THE SENATE
THE HOUSE OF REPRESENTATIVES
THE TWENTY-FOURTH LEGISLATURE
INTERIM OF 2008

JOINT LEGISLATIVE COMMITTEE ON AGING IN PLACE

Senator Les Ihara, Jr., Co-Chair
Representative Marilyn Lee, Co-Chair

NOTICE OF MEETING

DATE: Friday, October 10, 2008
TIME: 2:00 p.m.
PLACE: Conference Room 229
State Capitol, 415 S. Beretania St.

AGENDA

The Joint Legislative Committee on Aging in Place will meet jointly with the Kupuna Caucus to receive reports and updates on the following agenda items:

1. Kupuna Care Program – Executive Office on Aging
2. Grandparents Raising Grandchildren Task Force Update
3. Family Leave Working Group Update
4. Cash and Counseling Project Update
5. Respite Inventory Project Update
6. Aging and Disability Resource Center Update

The purpose of the Joint Legislative Committee on Aging in Place, as stated in Act 285 (2006), is to develop a comprehensive public policy program to support family caregivers who provide unpaid, informal assistance to persons sixty and older with physical or cognitive disabilities. The Committee will consider providing support in categories including but not limited to: coordinated services and policies, training and education, respite services, financial incentives and balancing work and caregiving.

Persons who wish to submit testimony are asked to contact the committee clerk at 586-6250. All testifiers are requested to submit 45 copies of their testimony at least 24 hours before the meeting in room 220 at the State Capitol, or by fax to 586-6251. If you require special assistance or auxiliary aids or services to participate in the meeting (i.e., sign language interpreter, wheelchair accessibility, or parking designated for the disabled) please contact the committee clerk 24 hours prior to the hearing so arrangements can be made.

Senator Les Ihara, Jr.
Co-Chair

Representative Marilyn B. Lee
Co-Chair

KUPUNA CARE Program Report

For the Joint Legislative Committee on Aging in Place
and
Kupuna Caucus

Executive Office on Aging
Updated and presented on Friday, October 10, 2008

SUMMARY

- Goal of KUPUNA CARE Program
- KUPUNA CARE Program Eligibility Criteria
- SFY 2008 Statewide service levels and waitlists
- KUPUNA CARE Service Funds in 2008 vs 2009
- Impact if Act 204 (2009) funds are not released
- Possible plans for Act 204 (2009) and Act 11

KUPUNA CARE (KC)

The goal of KUPUNA CARE is that Hawaii's older adults will have access to affordable and quality home and community based services that are client centered and family supported allowing them to live with independence and dignity.

Source: KUPUNA CARE Guidelines 4/29/1999

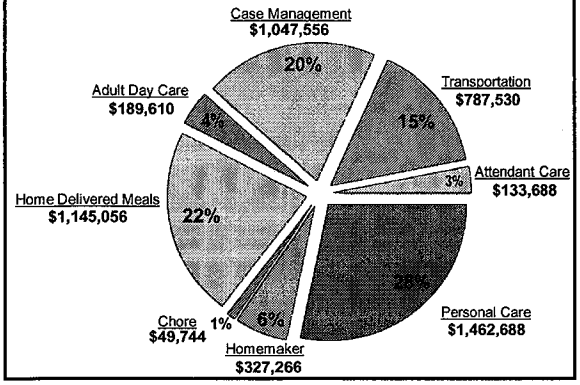
KC ELIGIBILITY CRITERIA

Older adults must meet all 5 criteria:

1. U.S. Citizen or qualified alien
2. 60 years of age and older
3. Not covered by any comparable government or private home and community services
4. Not residing in an institution such as an ICF, SNF, hospital, foster family or ARCH
5. Having an impairment of a least two ADL, IADLs, or substantive cognitive impairment, and an unmet need of at least 1 or more ADLs/IADLs

Source: KUPUNA CARE Guidelines 4/29/1999

STATEWIDE KC $$ BY SERVICE IN SFY 2008 = $5,153,108



VOLUNTARY CONTRIBUTIONS

- Older adults receiving services are given the opportunity to voluntarily contribute to the service costs.
- Voluntary contributions are just that – voluntary, and cannot be required as a condition of service.
- In SFY 2008, voluntary contributions totaled $732,529 (15.9%) of total KUPUNA CARE service expenditures statewide.

SFY 2008
STATEWIDE SERVICES AND PERSONS SERVED

SFY 2008	Persons Served	Services Delivered	Avg Service Units Per Person (yr)
Personal Care	860	58,107 Hours	68 Hours
Homemaker	550	13,445 Hours	24 Hours
Chore	238	1,048 Hours	4 Hours
Home D Meals	2,216	268,499 Meals	121 Meals
Adult Day Care	152	37,498 Hours	246 Hours
Case Management	1,601	27,660 Hours	17 Hours
Transportation* (Assisted Transportation & KC Transportation)	2,978	167,887 Trip (1-Way)	56 Trips
Attendant Care	668	43,460 Hours	65 Hours

PERSONS WAITLISTED ON 6/30/08
A Snapshot in Time

SERVICE	KAUAI	HONOLULU	MAUI	HAWAII	STATE
Personal Care	2		1		3
Homemaker	5	58			63
Chore		58			58
Home D Meals			21		21
Adult Day Care					0
Case Management				46	46
Transportation		51			51
Attendant					0
Total	7	167	22	46	242

What happens to Persons Waitlisted?

KUPUNA CARE Program Service Funds
SFY 2008 -vs- SFY 2009

Area Agency on Aging (AAA)	SFY 2008 Total KC Service Funds Available July 1, 2007	SFY 2009 Total KC Service Funds Available July 1, 2008
KAUAI	$653,023	$595,632
HONOLULU	$3,038,183	$2,689,810
MAUI	$786,871	$776,948
HAWAII	$675,031	$646,426
STATE FUNDS	**$5,153,108**	**$4,708,816**
EXPENDITURES	$4,766,721	($57,905)

FACTORS AFFECTING SHORTFALL FOR SFY 2009

- Supplemental funds from Act 262($500,000) & Act 204 (2008-$475,000)
- Act 204 (SFY 2008) contracts covered 2 State Fiscal Years (2008, 2009)
  - January 1, 2008 to December 31, 2008
  - SFY 2008 Expