate increased usage of the online ADRC portal as a means of acquiring relevant information and assistance.

### **Effective Measures:**

1. # of new partners acquired as part of the ADRC.
2. # of active MOUs.
3. # of training events completed at the ADRC.
4. # of recorded visits to the ADRC online portal.
5. # of walk-ins and call-ins per month.

## **Disability Placards.**



- **Objective 3.5: Strengthen the disability placard program.**

### **Rationale 3:5:**

HCOA recognizes the disability placard program as a vehicle for marketing the services and supports provided by the ADRC. It is why HCOA requested the program from the Mayor's Office. It is not uncommon for people to come to the ADRC seeking a placard and leave with brochures and other resources regarding services and supports for older adults and people with disabilities. This is why it is important that HCOA strengthen the placard program by utilizing a person-centered approach to customer service.

### **Major Action Steps 3.5:**

1. Continue to inform all county programs and departments about the placard program stationed at both East and West Hawaii's ADRC.
2. Update HCOA and ADRC brochures to include information about the placard program.
3. Update the ADRC website with information on how to apply for a disability placard.
4. Train the disability placard specialist on how to engage customers using person-centered strategies.
5. Include information about the placard program in all ADRC presentations to the public.

**Baseline 3:5:** In 2014, East Hawaii ADRC processed on average of 4 placards per day, while West Hawaii ADRC processed an average of 2 placards per day.

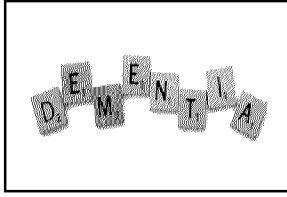
### **Outcomes 3:5:**

1. The community will know that disability placards are now being processed at the East and West Hawaii ADRC.
2. At least 25% of all placard applicants will leave with information on long-term care services and supports.
3. At least 90% of placard applicants will report being satisfied with the service they received.

### **Effective Measures:**

1. # of placards per month per ADRC location.
2. # of trainings that mention the disability placard program.
3. Level of customer satisfaction after receiving their disability placard.

## **Dementia Capable**



- **Objective 3.6:** Increase public and private access to ADRC training and awareness activities on cognitive aging, brain health and risk factors for cognitive impairment.

### **Rationale 3:6:**

In 2014, in Hawaii, there are approximately 25,000 individuals 65 and over who are diagnosed with Alzheimer's Disease. This is a conservative estimate, because there are likely more who are undiagnosed or who develop dementia before age 65, or those with memory loss who have not been diagnosed. The single greatest risk factor in developing Alzheimer's Disease and Related Dementias (ADRD) is age, and as the baby boomers reach 65, dementia cases will rise. Over 5.2 million people nationwide have ADRD.

### **Major Action Steps 3.6:**

1. Provide dementia-capable training to HCOA staff.
2. Provide dementia-capable training to HCOA contract providers and other interested partners.
3. Encourage staff to take action in creating a work environment that is safe, respectful, and welcoming for people living with dementia.

**Baseline 3:6:** Currently, there are no activities or programs for the ADRC staff on being dementia capable.

### **Outcomes 3:6:**

1. Staff and volunteers serving older adults will know how to effectively assist individuals with dementia, and their caregivers and families.
2. The East and West Hawaii ADRC becomes a dementia friendly center.
3. People with dementia and/or their families will report satisfaction with East and West Hawaii's ADRC as dementia friendly and capable.

### **Effective Measures:**

1. # of dementia-capable trainings.
2. # of training participants.
3. 90% of participants report being satisfied with the training.
4. Assessment of a Dementia-Friendly worksite.

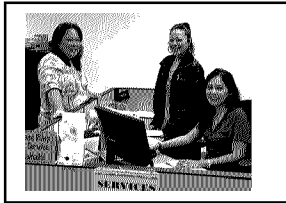




#### **Goal 4.**

***Enabling people with disabilities and older adults to live in their community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.***

#### **Case Management**



- **Objective 4.1:** Provide effective home and community-based services via case management.

#### **Rationale 4:1:**

Case management using person-centered strategies is a key component in providing home and community-based services for eligible seniors who are frail and dependent. Given the high demand for such services and the short-term nature of the service model, it is crucial that we continue to look at strategies to ensure that we are making the best use of our case management contracted provider and the corresponding vendor pool of providers.

#### **Major Action Steps 4.1**

1. Work with HCOA's contracted provider to ensure services are being appropriately authorized, monitored, and issues surrounding case management are being resolved.
2. Periodically revisit the case management model of services while taking into account outcome measures, such as a) time from initial inquiry to a home visit; b) length of service before transitioning to private pay or informal supports; c) eligibility criteria; ect.
3. Ensure that staff utilize person-centered support plans that meet the client and their caregivers needs.
4. Access and monitor the quality and quantity of services provided by HCOA's vendor pool, which include services such as assisted transportation, caregiver services, heavy chore, homemaker, and personal care.

#### **Baseline 4:1:**

In 2014, HCOA served **340 clients**, and in a study of kupuna receiving these services, 77% were able to stay in their home while being served by the program.

#### **Outcomes 4:1:**

1. HCOA operates a seamless, high quality long-term supports and services system.
2. Participant data is readily available through a HIPPA-compliant statewide database.

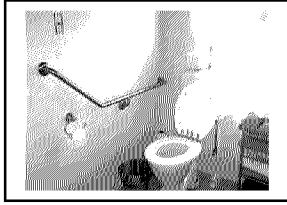
3. Participants served through HCOA's ADRC receive person-centered assistance and options counseling.
4. Participants receive a home assessment no longer than 10 days of their initial request for support.
5. While adhering to a person-centered model of care, case management staff will work to transition participants into informal supports, private pay, or public funded systems within a safe and reasonable period of time to make room for other eligible participants waiting for services.
6. Collaborate with public health nursing to ensure seamless referral system of care.
7. At least 75% of participants will remain in their homes while services are being rendered.

**Effective Measures:**

1. # of unduplicated clients served.
2. # of months clients remain in the program before being transitioned.
3. # of days before an assessment is conducted after initial request for services.
4. 90% of clients and caregivers report being satisfied with services they received.



## Home Modification



- **Objective 4.2:** Actively sustain (or increase) the number of home modifications each year.

### **Rationale 4.2:**

Home improvements, modifications, and repairs can help older adults maintain their independence and prevent accidents. Work can range from simple changes, like adding grab bars or replacing doorknobs with pull handles.

### **Major Action Steps 4.2:**

1. Designate a percentage of Title III-B funding set aside for the purpose of home modifications.
2. Identify a vendor to supply the home modification equipment.
3. Ensure a process to determine eligibility for home modification equipment.
4. Coordinate procedures for ordering the equipment
5. Ensure that the case management agency follows through on delivering the equipment to the consumer and soliciting support to help with installation if needed.

### **Baseline 4.2:**

In 2014-2015, HCOA has recorded home modification services to 154 unduplicated consumers.

### **Outcomes 4.2:**

1. HCOA will continue using its current process to implement the home modification program.
2. Older adults will obtain meaningful home modification assistance through Kupuna Care funding.
3. Individuals in the community will become informed about home modification resources that will facilitate aging in place.

### **Effective Measures:**

1. Designation of Kupuna Care funding for simple home modification purposes.
2. # of seniors assisted with home modification.
3. % of consumers report satisfaction with home modification services.

## Caregiver Support



- **Objective 4.3:** Provide active support for family caregivers through training, annual conferences, respite, counseling, and informational materials.

### **Rationale 4.3:**

Unique challenges lay ahead for the Baby boomers, who are also the sandwich generation: caring for parents as well as their own children and at times grandchildren. Caregivers of all ages are the backbone of the service delivery system. Caregivers needs support in various forms (conferences, education, respite) in order to continue providing the care needed to keep frail seniors at home.

### **Major Action Steps 4.3:**

1. Caregivers will be welcomed at every access point of the continuum of care.
2. Identify and recruit partner agencies to strengthen current relationships with stakeholders that support Caregivers in our community.
3. Address the unique challenges of today's caregivers. Baby boomers are also sandwich generation who care for parents and children/grandchildren. Needs vary dependent upon who needs what type of care.
  - Physical Needs: training for working with recipient at ADRC (or partner agencies).
  - Emotional Needs, Counseling and peer supports, Caregiver support groups.
  - Medical, explore invite educate on varied plans for caregiver population.
  - Finances, explore incentives
  - Education- Respite, advocacy and counseling.
4. Develop a caregiver plan.
5. Develop Level of care spectrum for Caregivers, on one end in-home care on the other is long term care facility-“Knowing where you and your loved ones fall and what it will look like when you are in need of long term care facility”.
6. Importance of several Legal documents: “Do you have your documents in Order.”
  - Advanced Care Directive.
  - Power of Attorney.
  - A Will.
7. Continue to monitor current Caregiver contracts on a monthly basis. Review program activities and fiscal records. Explore respite program for Grandparents caring for grandchildren.
8. Conduct evaluations and surveys of all workshops and conferences

### **Baseline 4.3:**

2014 data shows the following:

- a. East Hawaii and West Hawaii Caregiver Conference Participants - Total Caregivers=400;

- b. Counseling and Training Services: HCOA contracted for approximately **100 hours** of counseling, peer support groups, and training to help caregivers better cope with the stresses of caregiving.
- c. Respite Care Services: HCOA contracted for the services of **73 caregivers with 3,660 hours of temporary relief** – at home, or in an adult day care or institutional setting – from their caregiving responsibilities.

**Outcomes 4.3:**

- 1. Caregiver stress and burnout are reduced.
- 2. Caregivers are informed of what resources are available and feel supported by the services provided by HCOA.
- 3. Caregivers remain active, healthy, and optimistic.

**Effective Measures:**

- 1. Total # of caregivers receiving services in the system.
- 2. # of caregivers participating in the annual caregiver conference.
- 3. # of caregivers receiving counseling and individual training.
- 4. # of caregivers receiving respite care services.
- 5. pre- and post-tests demonstrating positive change among caregivers via caregiver training.

## Information



- **Objective 4.4:** Ensure that each year of the planning period that the resource directory will be updated and available on the HCOA/ADRC website.

### **Rationale 4.4:**

Information is power. Majority of the walk-ins and calls to HCOA/ADRC has to do with getting timely and accurate information regarding supports and services for seniors, people with disabilities, and caregivers. HCOA has a newsletter, TV show, resource library, and a web-based system that serve as pathways to information and assistance.

### **Major Action Steps 4.4:**

1. **ADRC website** to include items such as an improved intake application, updated resource directory, video introduction of services and video provider interviews, on-line provider training, translation materials, and important documents and reports.

### **Baseline 4.4:**

A 2015 analysis shows parts of the HCOA's resource directory as outdated. Also, some brochures and other printed material are outdated.

### **Outcomes 4.4:**

1. The resource directory will be updated annually.
2. The ADRC website will be enhanced with updated information, video testimony, provider training links, etc.
3. The ADRC website intake procedures and the initial application process will be functional and utilized by consumers.
4. Brochures and other printed material will be updated.

### **Effective Measures:**

1. # of resources available on the ADRC website and the ADRC resource library.
2. # of web-based enhancements post 2016.
3. # of updated brochures and other printed material concerning the ADRC or HCOA.
4. # of contacts made through the ADRC website.
5. Consumers are comfortable utilizing the ADRC website as an alternative or supplement to their inquiry of long-term services and supports.



**Goal 5.**  
***Optimizing the health, safety, and independence of Hawai'i's older adults.***

### **Disaster Preparedness**



- **Objective 5.1:** Partner with civil defense to ensure annual updates of a county-wide emergency disaster plan and protocol for older adults and people with disabilities.

### **Rationale 5.1:**

A record-breaking 2015 hurricane season was full of close calls for Hawaii County with 11 storms becoming major hurricanes throughout the Pacific. Disaster preparedness for frail seniors and people with disabilities has been a re-energized focus since 2014's hurricane Isselle hit Hawaii County causing widespread power outages, crop damages, and downed trees. HCOA became a central station for information, deployment, and debriefing.

### **Major Action Steps 5.1**

1. Establish a working alliance with the Hawaii County Civil Defense.
2. Meet quarterly or as needed to review inter-agency disaster preparedness protocols and procedures.
3. Ensure that all currently served clients have updated contact information including address, home and cell phone, and emergency contact information on file.
4. Solicit disaster preparedness training opportunities that target older adults and people with disabilities.
5. Produce and make available printed material (brochures, flyers) to inform seniors and people with disabilities on disaster preparedness guidelines and precautions.

### **Baseline 5.1:**

HCOA and Hawaii County Civil Defense meet periodically but not on a regularly scheduled basis, and there are some printed material but it needs to be reviewed and updated.

### **Outcomes 5.1:**

1. HCOA and Civil Defense will meet at least six times a year to discuss concerns, issues, and potential solutions concerning disaster preparedness.
2. Older adults and people with disabilities will be better informed of disaster preparedness protocols and procedures, and how to be safe in the event of a natural or man-made disaster.

### **Effective Measures:**

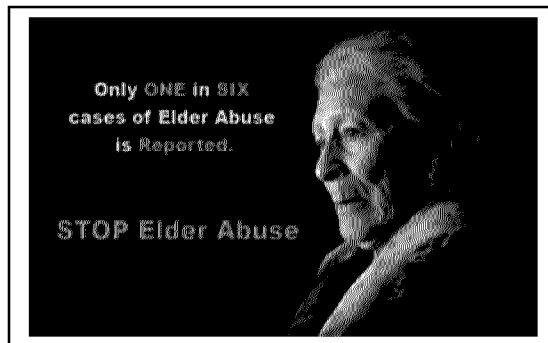
1. # of meetings with Civil Defense
2. # of brochures or pamphlets targeting older adults and people with disabilities that are made available to help increase disaster preparedness awareness.
3. % of older adults and people with disabilities (via a random survey) knowing what to do prior, during, and after a natural or man-made disaster.



- **Objective 5.2:** Work with partnering agencies to promote awareness and address elder neglect, abuse, and fraud protection.

### **Rationale 5.1:**

As stated below, only 1 in 6 cases of elder abuse is reported. Protecting kupuna from abuse, neglect, fraud, and being taken advantaged of is an important goal for HCOA as well as the State Executive Office of Aging.



### **Major Action Steps 5.1**

1. Identify and recruit partnering agencies to implement an educational campaign to end elder abuse.
2. Strengthen current relationships with case management and Adult Protective Services.
3. Partner with AARP and the State Ombudsman to circulate material (brochures, posters) that message antifraud and elder abuse issues.
4. Continue to monitor current Legal and Elder Abuse contracts on a monthly basis. Review program activities and fiscal records.
5. Review tools used to monitor current contracts and determine level and need for individual registration for service. Is current system really working?
6. Look into the possibility of safe havens for older adults who are afraid to return home and thus need emergency shelter.



**Baseline 5.2:**

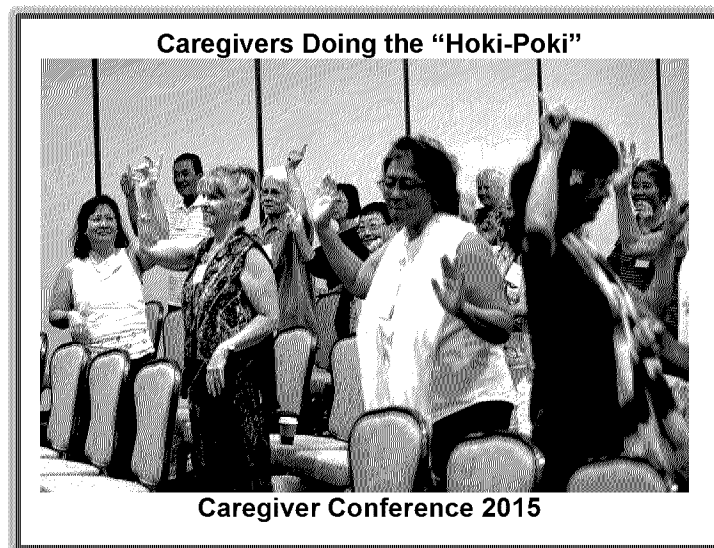
In 2014, 4 events reaching an estimated 100 elders, their caregivers and professionals in the Aging Network were noted.

**Outcomes 5.2:**

1. HCOA will participate with partnering agencies to coordinate trainings, conduct presentations, and distribute printed material on elder abuse and fraud prevention.
2. Hawaii County rates of elder abuse and neglect will decrease over time.
3. Hawaii County rates of fraud (identity theft) will decrease over time.

**Effective Measures:**

1. # of meetings with Adult Protective Services.
2. # of training, presentations, media productions, and printed material addressing abuse, neglect, and fraud prevention.
3. Hawaii County annual rates of abuse, neglect, and fraud.



## PART IV Funding Plan

### A. Previous Year Expenditures for Priority Services, FY2014 (Oct '13-Sept '14)

**Table 4. Title III Part B Federal Funds Only**

In accordance with the Older Americans Act [Section 306 (a) (2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

<i>Service</i>	<i>Budgeted Compliance Amount (Dollars)</i>	<i>FY 14 Actual Expenditures</i>	<i>% for Title III Categories</i>
<i>Access</i>			
<i>Info &amp; Assistance</i>			
<i>Outreach</i>	33,592	33,592	
<i>Transportation</i>	261,991	261,993	
<i>Sub-total</i>	295,583	295,585	82.3%
<i>In-Home</i>			
<i>Home Modification</i>	15,000	14,858	
<i>Sub-total</i>	15,000	14,858	4.13%
<i>Legal</i>			
<i>LASH</i>	72,450	48,737	
<i>Sub-total</i>	72,450	48,734	13.57%
<i>Other</i>			
<b><i>Title III Part B Total</i></b>	<b>390,674</b>	<b>381,526</b>	<b>100%</b>

**B. Minimum Percentages for Title III Part B Categories of Services**

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

<b>Categories of Services</b>	<b>%</b>
<b>Access*</b>	<b>0.6597</b>
<b>In Home</b>	<b>0.0373</b>
<b>Legal</b>	<b>0.1799</b>
<b>Total %</b>	<b>0.8769</b>

**\*Includes transportation, outreach, information and assistance services.**

**C. Planned Service Outputs & Resources Allocation:**  
**Table 4. Resource Allocation and Service Output Plan**

*Note: 2016 estimates were based on past trends averages, anecdotal estimates, and 2016-2019 estimates were based on population increase of 3% and inflation of 2% per year.*

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	*2016	2017	2018	2019	2016	2017	2018	2019		2016	2017	2018	2019	
<b>Kupuna Care:</b>														<b>A</b>
<b>*Case Management</b>	340	350	360	370	7,740	7,966	8,195	8,420	Hour	464,000	487,478	512,145	538,059	<b>A</b>
<b>**Adult Day Care</b>	30	31	32	33	7,575	7,802	8,036	8,277	Hour	66,767	70,145	73,695	77,424	<b>A</b>
<b>Assisted Transportation</b>	75	77	79	81	1,500	1,545	1,591	1,639	Trip	45,000	47,277	49,669	52,182	<b>A</b>
<b>Heavy Chore</b>	10	11	12	13	200	206	212	219	Hour	7,500	7,879	8,278	8,697	<b>A</b>
<b>Homemaker</b>	80	83	86	90	2,400	2,472	2,546	2,623	Hour	42,000	44,125	46,358	48,704	<b>A</b>
<b>Personal Care</b>	125	129	133	137	5,900	6,077	6,259	6,447	Hour	108,500	113,990	119,758	125,818	<b>A</b>
<b>Transportation</b>	1,300	1,340	1,380	1,420	85,000	87,500	90,000	92,500	Trip	301,900	317,176	333,225	350,086	<b>NB</b>
<b>Congregate Meals</b>	1,100	1,133	1,166	1,199	64,000	67,000	69,000	71,000	Meal	305,000	320,433	336,647	353,681	<b>NC-1</b>
Congregate Meals										62,000	63,860	65,776	67,749	<b>NO</b>
<b>Home Delivered Meals</b>	385	395	405	415	60,500	63,750	67,135	70,000	Meal	304,000	316,578	331,128	347,882	<b>NC-2, A</b>
Home Delivered Meals										33,000	33,990	35,010	36,060	<b>NO</b>
<b>Nutrition Education</b>	800	825	850	875	9,600	9,900	10,200	10,500	Session	7,500	7,879	8,278	8,697	<b>NC-1</b>
<b>Public Education</b>	4,200	4,200	4,200	4,200	12	12	12	12	Issue	34,800	36,561	38,411	40,354	<b>NB</b>
<b>Outreach</b>	2,100	2,163	2,228	2,295	2,100	2,163	2,228	2,295	Person	33,644	35,346	37,135	39,014	<b>NB</b>
<b>Home Modification</b>	100	103	106	109	365	376	387	399	Request	25,000	26,265	27,594	28,990	<b>NB</b>
<b>Legal</b>	300	310	320	340	2,000	2,060	2,122	2,186	Hour	82,320	86,485	90,861	95,459	<b>NB</b>
<b>Health Promotion &amp; Disease</b>	72	74	76	80	36	36	36	36	Various	15,000	15,000	15,000	15,000	<b>ND</b>

\*Case Management of HCOA clients are also provided by State Public Health Nurses. In 2014, 107 referrals were made to PHNs for case management.

\*\*Adult Day Care of HCOA clients are also captured under Title III funds for Respite Caregiver. For it is true that almost half of the request for day care is to provide respite for the caregiver.

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2016	2017	2018	2019	2016	2017	2018	2019		2016	2017	2018	2019	
<i>NFCSP Program:</i>														NE
Counseling	30	31	32	33	102	105	108	111	Session	4,682	4,820	4,957	5,095	NE
<i>Respite:</i>														
Adult Day Care	23	24	25	26	1,432	1,475	1,519	1,565	Hour	15,181	15,949	16,756	17,604	NE
Personal Care	37	38	39	40	1,919	1,977	2,036	2,097	Hour	46,000	48,328	50,773	53,343	NE
Homemaker	15	15	16	16	240	240	247	247	Hour	5,325	5,594	5,877	6,174	NE
<b>Supplemental Services:</b>														
Assisted Transportation	6	6	6	7	99	102	105	105	Trips	3,757	3,947	4,147	4,357	NE
Home Modification	3	3	3	3	4	4	4	4	Request	585	615	646	679	NE
Information Services	400	412	424	436	14	14	14	14	Activity	22,500	23,409	24,355	25,339	NE, A

**Source Codes:**

- N:** Federal Funds (Title III)
- NB:** Federal Funds (Title III-Part B)
- NC-1:** Federal Funds (Title III-Part C-1)
- NC-2:** Federal Funds (Title III-Part C-2)
- ND:** Federal Funds (Title III-Part D)
- NE:** Federal Funds (Title III-Part E)
- NO:** Federal Funds (Other)
- A:** State General Funds (General Funds)
- S:** County Funds (Cash Only)
- PI:** Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
- O:** Other funds used directly by the program including, but not limited to, trust funds, private donations, etc., (Cash Only)
- XS:** County In-Kind
- XO:** Other In-Kind

## PART V Evaluation Strategy

### Evaluation and Data Collection

As part of an on-going effort to ensure quality assurance, HCOA performs monthly, quarterly, biannual, and annual evaluations of program effectiveness in meeting the needs of older adults and their caregivers in PSA-4. Evaluation methods include but not limited to:

- a. desktop monitoring,
- b. analysis of reports and service data,
- c. on-site monitoring,
- d. client surveys, and
- e. review of provider and community input.

Data collection is conducted throughout the program service year for the following key indicators of program success:

- ◆ Progress in meeting goals and objectives
- ◆ Number of individuals served
- ◆ Number of units of service provided
- ◆ Targeting Performance

Goals and Objectives will be accessed each year to ensure HCOA is on track in meeting its objectives. As noted in the goals and objectives section, a baseline score was given as a measure to compare future progress.

Moreover, it's important to note that as new initiatives or funding streams become available, goal and objectives might change.

Table 5, below are service outputs for the previous year (2014). Each year HCOA tracks its service outputs to access how services are being utilized and how it compares to HCOA's service goals and objectives.



**Table 5. SERVICE OUTPUTS: HAWAI'I COUNTY OFFICE OF AGING**

Programs, Services and Activities  FY 2014	Unduplicated Persons			Units of Service			Unit
	Area Plan	Actual Served	Percent Achieved	Area Plan	Actual Served	Percent Achieved	
Case Management	300	340	113%	11,000	6431	58.5%	Hour
Adult Day Care	25	28	112%	5,000	4782	95.6%	Hour
Assisted Transportation	20	75	375%	750	1132	177.6%	Trip
Heavy Chore	5	10	200%	150	234.50	156.3%	Hour
Homemaker	50	82	164%	1,200	1824.33	152%	Hour
Personal Care	125	88	74%	6,500	3766.50	57.9%	Hour
Transportation - CSE	1,100	1,142	103.8%	34,000	37,224	109%	Trip
Transportation - HCEOC	400	241	60.25%	54,000	30,503	56.5%	Trip
Transportation - HCNP	150	191	127.3%	17,000	17,944	105.5%	Trip
Congregate Meals	1,000	1,029	103%	64,000	61,499	96%	Meal
Home Delivered Meals	220	315	143%	41,116	41,129	100%	Meal
KC Home Delivered Meals	180	* 252	140%	26,664	26,863	100%	Meal
Nutrition Education	1,000	* 627	62.7%	180	* 180	100%	Session
Public Education	4,100	4,100	100%	12	* 12	100%	Issue
Outreach	2,900	* 2,584	89%	1,584	2,590	164%	Person
Community Partnerships	70		%	40			Meeting
Home Modification	220	100	45.5%	600	354	59%	Person
Legal	260	365	140%	2,066	1,998	97%	Hour
Caregiver Program – Counseling	20	30	150%	60	102	170%	Hour
Caregiver Program - Respite	115	73	63.5%	3,400	3660.25	107.7%	Hour
Caregiver Program - Supp Svcs	30	9	30%	175	103	58.9%	Various
Caregiver Program - Access Asst	170	1	.6%	1,025	1	.09%	Contact
Caregiver Program - Info Services	950	417	43.9%	4	9	225%	Activity

## Appendices

### **Appendix A: Area Agency on Aging Staffing Functions**

#### **Executive on Aging:**

- ❖ Program Administration.
- ❖ The statement of written procedures for carrying out all defined responsibilities under the Act.
- ❖ Hiring of staff resources.
- ❖ Organization of staff resources.
- ❖ Liaison to Advisory Council.
- ❖ Overall Program policy.
- ❖ Grants Management.
- ❖ Personnel management.
- ❖ Advocacy
  - Representing the interests of older people to public officials, public and private agencies or organizations.

#### **Aging Program Planners:**

- ❖ Respond to the views of older persons relative to issues of policy development and program implementation under the plan.
- ❖ Public information relations.
- ❖ Information management/reporting.
  
- ❖ Program Planning.
  - Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people.
  - Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs.
  - Defining means for giving preference to older persons with greatest economic or social need.
  - Defining methods for establishing priorities for services.
  - Conducting research and demonstrations.
  - Resource identification/grants.
  
- ❖ Advocacy
  - Monitoring, evaluating, and commenting on all plans, programs, hearings, and community actions which affect older people.
  - Conduct public hearings on the needs of older persons.
  - Coordinating activities in support of the statewide long term care ombudsman program.
  - Conduct outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the plan.
  
- ❖ Systems Development
  - Defining community service area boundaries.
  - Designating community focal points.



- Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services.
- Providing technical assistance to service providers under the plan.
- Pursuing plans for developing a system of services comprised of access services, in-home services, community services, and services to residents of care providing facilities.
- Coordinating plan activities with other programs supported by Federal, State, and local resources in order to develop a comprehensive and coordinated service system in the planning and service area.

❖ Program Maintenance

- Monitoring performance of all service providers under the plan.
- Evaluating performance of all service providers.
- Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area.

**ADRC Staff:**

- ❖ Outreach
- ❖ Intake
- ❖ Information
- ❖ Assistance
- ❖ Referral
- ❖ Options Counseling
- ❖ Follow-up

**Accountant:**

- ❖ Fiscal management

## Appendix B. Focus Group Surveys and Information

### Focus Group Surveys and Information

HCOA staff conducted the East Hawai'i focus group at the ADRC in Hilo. The staff introduced the goals developed by the State Executive Office on Aging and then identified specific issues to address with the focus group. They then broke into four separate groups with each group addressing one issue. Following is a summary of the information gathered:

Hawai'i County Area Plan on Aging (APA)

Focus Group

July 15, 2014

Facilitators: Pauline Fukunaga  
 M. Keola Kenoi-Okajima  
 Nicolas Los Baños  
 Shelly Ogata

#### Evaluation

Things that went well	Things that could be changed
Organized	Introductions of participants
Small groups	Lengthen the time of the meeting
Good information	Consider reconvening
Personal input	Trash can in the room
Positive sharing	f/up with speaker for each topic
Productive sharing	Have the group decide on the topics
Facility is good for meetings like this	Felt rushed
Tried to stay within time limits	
Good facilitators	

Facilitator: Shelly Ogata

***Goal 1. Maximizing opportunities for seniors to aging well, remain active, and enjoy quality lives while engaging in their communities.***

APA issue:

Nutrition – Congregate Meal site

An ideal meal site would . . .

- Feed the whole person
  - fellowship
  - activities
  - programming
  - expanded hours

- provide spectrum of auxiliary services
  - blood pressure checks
  - balance checks
  - nutrition counseling
  - day care
- be an experience
  - comfortable seats
  - neighborhood senior club
  - place to hangout
  - normalcy
  - transfer excitement with staff
  - McDonald's concept: unlimited coffee, bingo, activities, unstructured, lots of food
  - Atmosphere
    - Location: larger area, sheltered from weather, permanent
    - meals will be flavorful and presentation matters
      - culturally appropriate
      - variable
      - portion sizes
      - cooked vs raw veggies
      - move away from kids' menu
- have a marketing plan to combat stigma
  - renaming
  - multi-function
  - FREE
  - Increase accessibility to transportation
  - Comprehensive needs assessment to determine "who's feeding our seniors?"
  - Advocate at federal level for updating guidelines
- Feel safe and nonjudgmental
  - Barcode or ticket system to decrease the "shame" factor and need to feel obligated to make donations

Facilitator: Nicolas Los Baños

State goals are followed by issues Office of Aging will focus on during the next four years.

***Goal 2. Forging strategic partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges for the aging population.***

***Goal 3. Developing a statewide ADRC system for Kupuna and their ohana to access and receive Long Term Support Services (LTSS) Information and Resources within their respective counties.***

APA issue:

Aging and Disability Resource Center (ADRC) Marketing Plan

**QUESTION 1: What are some strategic partnerships for the Aging and Disability Resource Center (ADRC)?**

*\* denotes multiple suggestions*

### **Government Agencies**

- Federal Government \*
- State Government \*\*
- County Government \*
- Civil Defense
- Office of Public Guardianship
- Law Enforcement

### **Health Care / Medical Field**

- Community Health Centers
- Health Care Providers
- Hospice / End-of-Life Planning
- Hospitals (e.g. Hilo Medical Center)
- Hui Mālama Ola Na 'Oiwi
- Medical equipment
- Nursing Agencies
- Nursing Facilities
- Outpatient Facilities
- Physicians Associations
- Physicians residency programs
- Urgent Care Facilities

### **Medical Insurers**

- HMOs (e.g. Kaiser, HMSA, etc.)
- MedQuest
- Medicaid MCO's (e.g. United Health Care, Ohana, etc.)
- Medicare

### **Disabilities Organizations**

- Arc of Hilo / Arc of Kona
- Disability Communication Access Board (DCAB)
- Disability self-help groups
- Language Access
- Service animals for elderly and disabled

### **Education**

- Public Education

- Hawai'i Community College
  - Culinary Arts program
- University of Hawai'i at Hilo
  - College of Pharmacy

### **Miscellaneous Organizations**

- AARP
- Adult Residential Care Homes
- Alzheimer's Association
- Caregiver Associations
- Carpenters (for home modifications)
- Catholic Charities of Hawai'i
- Churches
- Community Associations
- Cultural Organizations (Nationality)
- Drug Stores (Rx)
- Financial Institutions
  - Financial Planning
- Food Bank
- Foundations / Funders (Grants)
- Habitat for Humanity
- Hawai'i Island Adult Care
- Housing
- Legal
  - Bar Association
  - Estate Planning
  - Lawyers
  - Legal Aid Society of Hawai'i
- Media
  - Living in Paradise
  - Newspapers
  - Radio
- National Association of Social Insurance
- Neighborhood Centers
- Non-Profit Organizations
- Salvation Army
- Senior Centers / Clubs
  - Kamana Senior Center
- Service Clubs (e.g. Lions, Rotary, etc.) \*
- Services for Seniors
- Support Groups (e.g. MD, Parkinson's, etc.)
- Transportation \*
- YMCA / YWCA

## **QUESTION 2: What information should we provide when marketing the ADRC?**

1. *denotes multiple suggestions*

### **General ADRC Information**

- Location(s) & other points of access (e.g. West Hawai'i Civic Center) \*
- Mission of the ADRC
- Phone number
- Priorities
- Program descriptions
- Service eligibility \*
- Services provided
- What "ADRC" stands for \*
- What the ADRC can do for you
- What to expect from the ADRC

### **Marketing to Agencies / Partners**

- Process for accessing ADRC programs
- Service network \*

### **Methods for Marketing**

- Accessible
- Alternate formats / language
- Annual fair (resource fair)
- Contact for all services - "just call" to get information
- Materials for use in the classroom
- Printed materials
  - Bookmarks, magnets, etc.
- Public service announcements about the ADRC
- Solicit ideas and input from the public
- Website

### **Overall Concepts for Marketing the ADRC**

- Availability to caregivers, not just older individuals
- Focus on "one stop" concept
- Keep it simple \*\*
  - Use a simple tag line or slogan (e.g. "Got milk?")
- Live contact and public interaction are key
- Push "Kahi Malama" instead of just ADRC \*
- Use testimonials

Facilitator: M. Keola Kenoi-Okajima

State goals are followed by issues Office of Aging will focus on during the next four years.

**Goal 4. Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.**

APA issue:

Elder Justice and Elder Abuse Awareness and Prevention (EAAP) – Education

**Who would benefit from Elder Abuse Awareness and Prevention education?**

1. Everyone; families and children
2. Caregivers
3. Diverse Cultures, those who English is a second language.
4. 55/60+ population and their caregivers.
5. Financial institutions, banks
6. Government
7. Police/first responders
8. Hospitals
9. Service Providers
10. Educational Facilities
11. Church's

Some Concerns brought up in regard to need for education:

What is the definition of Elder Abuse?

Types of abuse both physical and mental

Kupuna's caring for grandchildren: special needs group

Youth and family members need to understand the special needs of aging family members and sensitivity to disabilities of aging population.

Service providers and other groups should have yearly training to identify and understand EA.

A current major issue has to do with scams, phone, computer and junk mail.

Is there a mandate on reporting Elder abuse?

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**Are Elder Abuse Awareness and Prevention efforts worthwhile?**

- Yes
- Any prevention to support awareness and prevent premature death.
- Education to families, children and caregivers with support of government and institutions.
- What is the definition of Elder Abuse?
- When does it become Elder Abuse?
- What are signs of Elder Abuse?
- Understanding Adult Protective Services and its role with this population.
- Need to understand diagnosis of care recipient and how to care for them
- Vulnerable population, care recipient and caregivers.
- What if the Elder recipient is cognizant and refuses prevention Inquiry?
- Types of Abuse, physical/mental

**Finance is a large concern:**

Need for Attorney's assistance/education. Living wills, Health Care Directives Power of Attorney.

Role that Hospitals play, Emergency Room, hospital stays, transitions. Lower Recidivism

What happens when an Older Adult has a lack of connection with family members and children?

- Or what happens with family members, non-family members are caring for the parent in the home and are relying on the parents/care recipient's check to support the needs of the family/care provider and placing them in out of home care affects the whole family's economic status? Or the family/non-family member chooses not to place them in out of home to continue controlling older adult's income.
- Is there a list of approved contacts that support this older population/ Kind of like an Angie's list?
- In workshops could tangible tools be used eg. something to put on telephone to remind parent to note if this could be a fraud call?

Facilitator: Pauline Fukunaga

State goals are followed by issues Office of Aging will focus on during the next four years.

**Goal 5. Optimize the health, safety, and independence of Hawai'i's older adults.**

APA issue:

Family Caregiver Support

What do you feel are the biggest challenges for family caregivers?

- Physical
  - Having enough energy to devote to care giving
  - Stress brings energy levels down
  - Caregivers need respite – some have no break in care giving
  - There needs to be a reality check for caregivers – caregivers need to be aware of caregiver burnout
- Emotional
  - Family dynamics
  - Siblings meet to decide on care giving responsibilities (mediated meeting)
  - Daughter-in-law caring for Mother-in-law vs daughter caring for mother; big difference in relationship
  - Caregiver goes thru emotional grieving for parent or spouse. Relationship has drastically changed; role reversal
  - Client challenges caregiver (resource: Chris Ridley)
  - How to decide when to place loved one in a care facility.
- Medical
  - How do deal with multiple doctors and multiple medications; we need a Gerontologist
  - Doctors and service providers need to be culturally appropriate
  - Pharmacies offer medication evaluation
  - Caregivers need to be informed about insurance benefits; Health Navigator (suggestion made by Cathy Stevens who is familiar with Health Navigator)
  - Insurance providers provide support to caregivers; (suggestion made by Angelina Rushton of United Health Care)
- Legal
  - Client should have legal matters in order
  - Everyone should have legal matters in order
  - Family have a Caregiver Pre-plan made; could be formal (with lawyer) or informal (just family members). Plan helps determine who does what when.



- Advance Care Planning should be discussed and formalized
- Elder abuse is an issue in care-giving.
- Finances
  - Financial matters – Have a plan for who does what when
- Education
  - Who does caregiver talk to?
  - Where does caregiver start on this care giving journey?
  - What will caregiver have to deal with as a caregiver?
  - How does caregiver learn to be a caregiver
  - Caregivers need more information about services available for client
  - How does the caregiver connect client with others to address the loneliness issue?
  - A checklist for caregivers should be made that addresses Counseling, Communication, shared expenses, etc.
  - Caregivers need to learn hands-on handling of client; transfers, lifting, bathing, etc.
  - Caregivers need information on and access to equipment and assistive technology equipment
  - ADRC should offer use of facility for family gatherings; options counseling
  - Communication with caregivers can be thru newsletter, TV, website, churches, senior groups, etc.

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What information / education do caregivers need?

- Information needed
  - Different stages of Alzheimer's Disease (Chris Ridley is local island expert)
  - Reality check for Caregivers regarding progression of care giving
  - Updated list of caregivers both long term and short term; agencies with nurses and certified nurse aides and private individuals willing to work for a few hours)
  - Updated list of respite caregivers  
Kind of like an "Angie's List"
  - Use a website to disseminate information
- Communication Method
  - Need to "establish links" where communication can begin; places where people talk story, be it in person or online; where do people turn to for information, websites, churches, senior centers, clubs, newsletters, etc. (like "Angie's List")
  - When allowing for face-to-face meetings, need to offer geri-sitting
  - How do we compete with information offered on the WEB.?
  - How do we let others know our information is trustworthy?

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How do you find good caregivers?

- Resources
  - Updated list of caregivers both long term and short term; agencies with nurses and certified nurse aides and private individuals willing to work for a few hours)
  - Updated list of respite caregivers  
Kind of like an "Angie's List" with "reviews"

- Develop support group(s)
- Churches are good resource for help

## West Hawaii

### **ICEBREAKER: How do you define Old? Elderly?**

- Old age is not for sissies. When you need help. Can't do what you could.
- State of mind. (#2)
- Defined by others – perception. (#3)
- Physically frail.
- “NOT ME!”
- #2 #3
- Experienced.
- #2, over age of 75.
- Different from when I was younger.
- Experienced.
- Wealthy in life experiences.
- Valuable resource.
- Being defined as “old”.
- Physically frail, not as functional. (#14)
- Have wisdom & knowledge and defined by cultural standpoint. (#15)
- Depends on health and money. More available resources w/\$. #14
- Everyone unique. Over 80 lose robustness, physically.
- Elders are the foundation of our community.
- Vulnerability, unable to navigate services. #15. Storytellers.
- More fragile.
- Health of elders nowadays, are seen as younger individuals. Health & state of mind.
- Ditto – all.
- Wisdom, wise.
- State of mind.
- “Not a number” but an attitude. Valuable source of experience.
- Aspects. Increased risks: falls, hospitalization, emotional, spiritual.

### **1. How do you view your Community in respect to what it has to offer Older Adults?**

#### **Strengths**

- CSE Trans
- CSE schedules MD appts
- Recreation / activities
- Cultural respect
- Excellent End-of-Life care!!!!
- # of family CG's helping with care.
- Community elders have defined how we are today.
- We have more than ever before.

- Gives opportunity to help others.
- Giving keeps me alive.
- How can we help our younger generation understand what we've gone through.

**Weaknesses**

- No Transportation
- Isolation
- No resource agencies, ie: Am Heart, Am Cancer, AARP, Sr. Center, Soc Sec, ADRC
- No door-to-door trans – Transit
- Assistance to apply for benefits
- No Trans to “fun” activities
- No dog parks.
  
- Limited # of MD’s to accept
- Medicare and translators
- No equal services/facilities in areas.
- Needs equity.
- Decrease in family help.
- Lack of Medicaid providers and Mental
  
- Times changing service needs are more.
- CSE Trans: “Have to’s” vs “Want to’s”

**2. What are the TOP SERVICES Needed by Older Adults? Caregivers?**

<b>Service</b>	<b>Overall Ranking</b>	<b>Most Important</b>	<b>More Important</b>	<b>Important</b>	<b>Less Important</b>	<b>Least important</b>	<b>Higher Priority</b>	<b>Lower Priority</b>	<b>Total Votes</b>
Transportation	1	9	1	0	0	1	10	1	11
Need More Money for Services	2	4	3	2	0	0	9	0	9
Prevention - Falls, Diabetes, Disease,	3	4	0	1	1	0	5	1	6

Nutrition									
In-Home Services	4	1	2	1	1	2	4	3	7
Education, I&A, What's Available	5	1	0	2	2	0	3	2	5
Caregiver Training	6	1	2	0	0	0	3	0	3
Medical Care, Hospitals	7	0	1	1	2	1	2	3	5
Caregiver Respite	8	0	1	1	1	3	2	4	6
MOW - Improve quality & variety	9	0	0	0	0	0	0	0	0

**Parking Lot issues:**

- Mobile vs. Non-mobile when respect to access to services.
- Service with respect.
- Give up things living here.
- Isolation – no buses, support services, MOW in small service area.

## Appendix C. Public Hearing Notice

### Public Notice

The Hawai'i County Office of Aging will be conducting Public Hearings on the proposed Area Plan on Aging for the period October 1, 2015 through September 30, 2019.

The Area Plan on aging sets forth in detail the development of a service system designed to meet the needs of older persons in Hawai'i County. The Office of Aging utilizes Older Americans Act funds through the State Executive Office on Aging to implement the Area Plan.

Draft copies of the proposed plan will be available for public review at the Hawai'i County Office of Aging, 1055 Kino'ole Street, Suite 101, Hilo, HI. and at the Office of Aging Kona Branch at the West Hawai'i Civic Center, 74-5044 Ane Keohokālole Hwy., Kailua-Kona.

The meeting schedule is as follows:

<u>Date</u>	<u>Location</u>	<u>Time</u>
Wednesday August 19, 2015	West Hawai'i Civic Center Community Hale, Building G 74-5044 Ane Keohokālole Hwy. Kailua-Kona, Hawai'i	11:00 A.M.
Wednesday August 26, 2015	Aging and Disability Resource Center Training Room 1055 Kino'ole Street Hilo, Hawai'i	1:30 P.M.

If you require an accommodation or auxiliary aid and/or services to participate in this meeting please contact Hawai'i County Office of Aging at 961-8600 or 323-4390 by August 12, 2015.

## **Appendix D: Public Hearing Protocol**

HCOA shall conduct a public hearing(s) (in accordance with Section 5-5-.08) for the purpose of providing the opportunity for older persons, the general public, officials of general purpose local government, and other interested parties to comment on the area plan. Two Public Hearings are scheduled for review of the 2011-2015 PSA-4 Area Plan on Aging, one in Hilo and one in Kona.

### **STANDARDS FOR CONDUCTING PUBLIC HEARINGS FOR REVIEW OF AREA PLANS AND AMENDMENTS OF THE PLAN:**

- (1) At least two weeks before submitting an area plan, or significant amendments, to the State Agency, an AAA must hold at least one public hearing on the area plan or the significant amendments to the area plan. Public hearing(s) must be held within the geographical boundaries of the planning and service area (PSA) for which the area plan is developed.
- (2) The AAA must give adequate notice to older persons and adults with disabilities, public officials and other interested parties of the time(s), date(s), and location(s) of the public hearing(s).
- (3) The AAA must hold the public hearing(s) at a time and location that permits older persons and adults with disabilities, public officials and other interested persons reasonable opportunity to participate.
- (4) The AAA will develop procedures to assure effective participation of actual or potential consumers of services under the area plan at the local level through public hearings.
- (5) The AAA must submit the area plan and amendments for review and comment, to the AAA advisory council prior to submission to the State Agency. The advisory council shall review the area plan before the AAA conducts public hearings on the plan. If comments made at the public hearing result in changes to the area plan, the advisory council shall make provisions for a final review of the area plan prior to the AAA's submission of the area plan to the State Agency.
- (6) The AAA must apply the following standards in the conduct of its public hearing(s):
  - (a) The public hearing(s) must be scheduled to allow sufficient time for review of the area plan by the advisory council at least one week prior to the date of the public hearing(s).
  - (b) Public hearings should be conducted at easily accessible public locations, such as community centers, public auditoriums, public schools or community colleges, senior centers, or county courthouses.
  - (c) Available transportation resources should be used to insure that as many older persons and adults with disabilities as possible are able to attend the public hearing(s).
  - (d) Notice of time and place of the public hearing(s) must be given at least two weeks in advance of the hearing(s), for example, by paid advertisement or news release in the major county/district newspaper, radio, or television station(s). Wherever possible, notice should be given to possible participants through senior centers, nutrition sites, county courthouses, and post offices.
  - (e) Participants in the public hearing should be asked to register by county.
  - (f) Members of the AAA advisory council should be in attendance, introduced, and assist in the conduct of the hearing(s). Also, a list of the names of the AAA advisory council members, their addresses, and the counties they represent should be provided at the hearing.
  - (g) The director, or program leader, should present each program objective and allow for discussion or questions on each. All questions or comments from participants should be recorded either by tape recording or by secretary.
  - (h) As a minimum, the hearing(s) must include the following:
    - (i) an explanation of the OAA and a description of services funded under the Act;

- (ii) an explanation of the function and responsibilities of an AAA, what an area plan represents, the period of time it covers, and why a public hearing is required;
- (iii) an explanation of the differences between national, state and locally developed objectives;
- (iv) an explanation of all terms and phrases used in presenting the objectives which may not be easily understood by participants; and
- (v) details and explanations of proposals to pay for program development and coordination as a cost of supportive services.

(i) Complete copies of the area plan must be made available for public inspection at least in each county of the PSA and provision should be made for receiving comments and questions outside of the public hearing(s).

(j) Documentation of the methods used to distribute aging and disability funds, within State Agency guidelines, among service providers must be available at the public hearing(s).

(k) The AAA must obtain review and comment from the general public including older persons, government, and the aging and disability service network prior to using additional amounts of direct supportive service funds for program development and coordination.

(l) Procedures for review and analysis of comments received at the public hearing(s) must be established and described in writing.

(7) The results of the public hearing must be reported in the area plan in the appropriate exhibit. Significant comments made during the hearing and the response by the AAA toward incorporation of these comments into the area plan must be included.

(8) Summaries of the comments made at the public hearing(s) must be available at the office of the AAA after the public hearing(s).

(9) All records of the public hearing(s) must be on file at the AAA as a part of the official area plan file.

## Appendix E: Public Hearing Minutes

### HAWAII COUNTY OFFICE OF AGING AREA PLAN ON AGING Minutes of Hearing

**2015 – 2019  
August 19, 2015**

The Hawai'i County Office of Aging held a public hearing on the Draft 2015 – 2019 Area Plan on Aging on Wednesday, August 19, 2015, 11:00 a.m., at the West Hawai'i Civic Center, 74-5044 Ane Keohokalole Hwy, Kailua-Kona, Hawai'i.

**Staff members present:** Kimo Alameda, Ph.D., Executive on Aging; Deborah Wills, Planner II West Hawai'i; Bernadette Canda, Information and Assistance Clerk; Lyall Moana Kuma, Aging and Disability Information Assistant.

**Others Present:** Judy Bell, Ramona Herlihy, Joseph Kealoha, Paulina Ikeda, Fran Takamiyashiro, Jane Clement, Coran Kitaoka, and Barbara Kossow.

**Synopsis of the Public Hearing:** The Executive on Aging, Kimo Alameda, Ph.D. and Judy Bell, the Committee on Aging Vice-Chair were introduced. Kimo welcomed attendees and opened the public hearing on the Area Plan. Kimo gave an overview of the Office of Agings' roles and responsibilities as an Area Agency on Aging and the development of the 2015 – 2019 Draft Area Plan on Aging for PSA4, County of Hawai'i. Attendees included representatives from the following agencies: Hawai'i Community Caregiver Network; Hawai'i County Committee on Aging; Legal Aid Society of Hawai'i; Kona Adult Day Center; County of Hawai'i, Parks and Recreation, Elderly Activities Division; County of Hawai'i County Council; County of Hawai'i Mayor's Office; Office of Aging; Retired and Senior Volunteer Program; Coordinated Services for the Elderly Program, and senior residents of West Hawai'i. The attendees of the meeting were given an opportunity to ask questions, provide comments, and give feedback on the proposed plan. See Power Point presentation, Comments, and Sign-In Sheet below.

#### **COMMENTS:**

Joseph Kealoha: What does the 2019 date mean?

Kimo Alameda: The Plan is a 4 year plan starting date October 1, 2015 that runs through September 30, 2019. Every year we can make adjustments. Based on the feedback that we are getting, we can make the adjustments. We are limited to what issues we can address due to the funding streams and eligibility requirements, but we can always collaborate.

Barbara Kossow: Just a thought, I know that statewide we have the homeless issue. What are we doing for the elderly that are homeless that need services?

Kimo: I wasn't aware that we had that many elderly homeless adults. That is something that we should look into.

Barbara Kossow: We also have the VA population. Some are sleeping outside of the Day Care Center.

Kimo: The Veterans and disabled populations are looking to get onto the Aging Networks system of services. They are fragmented too. We are collaborating with Veterans Affairs so we can be a resource to be able to provide information and assistance and referrals to agencies such as Catholic Charities, the homeless shelter. They may need rides to go to those kinds of places. Now that they are part of the



discussion, we can try to alleviate part of their burden too.

Debbie Wills: One of the issues with homeless population requesting for transportation is that they do not have contact information for agencies to call them to confirm or reschedule. They don't have any place to do an actual assessment.

Barbara Kossow: Usually there is Hope Services and that could be their contact point.

Kimo: That's a good issue to bring up. We can identify that in the plan as an issue.

Coran Kitaoka: We have had situations like this in the past. The important issue in this situation is that they know who to contact, not necessarily them having a contact number. They know where we're at, they can always call us. That the most important thing is that we're publicizing us and this is the number to call.

Kimo: That's another thing we need to make sure that we're doing. We got to do a better job of getting out to our providers and maybe not our providers, it's the outreach there and the same thing makes me wonder what our brochure is up to date. Another action item, update the brochure, do outreach to communities that are not really connected to us, but that's where the homeless end up.

Ramona Herlihy: I was thinking too that updating your brochures and sharing it with all of your contract providers have their brochures so that we have it here in our office and all of your contract providers' offices so when people are homeless come in for services we can give that information to them. Here's another place you can go. So really sharing and referring people that way. Connect to the places they are already going to get assistance. We have a Social Security advocate, Paula Boyer mentioned that there's video conferencing services available every second and fourth Thursday here at the Civic Center. It's the only availability for seniors to connect with the SSA on this side and if there's any provision in the plan to allocate resources or more funding or more days to make it more easily accessible for residents on this side for elders. Another issue that we thought of that is a general issue for the island is the absence of substance abuse treatment facilities. There's a lot of situations where family members may be living with the older parent or guardian and to deal with these issues and there's not enough funding or programs or facilities to give them treatment and they end up staying in the home with the elderly person which leads to potential elder abuse. There's maybe possible funding opportunities. Like I think it could fall under Goal 4 or Goal 5 of the plan. And like adding funding that staffed Adult Protective Services investigative report of these types of cases. It's kind of an issue that is kind of under the radar.

Kimo: I think that's high too because I think we had someone come in that was living with their son or grandson addicted to drugs, then the idea of financial fraud. I was thinking of they were taking credit card information, they was stealing stuff, they never know how to tell them, "get out" cause they were a family member.

Ramona: It's sad because there's no place to go or treatment available, like maybe they don't have insurance, it's not covered, or maybe they don't have the money to cover it. They don't want to kick the family member out but they may not have a support system or treatment facility to send them to.

Kimo: We see that they senior is being affected by that and then their quality of life is going down. What else did you mention? Social Security?

Barbara: I can answer that. SSA comes twice a month. Every second and fourth Thursday of the month. They sit in front of a computer and they connect with Social Security. So before we started this program we were assured by the manager out of Hilo that anyone can call directly to Social Security for assistance. They don't need to come in to sit at a computer to talk to an employee from Social Security. We can give you that information and give them the contact name.

Ramona: The point of having an actual office there where people could make an appointment in person to be available.

Barbara: That would be the Federal government.

Ramona: Right, so that would be more of a Federal issue. Not really a county issue.

Barbara: Everyone wants to have an office here in the West Hawai'i Civic Center, we can't do that.

Ramona: That's more of a Federal funding issue. I see. Thanks for clarifying that.

Barbara: What they want to do is increase the number of days. And it is someone's office that they are using too. They would also want to include more equipment. We just signed the contract for five years. It took county employees to run that particular service.

Kimo: One Memorandum of Agreement?

Barbara: Yes, and we haven't gotten it back yet.

Ramona: Thanks for letting me know.

Kimo: This lady from AARP, Barbara Stanton, said that I heard that SSA cannot come to the office anymore, please check on that. And so I talked to Wally and he said we following up so at least they can come to someplace, because was to the point where they could go no place.

Jane Clement: Are you guys partners with Office of Language Access for our Kupuna who do not speak English?

Kimo: Yes, here is another part of the plan. We need to finish our language Access Plan, which highlights what we would do if somebody comes in that speaks English as a second language. So I throw that to my staff, say somebody come in that speaks Tagalog, An easy one would be if we have a staff member that speaks Tagalog, we would use them to help interpret. But what if someone comes in that speaks Truckese? Do we have anyone on hand that speaks Truckese? How are we going to deal with them? Do we have a list of Truckese interpreters? In Dept. of Health, Language Access is mandated. If anything on cultural competency that is mandated, is Language Access. People have the right for communication in their language and if we don't provide that, we would be liable. So if somebody go hospital, the hospital gotta provide 'em. So if they come into our office and we gotta provide them options counseling or something, they like em in their language. Thank goodness most people speak English or they get somebody who can speak English to help them. So if they like 'em in their language and they want it confidential, we gotta make it happen. So we are working on our Language Access plan. I just got the list that the Judiciary use, it's a nice list. Get Big Island, get Maui, and in Big Island get the numbers so we know what area and they get all the languages. So that's helpful. That's why the counties have the "Point Here" signage, that's important. If the Language Access people start cruising around and they don't see that poster that says "Point Here if you speak this language", we might be liable for some legal ramifications.

Kimo: Other thoughts? Very good.

Barbara: Going back to Social Security, we're talking about the people who are over sixty that need the services. So how do you determine if we had additional days the (inaudible) general public? So is there a way through your department that if a senior really needed help and could work on the phone to talk to Social Security? Or come into your office for assistance?

Kimo: Why not? That would work.

Barbara: All it is, is a phone call. And we have the numbers to the office to talk to the managers there.

Ramona: And we do provide that too.

Barbara: We do that often. If they speak Filipino or Tagalog, We have a number that we just dialed and they came on pretty quickly not a long waiting period so they're in our office talking to them and they can make the claim.

DW: And we can help them go to the website if they need forms or documents. The only thing that they cannot do, basically when they come here it is for replacements of cards. They can't do any benefits counseling. That has to be done at an office, that's not available through video service delivery. So it is limited to what they can provide here so we recommend that people always call the 800 # or the Hilo # to make sure that if they come here they are going to get what they are requesting.

Ramona: It's good to know that I can send people to you guys too. Even if only 2 days a month.

Barbara: We've had people come in in wheelchairs and we come down because they need more care and this is a long line of people waiting just to get a Social Security card.

Kimo: They get one long line? That's crazy.

Kimo: This is good questions.

Kimo: What was one thing you learned that you never know before?

Jane: I didn't know about the ADRC, so now I know.

Barbara: Me too, the way I found out about the services is what I needed cause I was a caregiver as well. And I helped out too with the Office of Aging when people needed help we would send them there. We need to educate our own employees of what we have. We're taking care of parents.

Kimo: That's true, that's 3,000 employees.

Coran: I just wanted to thank you Kimo cause ever since you came on board, never had this close of a partnership with you folks. And I've been here 20 years and the 3 months that you've been here I've seen a lot has gotten done. We're getting started.

Kimo: Thank you Coran.

Ramona: All of you feel free, I'm the new paralegal working in the Kona office specifically with seniors, anyone over the age of sixty can get free assistance with many things at our office, Powers of Attorney, Advanced Health Care Directives, Simple Wills, variety of issues we can help with free over the age of sixty. So send 'em our way, I have cards too.

Kimo: Ok, thank you so much for coming.  
Meeting Adjourned at 12:22 p.m.

HAWAII COUNTY OFFICE OF AGING

Public Information Hearing: Four Year Area Plan on Aging

Plan Period: October 1, 2015 - September 30, 2019

August 19, 2015 11:00 a.m. West Hawaii Civic Center, Kailua-Kona, HI.

	Name (Please Print)	Organization/Address	Contact: Phone/Email	Signature
1	Judy Bell	COA/HCCN	322-0056	Judith M Bell
2	Ramona Herlihy	Legal Aid Society of Hawaii	329-3910 <sup>ext. 2305</sup> ramona.herlihy@legalaidhawaii.org	Ramona Herlihy
3	Debbie Wills	NCOA-Kona	323-4591	Deborah L. Wills
4	Joseph Kealoha	Mayor's Office	323-4442	Joseph Kealoha
5	Mama Keema	Off of Aging	323-4392	Mama Keema
6	Bursum Kossow	(Self) Kona Adult Day Care	325-6240	Bursum Kossow
7	Paulina Ikeda	(RSVP volunteer) Board member	325-3261	Paulina Ikeda
8	Fran Takamugashiro	CSE	323-4320	Fran Takamugashiro
9	Jane Clement	County Council	323-4269	Jane Clement
10	Coran Kitoaka	EAD	323-4320	Coran Kitoaka
11	Bernadette Canda	Aging	323-4390	Bernadette Canda
12	C. Kim Mundy	Aging	315-6107	C. Kim Mundy
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## HAWAI'I COUNTY OFFICE OF AGING AREA PLAN ON AGING

### Minutes of Hearing - East Hawaii August 26, 2015

The Hawai'i County Office of Aging held a public hearing on the Draft 2015 – 2019 Area Plan on Aging on Wednesday, August 26, 2015, 1:30 p.m., at the Aging and Disability Resource Center, 1055 Kino'ole Street, Hilo, Hawai'i.

**Staff members present:** Kimo Alameda, Ph.D., Executive on Aging; Deborah Wills, Planner II, West Hawai'i; Luana Ancheta-Kauwe, Information and Assistance Clerk.

**Others Present:** Meizhu Lui, Cheryl Pavel, Marichu Paz, George Yoshida, Cheryl Yoshida, Lexi McKay, Christine Namahoe-Loo, Debra Nakaji, Jackie Gardner, Debbie Wills, Sunshine Cake, Jay T. Kimura, Kauai Paleka-Kama, Karen Teshima, Luana Ancheta-Kauwe, Kimo Alameda, Ph. D.

**Synopsis of the Public Hearing:** Dr. Kimo Alameda, the Executive on Aging, and Meizhu Lui, the Committee on Aging Chair were introduced. Kimo welcomed attendees and opened the public hearing on the Draft Area Plan. Kimo asked the group to introduce themselves and state one area of interest or something they would like to take away from the meeting. Jackie Gardner, PHN: I do seniors in their home, if I leave here with anything is that everyone is going to have transportation by next year. Debra Nakaji with Services for Seniors (SFS): SFS is a non-profit, we have a contract with Office of Aging to do Case Management for the frail, homebound elderly. And so, if I had my way, people will have services as long as they need it and most of them need it longer than we are able because we are short-term, which is unfortunate. Representative for Councilmember Poindexter: I'm here for information, just to basically take it back to her. Kimo: If you have any insights, what's good about this presentation, is it's not the matter of "if", but "when" because if you just live long enough, you will fall into this demographic group. And we have parents, right, that we gotta care for. So everybody's input is important so If you have anything to suggest. George Yoshida, my wife Cheryl: we do the Silver Bulletin and we wanted to put parts of this to include it in the newsletter. Cheryl Pavel: I'm a graduate student at UH Hilo in the Doctor of Nursing Practice Program. I'm here basically to beg Dr. Alameda to be my mentor for my practice community project which concerns aging. My particular area of interest is in bridging transitions of care, from different levels of care, and from hospital to home. So I thought this coalition or this information would be very pertinent. I'm a lecturer at HCC at the ADM program. Meizhu Lui: I'm on the Committee on Aging from Papa'aloa and I also represent the Hamakua Kohala Health Center so I am interested in making sure that we get more services that coordinate between health centers and as well as long term care is my big mission as well. Marichu Paz: I'm from Nurse Pro-Care. We do in-home services, like personal care services, homemaker, assisted trans. We have been contracted through HCOA since 2007. Debbie Wills: Planner with Office of Aging, I work out of the Kona office. Lexi KcKay: I work with the Prosecutor's Office we have a little elder abuse prevention prosecution unit there, and so that's why I'm here and I also if I was going to take something away would just be a sense that we all feel like we're collaborators and we have each others' backs and we support each other in our work. Christine Namahoe-Loo: I work with Coordinated Services under Parks & Rec, Elderly Activities. We are contracted by Office of Aging to do Outreach and Transportation. I hope, and I only dream, that we can all meet everyone's needs. But it's unfortunate that we may not be. Kimo: But we try. Jay Kimura: I am the Executive Director for HCEOC and provide transportation to congregate meal sites in our contract. So annually we bid for the contract. Mostly provide transportation for the disabled and (inaudible). Kimo: Thank you. So many of you are actual service providers and I would just like to say thank you for all that you do cause we would not be able to function without you folks. Without getting information out, George Yoshida, SFS, congregate meals sites, the transportation, everything. So we appreciate you folks. The Executive on Aging, C. Kimo Alameda, Ph.D., gave an overview of the Office of Agings' roles and responsibilities as an Area Agency on Aging and a summary of the 2015 – 2019 Draft Area Plan on Aging for PSA4, County of Hawai'i. Attendees included representatives from the following agencies:

Hawai'i County Mayor's Office; University of Hawai'i Hilo DNP program; Hawai'i County Committee on Aging; Nurse Pro-Care; Silver Connection; County of Hawai'i, Parks and Recreation, Elderly Activities Division, Coordinated Services for the Elderly Program and Retired and Senior Volunteer Program; County of Hawai'i County Council; Office of Aging; Prosecutor's Office; Services for Seniors; Dept of Health, Public Health Nursing; and Hawai'i County Economic Opportunity Council. The attendees of the meeting were given an opportunity to ask questions, provide comments, and give feedback on the proposed plan. See Power Point presentation, Comments, and Sign-In Sheet below.

#### **COMMENTS:**

Debra Nakaji, SFS: So we have the Case Management contract and for the most part we're short-term. When we started 26 years ago, three months was fine because Public Health Nurses took the more complex cases. However, it's whoever we get, they can be complex cases, sometimes we're getting referrals from, that actually come from APS, they're not confirmed APS but they're still very complex. Sometimes these cases take longer to resolve and so you know we try to stick with the three months and I think on the average we're about four months actually. It's getting longer because of the complexity, so in this plan I would like to see someplace where we're allowed to put in one percent to three percent longer services because these people are so vulnerable. And yet they're in that gap group and they cannot afford it, they don't qualify for Medicaid because they're, they may have Alzheimer's but they're functional. You know they just can't, they're just not safe. They may turn on the stove, leave it on, you know things like that, but they do cook but they're not safe. And a lot of them live alone and when they live alone it's very hard to get them to what Medicaid calls ICF level of care. So, we're finding our Case Management becomes more involved and we really need more time to resolve some of these issues before we can get, maybe finally, family to come in or they may have money that we have to try to get them to, they may need guardianship. And all of that just brings into the plan to get them as safe as possible. So I'm hoping that the Plan will allow us to have 1 – 3 % of our clients to you know, we're allowed to have for long term. I don't know how long long-term is but I think it would have to be based on case by case. And it's going to grow with the boomers.

Kaui Paleka-Kama, RSVP Director: Aloha Kakou (inaudible) So I'm glad someone with your experience and knowledge whether it's in Needs Assessment or implementing a Strategic Plan. I was fortunate in my early part of my County career, I was part of a Strategic Plan under Pat Engelhard. So I learned a little bit about, just some general concepts about Strategic Planning for those that were in P&R at that time. But what I'm really hopeful about and looking forward to is actually, because of your expertise, you may be able to do a better job on what I saw in previous planning where some of the methodology as far as needs assessment. And so when you define stakeholders, in the previous methods of assessment as I understood it and interpreted from the informational plan that I have, some of the methodology behind the needs assessment was a little fell short. It was somewhat apparent that the term stakeholders was a little limited. So all of that kind of, and when we're doing these needs assessments and extracting and acquiring all this data, I could readily see the vulnerabilities in the data. And so we know that the, especially the old recovering Case Managers is we can only case manage as well as our assessment is. Assessment is key in the process. And so that troubled me earlier, and now fast forward to many years later looking back on that time that Strategic Plan, I gained some understanding of why the office of Aging wasn't able to make traction on some of their intents and their goals. And setting aside budgeting, setting aside staffing, and setting aside disasters. All those variables that can play into the process I could still understand why some of the traction that needed to be made hadn't been made yet because (inaudible) I came into this elderly network back before 2000, and I come again and we still talking about the same things. So I know I'm not that far off the mark with my thinking and I'm hoping that we would do a better needs assessment in order to readily identify those needs. So that from those assessments standpoints the proper planning and monitoring and evaluation of the goals and objectives can be carried out with a little bit more efficiency. And then in goals setting, I at my time with Dept. of Health, we were that person-centered case management and what sometimes I would do is I would build goals that were either ambiguous or actually two goals in one, which should be two separate goals because the better I build my goals and make them clearer and not overloaded or too wordy, where actually you have two things going on at the same time. When you build the objectives or the action plan to carry out that goals, again, it's not going to be as effective or as efficient or really meeting the need or addressing any gaps in needs too. So I'm hopeful that and I have small opinion on the current goals, but I think there's still some

ambiguity and that some are actually two in one. But what I didn't see the last time was no way to measure the objectives. And so you cannot know how well you are doing or not doing if you don't say, "By this biennium we will have served 50% of the". I mean the way you identify your measures is of course up to you, but what I'm seeing is there was a lack of measurable objectives. And so I'm hoping that this time around, and I didn't see the objectives in the plan, I'm sure your still building 'em. HCOA will do this, HCOA will do that, EAD will do that. Because the previous strategic plan had the goal and objectives and all it did was regurgitate what this program was doing. Which is not HCOA's strategic plan, it's just regurgitating what I'm doing. And that's not going to get HCOA to get any traction any more than just regurgitating what another program is doing. More so it should be HCOA will support such and such services within the realm that you know that by this date. It is basically those things, is the needs assessment. So I'm glad that someone of your caliber and expertise, nothing against Alan, but with the current training and expertise that you have, I hope and am more hopeful that a better needs assessment will be done, that we will have less ambiguous goals, they will be measurable.

Kimo responded with a discussion of prevalence rates and how it correlates to the numbers of clients that we serve.

Kimo: The average age of HCOA KC clients is 82 years old. They're outliving their life expectancy. "Live Longer Stronger". You cannot measure what you cannot manage, and you cannot manage what you cannot measure.

Lexi: I'm concerned about the long term goals, long term support services. It says the statewide ADRC goal number 3. Other than empowering caregivers, are there any, there aren't any other long term service plans or options or Kupuna Care is supposedly 3 months and she's asking for a little bit of cushion in that. But and a lot of the people that are in Kupuna Care are really being transitioned to Medicaid. If they can qualify, spend down and get them on Medicaid and get them off our books. But beyond that, what is this long term services and supports?

Kimo responded with a discussion of strengthening our case management.

Kimo: That we have control over. All we have control over is our contracted providers. If we can strengthen Case Management then that would prevent the need to go into long term care.

Lexi: They're short term case management. So you have an 82 or 87 year old and she's not going to qualify for Medicaid, and there's no family to take care of her, or family willing to take care of her, and after 3 or 4 months she has to be transitioned out of Kupuna Care. What, when I read "long term services" I think to myself is what happens after Kupuna Care is gone. And what is that? There's nothing that I know of.

Kimo: There's the expense. There's life care Center, there's hospitals, what else is there after you (SFS)?

Debra: Well a lot of them are actually discharged to their own care, and you know they're survivors. I know it is very difficult, and it's very difficult for us to discharge them because we don't feel that they're 100% safe but while we're in we've given them safety bathroom equipment, walkers, things like that to enhance and increase their safety. And then there's, other things in place, we have the some legal documents in place for them to take advantage of through Legal Aid, access to other programs, if they want to take part. But they don't themselves want to be placed. So we keep them as safe as, and I've had clients that a year later I'm hearing from the children who are away saying now Mom has to be placed. She's kicking and fighting but she won't come back to the states with me so she has to stay, I have to put her in a place. And it's come down to that, because now they're they've spent all their money. It's a tragedy but that's the life.

Debbie Wills: Don't you also help develop a long-term care plan while you're working with them?

Debra: Yea, while we're working with them and while we're telling them, say putting up this wall for this

plan, putting up this wall for that plan. And everything else, and they can't call on their children. It's their decision to say, "No. I want to remain here." So we put in all the safety features and hope that they're safe. And they have a little bit of money, we tell them well even if you can't afford 2 hours once a week for somebody to come in and empty their garbage and things like that, can you do it every other week? And they're OK with that. And sometimes they manage to, in this whole timeline, they find somebody that's willing to do it for a smaller fee on a more frequent basis. So at least there is somebody in there, MOW maybe in there, and some other pair of eyes are in there. Every so often I get calls.

Kimo discussed that the Committee on Aging on Oahu had a discussion with insurance companies with policies making it more affordable for older adults for long term care.

Kimo: They were upset saying we gotta change this law, I don't know exactly the name of the Bill that was sent to the Leg. And I think they are formulating a plan again to present the same Bill. Because these long term care costs is ridiculous.

Meizhu: And that families are not aware of what the costs are going to be so that they end up without good choices. That's the critical moment, so we have a little bit more time you know the Silver Tsunami may not be hitting right away, but in 10 years it will be here and we won't have, as you pointed out, we don't have the long term care facilities. So I think there's an advocacy agenda in here the really needs to look at what is the Legislation in Hawai'i could possibly figure out ways to put in some kind of a funding plan or to help people figure out how to prepare for that, because people are just hoping for the best and they're not making a plan, speaking of funding that. With that I think that the long term care piece needs to be beefed up and the caregivers. Right exactly, funding for long term care.

Lexi: My Mom has long term care insurance, she's 87, which is prohibitively expensive. And half of the insurance companies that pitched to her 20 years ago have defaulted. And if you put money in, either they close down, because people are really living a lot longer than they guessed and so they cost too much, they're losing money so they either close that down or they go bankrupt or they have after 20 years of paying \$3,000 a year, it's suddenly gone up to \$12,000 a year. After all those years of paying in you really can't afford when you're 87 or 90 you really (inaudible) by then you really can't afford it. So I don't know how the legislature's. But I was really meaning to ask you about high quality long term services.

Debra: I'm participating in that other contract with the Executive Office on Aging and it's the participant directed. So it's we had a pilot program and now we're just about ready to start a new program where people who qualify will be getting a budget. I have no idea what the budget is but when we did the pilot, the most was \$800 a month and this allowed them to pay for whatever services, if they needed equipment or whatever, every month they got this money and they could spend it and this allowed them to remain at home. If the pilot worked it was supposed to be for the rest of their life. So now we're out of the pilot and we're just starting a new and it's changed a little bit, the assessment part. That's coming down the pike, now the veteran's are going to be participating, the disabled veterans so it's any age as long as they're disabled. So it remains to be seen where we'll be in a year on that program.

Cheryl: I was just going to say I used to be a RN Case manager at the hospital, I was actually a Case Manager for patient services. Unfortunately that demographic, that gap group, which your Mom sounds like she's one of them, all of the SFS, those folks are the hardest to kind of case manage because if they're competent and they still have assets or they don't qualify for Medicaid I'm sorry to say I don't know of high quality long term services unless you're going to pay for it out of pocket.

Kimo: And that's our goal from the state. John McDermott our state ombudsman is always looking to achieve that goal but like I say, a multiple approach is needed.

Lexi: John is just about when you've been put in a home, a care home. He doesn't do anything about this.

Kauai: No, no advocacy, no policy, no nothing?.

Kimo: Wow. So we really fall short on that area.



Meizhu: There's something to be done too in terms of caregivers, the trending, we talked a little bit about this in our meeting. To make sure that they really are well qualified and so many people just find somebody, a friend or somebody, and they pay them under the table, whatever, and it's really not good care and it opens the door for elder abuse.

Kimo: I know the state get one big campaign agenda coming up. Cause the last meeting we went up last month the entire big dollars, they like active seniors start thinking about long term care so use that message to commercials, bulletins, posters, 50ish seniors, they asking for start putting layaway on the side.

Kaui: I believe that the tsunami is at the doorway, I believe it's coming, I've been in the work long enough and my professional judgment is it's reached the shore already cause the same issues keep coming up from 8 years ago. But one other thing that's really and I know it's nothing that we can affect here, or maybe in your collective AAA, they're really not impressing on changing policy or building incentives for caregivers because right now in my experience the main incentive for caregivers this (\$\$). Even if they can be their auntie they're like this (\$\$), even if they're caregiving their own granddaughter they like this (\$\$). So that's the only incentive by policy, by systematic design that's been put in place for now 15 something years instead of inside putting something that is tax credits or these other things that you can get as coming up as a caregiver, that's not been done yet.

Kimo: The plan falls short on the advocating now that you mention, we could build that up.

Cheryl: I just wanted to say that one of my areas of interest is for my practice improvement project for my doctorate is bridging transitions of care which is why I'm kind of here. But they are doing pilot testing programs and the ones who are at the for-front of that gap group is some pilot projects in Maryland. So it's that bridging of that demographic that's just so hard.

Kimo: You guys was awesome today. Thank you so much. I'm always in that office if not get the number on top here. Have a good day.  
Meeting adjourned at 2:50 p.m.

HAWAII COUNTY OFFICE OF AGING



Public Information Hearing: Four Year Area Plan on Aging

Plan Period: October 1, 2015 - September 30, 2019

August 26, 2015 1:30 p.m. Aging Disability Resource Center, Hilo, HI.


	Name (Please Print)	Organization/Address	Contact: Phone/Email	Signature
1	Cheryl Pavel	UHA - DNP program	cpavel@hawaii.edu	<i>Cheryl Pavel</i>
2	Marichu Paz	NPC - Hilo	nursprocare@apexhi.net	<i>Marichu Paz</i>
3	George Yoshida	Silver Connection	487-7619	<i>George Yoshida</i>
4	Cheryl "	"		
5	Merzha Lui	P.O. Box 175 Papaala	345-9024	<i>Merzha Lui</i>
6	Lexi M. Kay	Pres. Off.		<i>Lexi M. Kay</i>
7	Christine Naamhee-ka	CSE	961-8777 christine.naamhee-ka@hawaii.gov	<i>Christine Naamhee-ka</i>
8	Debra Nakajima	SFS	935-1144	<i>Debra Nakajima</i>
9	Barbara	PHN	974-6030	<i>Barbara</i>
10	Sunshine Center / Val <sup>Council Member</sup> <sub>founder</sub>	Council - Dist 1	961-8538	<i>Val</i>
11	Jay T. Kimura	HCEAC	961-2681 x203	<i>Jay T. Kimura</i>
12	Kauj Paleka-Kama	RSVP	961-8730	<i>Kauj Paleka-Kama</i>
13	Karen Teshima	Mayor's Office	961-8365	<i>Karen Teshima</i>
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**Appendix F: Public Hearing Power Point Presentation**


# Hawaii County Office of Aging (HCOA) & Aging and Disability Resource Center (ADRC)


Draft (12/3/15)




HAWAII  
COUNTY  
**OFFICE  
OF  
AGING**

C. Kimo Alameda, PhD.  
Executive HCOA









## Why Aging on Hawaii County?

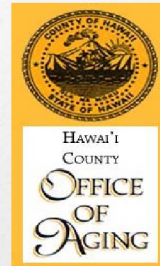
- 1960s elderly laborers were dying in the Kona coffee fields, plantation owners were taking their checks, and others were getting sick.
- Mayor **Shunichi Kimura** hired **Gladys Bowell**, a social worker from New York, to look into the issue. She gathered folks from every echelon of the community: unions, plantations, heads of state agencies, and housewives to solve the problem.
- As a result, the **Kona Homemakers Program emerged** as part of the Hawaii County Office of Aging (HCOA). In 1973, the HCOA received **federal designation** as an **Area Agency on Aging**, and Kona Homemakers Program went over to P&R and was renamed the **Coordinated Services for the Elderly**.

## Aging In America




- **At the same time**, in 1965, President Johnson announced the *war on poverty* and signed into legislation the **Older Americans Act (OAA)**. Older Americans were found malnourished and marginalized.
- OAA was amended 15 times since then with each time allowing for another targeted program or focus.



Feds, State, County

to the Rescue



## OAA (Older American Act) For Who? and What?

7 Titles: ~1.8b in 2014. **Help seniors age in place with dignity.**

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- **Title I** is the Seniors Bill of Rights.
- **Title II** establishes the **Administration on Aging** (now ACL) to carry out the act.
- **\*Title III** provides federal funding for programs to serve those seniors most in need. This title also mandates the creation of an **Area Agency on Aging (AAA)** and makes it a mandated function for AAA to **advocate, plan, coordinate, contract out, and monitor services.**
- **Title IV** provides for training and research.
- **Title V** establishes a program for employment and volunteerism (**STEP and RSVP via EAD**).
- **Title VI** establishes grants for certain Native American Tribes-Hawaiians (**Alu Like**)
- **Title VII** creates state grants for "vulnerable elder rights protection" (**State Ombudsmen**).

~40%     **\*Feds: Title III A-E**  
 ~1.5m

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**Title....**

- **A.** Not related to funding-General Provisions
- **B. Transportation,** In-Home services like Personal Care, Homemaker, Chore, and **Legal Services,** Adult Day Care.
- **C.** Meals at a site and Home Delivered & Nutrition Education.
- **D.** Education on Disease Prevention
- **E.** Caregiver Support Program (Respite, Training, Home Mod)

~35%  
~1m


## State: Funding Source

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- State of Hawaii: **Kupuna Care Program**
  - **Enacted** in 1999 with a similar mission of OAA.
  - Variable Funds: Keep people at home through case management and home/community based services (~\$7-800k per year)

ADRC

- *Variable* Funds (~1-300k per year) given to implement the **Aging and Disabilities Resource Center** (ADRC) for Marketing, Training, and the basic function of Info, Assistance, Options Counseling, and Referral.

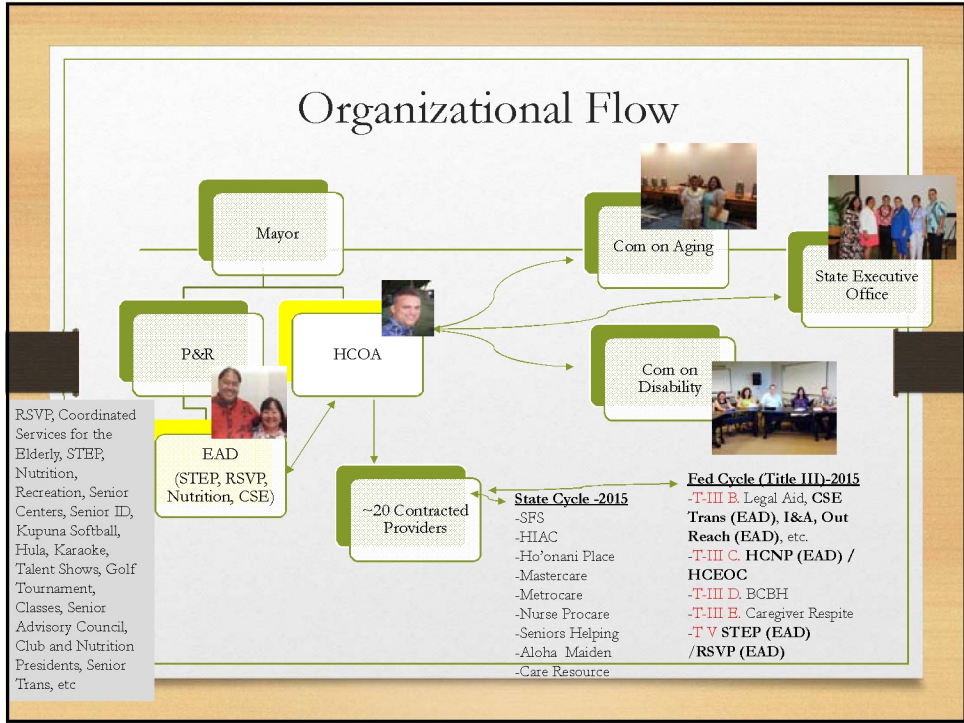


~25%  
~647k  
Of 438m = .1%

## County: Funding Source

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- Hawaii County
  - 17 Positions
  - 15 (1.0 FTEs); 2 (.5 FTEs) positions
    - 11 County Funded – ~\$620,000.
    - 6 Unfunded
      - 1 Data Assistant (civil service - vacant)
      - 3 ADRC Staff (civil service - via state funds)
      - 2 half-timers (civil service – vacant state funds)










# 2015-2019 Goals & Objectives


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Hawaii County Area Plan On Aging




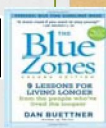
**1** Keeping Kupuna Active


**Support EAD** 1 


**Awareness of COC** 2 

**Enhance Meals** 3 

**Health Education** 4 

**Support Blue Zones** 5 

**Support RSVP** 6 



**2** Forge Partnerships

**Aging Network** 1 

**Housing** 2 

**Trans** 3 

**Grandparents** 4 



**3**

**State & Fed. Compliance** 1

**Person-Centered** 2

**Language Access** 3

**Marketing** 4

**Placards** 5

**Dementia Capable** 6

**Enhance the ADRC**



**4**



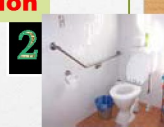


**Case Management** 1

**Home Modification** 2

**Caregiver Support** 3

**Resource Directory** 4

**Age in Place**



**5** Keeping Kupuna Safe

**1** Disaster Response

**2** Neglect, Abuse, & Fraud Prevention





Only ONE in SIX cases of Elder Abuse is Reported.  
**STOP Elder Abuse**

**HCOA Vision**  
*Age with Honor*

**HCOA Mission**  
*Help older individuals live independently with dignity*

**HCOA Core Values**  
*Aloha, Access, & Accountability (AAA)*

**HCOA "AHA" Customer Service Approach**  
*Aloha, Help, A Hui Hou*

**HCOA Core Objectives**

**Customer Service:** Everybody is a customer and every staff member is responsible for greeting the customer with aloha, assist with solving their problem, following up, and wishing them well.

**Building Bridges:** Team members work to secure and sustain partnerships with agencies and departments that interface with older adults and people with disabilities.

**Team Work:** Everyone looks out for each other. Staff members work hard at their job responsibilities while ensuring their role on the team and their contribution to the mission.



Q & A

C. Kimo Alameda, PhD.

Executive Hawaii County Office of Aging

Email: [Kimo.Alameda@hawaiicounty.gov](mailto:Kimo.Alameda@hawaiicounty.gov)

## **Appendix G: Assurances**

- G1. Assurance of compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964**
- G2. Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**
- G3. General and Program Specific Provisions and Assurances**
  - a. General Assurances**
  - b. Program Specific Assurances**
  - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15**
  - d. Certification Regarding Lobbying**
  - e. Declaration of Compliance**

**Appendix G1**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_\_ (hereinafter called the "Applicant" ) HEREBY  
(name of applicant)

AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date \_\_\_\_\_  
(Applicant)

By  
(President, Chairman of Board, or comparable authorized official)

(Applicant's mailing address)

**Appendix G2: Department of Health and Human Services, Assurance of Compliance  
with Section 504 of the Rehabilitation Act of 1973, as Amended**

**ASSURANCE OF COMPLIANCE**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name and Title of Authorized Official (please print or type)

\_\_\_\_\_  
Name of Healthcare Facility Receiving/Requesting Funding

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Please mail form to:  
U.S. Department of Health & Human Services  
Office for Civil Rights 200  
Independence Ave., S.W.  
Washington, DC 20201

Form HHS-690  
1/09

## Appendix G3

### General and Program Specific Provisions and Assurances

#### G3a. General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

##### 1. General Administration

###### a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.

###### b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

###### c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act, as amended in 2006.

###### d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

###### e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

###### f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

###### g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

###### h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

###### i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

###### j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.



- k. Standards for a Merit System of Personnel Administration  
The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.
2. Equal Opportunity and Civil Rights
- a. Equal Employment Opportunity  
The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.
  - b. Non-Discrimination on the Basis of Handicap  
All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.
  - c. Non-Discrimination on the Basis of Age  
The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.
  - d. Civil Rights Compliance  
The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.
3. Provision of Services
- a. Needs Assessment  
The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.
  - b. Priorities  
The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.
  - c. Eligibility  
The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.
  - d. Residency  
No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.
  - e. Coordination and Maximum Utilization of Services  
The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.
4. Non-Construction Programs
- a. Legal Authority  
The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.
  - b. Hatch Act  
The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
  - c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

### **G3b. Program Specific Provisions and Assurances**

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

#### **Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

SOURCE: FY 2011 State Plan Guidance  
Attachment A

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS  
Older Americans Act, As Amended in 2006

**G3c. Assurances As Related to the Code of Federal Register §1321.17(f) 1 to 15:**

The Area Agency on Aging will meet all assurances as required under CFR §1321.17(f) 1 – 15 outlined below:

- (1) Each area agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under § 1321.11;
- (2) Preference is given to older persons in greatest social or economic need in the provision of services under the plan;
- (3) Procedures exist to ensure that all services under this part are provided without use of any means tests;
- (4) All services provided under title III meet any existing State and local licensing, health and safety requirements for the provision of those services;
- (5) Older persons are provided opportunities to voluntarily contribute to the cost of services;
- (6) Area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;
- (7) The State agency on aging shall develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to area agencies where area agencies have been designated;
- (8) The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.
- (9) The State agency shall have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and
- (10) If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

(11) Area agencies shall compile available information, with necessary supplementation, on courses of postsecondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

(12) Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.

(13) The services provided under this part will be coordinated, where appropriate, with the services provided under title VI of the Act.

- (14) (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and
- (iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

(15) The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all other assurances as required under CFR §1321.53 – 1321.61, - 1321.75.

Hawai'i County Office of Aging  
Organization

---

Authorized Signature

Title

Date

**G3d. Certification Regarding Lobbying  
Certificates for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned will require that the language of this certification be included in the award documents for all subawards as all tiers (including subcontract, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Hawai'i County Office of Aging  
Organization

\_\_\_\_\_  
Authorized Signature Title Date



**G3e. Declaration of Compliance**

The Hawai'i County Office of Aging certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in pages 98 through 106.

\_\_\_\_\_  
Signature of Mayor or His/Her Designee

\_\_\_\_\_  
Date

## Appendix H: Acronyms and Glossary

### Acronyms/Abbreviations

AAA	Area Agency on Aging
AARP	American Association of Retired Persons
AD	Alzheimer's Disease
ADC	Adult Day Care Program
ADLs	Activities of Daily Living
ADRC	Aging and Disability Resource Center
ADRD	Alzheimer's Disease and Related Disorders
AHCD	Advanced Health Care Directives
AIRS	Alliance of Information and Referral Specialists
AoA	Administration on Aging
APS	Adult Protective Services
CLP	Community Living Program
CM	Case Management
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
CoA	Committee on Aging
DD	Developmental Disabilities
DHHS	Department of Health and Human Services
DHR	Department of Human Resources
DOT	Department of Transportation
FFY	Federal Fiscal Year (October 1 – Sept 30)
FTE	Full Time Equivalent
GrG	Grandparents raising Grandchildren
HCBS	Home and Community Based Services
HDM	Home Delivered Meals
HDS	Home Delivered Services
HHA	Home Health Agency; Home Health Aide
I & A	Information, Referral and Assistances
I & R	Information and Referral
IADLs	Instrumental Activities of Daily Living
IFF	Intra-State Funding Formula
LEP	Limited English Proficiency
LPN	Licensed Practical Nurse
LTCF	Long Term Care Facility
LTCO	Long Term Care Ombudsman
MFP	Money Follows the Person
MMA	Medicare Modernization Act
N4A	National Association of Area Agencies on Aging
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Program Information System
NASUAD	National Association of State Units on Aging and Disability
NF	Nursing Facility
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
OMB	Office of Management and Budget
PSA	Planning and Service Area; Personal Support Aide
SAMS	Social Assistance Management System
SCSEP	Senior Community Service Employment Program
SFY	State Fiscal Year (July 1 through June 30)
SHIP	State Health Insurance Assistance Program

SMP Senior Medicare Patrol (See SHIP)  
SPR State Program Reports  
SUA State Unit on Aging

**Abuse:** The willful: a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA of 2006)

**Adult Child with a Disability:** A child who: a) is 18 years of age or older; b) is financially dependent on an older individual who is a parent of the child; and c) has a disability. (OAA of 2006)

**Adult Day Care/Adult Day Health:** Personal care for dependent seniors in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (SPRR, 2008)

**Aging and Disability Resource Center:** An entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing: a) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; b) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and c) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA of 2006)

**Aging Network:** The network of: a) State agencies, area agencies on aging, title IV grantees, and the Administration (on Aging); and b) organizations that are providers of direct services to older individuals or are institutions of higher education and receive funding under the OAA. (OAA of 2006)

**Area Agency on Aging:** An area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5). (OAA of 2006)

**Assistive Device:** Includes: a) an assistive technology device; and b) the terms 'assistive technology', 'assistive technology device', and 'assistive technology service' have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002). (OAA of 2006)

**Assistive Technology:** Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10)).

**Assisted Transportation:** Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (SPRR, 2008)

**Case Management:** Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (SPRR, 2008)

**Child:** An individual who is not more than 18 years of age or who is an individual with a disability. (OAA of 2006)

**Chore:** Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (SPRR, 2008)

**Civic Engagement:** An individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need. (OAA of 2006)

**Congregate Meal:** A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (SPRR, 2008)

**Disability:** A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in a substantial functional limitations in 1 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (OAA of 2006)

**Disease Prevention and Health Promotion Services:** Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA of 2006)

**Education and Training Service:** A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

**Elder Abuse:** Abuse of an older individual.

**Ethnic Groups:**

**Black or African American:** A person having origins in any of the black racial groups of Africa. (FSRR, 2005).

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2005).

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2005).

**Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2005).

**Indian:** A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

**Native American:** Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA,

Sec 601).

**Native Hawaiian:** Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

**White:** A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2005).

**Elder Abuse, Neglect, and Exploitation:** Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

**Abuse:** The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).

**Exploitation:** The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (24)).

**Neglect:** a) the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or b) self-neglect. (OAA of 2006)

**Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

**Elder Justice:** Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (47)).

**Family Caregiver:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

**Fiduciary:** A person or entity with the legal responsibility a) to make decisions on behalf of and for the benefit of another person and to act in good faith and with fairness; and b) includes a trustee, a guardian, a conservator, an agent under a financial power of attorney or health care power of attorney, or a representative payee. (OAA of 2006)

**Focal Point:** A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA of 2006)

**Frail:** With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: a) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision or at the option of the State, is unable to perform at least three of such activities without such assistance or b) due to a cognitive or other impairment, requires substantial supervision because the individual behaves in such a manner that poses a serious health or safety hazard to the individual or another individual. (OAA of 2006)

**Grandparent or Older Individual who is a Relative Caregiver:** A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

**Greatest Economic Need:** The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27))

**Greatest Social Need:** The need caused by non-economic factors, which include: (A) physical and

mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

**Home-Delivered Meal:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (SPRR, 2008)

**Homemaker:** Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (SPRR, 2008)

**Impairment in Activities of Daily Living:** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2005)

**Impairment in Instrumental Activities of Daily Living:** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2005)

**Information and Assistance:** A service for an older individual that: a) provides individuals with current information on opportunities and services available within the communities, including information relating to assistive technology; b) assesses the problems and capacities of the individuals; c) links individuals to the opportunities and services that are available within the communities; d) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and e) serves the entire community of older individuals, particularly older individuals with the greatest social and economic needs and older individuals at risk for institutional placement. (SPRR, 2008; OAA of 2006)

**Legal Assistance:** Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (SPRR, 2008)

**Living Alone:** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2005)

**Long-term care:** Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service: a) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; b) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and c) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (50))

**Minority Provider:** A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005)

**Multipurpose Senior Center:** A community facility for the organization and provision of a broad

spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA of 2006)

**Nonprofit:** An agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual. (OAA of 2006)

**Nutrition Counseling:** Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. (FSRR, 2005)

**Nutrition Education:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2005)

**Older Americans Act:** An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

**Older Individual:** An individual who is 60 years of age or older. (OAA, Sec 102 (35))

**Outreach:** Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2005)

**Personal Care:** Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2005)

**Planning and Service Area:** An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37))

**Poverty:** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2005)

**Representative Payee:** A person who is appointed by a government entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, and any funds owed to such individual by such entity.

**Rural:** A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005).

**Self-Directed Care:** An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which: a) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; b) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; c) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved; d) based on the assessment made under

subparagraph (c), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver, or legal representative: 1) a plan of services for such individual that specifies which services such individual will be responsible for directing; 2) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and 3) a budget for such services; and e) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA. (OAA of 2006)

**Self-Neglect:** An adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including: a) obtaining essential food, clothing, shelter, and medical care; b) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or c) managing one's own affairs. (OAA of 2006)

**Senior Opportunities and Services:** Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services;

(c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

**Severe Disability:** A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: a) is likely to continue indefinitely; b) and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

**Title III:** The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

**Transportation:** Transportation from one location to another. Does not include any other activity. (FSRR, 2005).

#### **Services to Caregivers:**

**Information Services:** A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2005).

**Access Assistance:** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2005).

**Counseling:** Counseling to caregivers to assist them in making decisions and solving problems relating



to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2005).

**Respite Care:** Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2005).

**Supplemental Services:** Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2005)

Sources:

(FSRR) Federal and State Reporting Requirements. 2005

(SPRR) State Program Reporting Requirements, 2008

(OAA) Older Americans Act, as amended 2000

(OAA of 2006) Older Americans Act as amended 2006

## Appendix I: Eldercare

### Eldercare

In accordance with the Older Americans Act, Section **306(a)(13)**, the Hawai'i County Office of Aging will:

**306(a)(13)(A)**

maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

**306(a)(13)(B)**

disclose to the Commissioner and the State agency:

**306(a)(13)(B)(i)**

the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

**306(a)(13)(B)(ii)**

the nature of such contract or such relationship;

**306(a)(13)(C)**

demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

**306(a)(13)(D)**

demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

**306(a)(13)(E)**

on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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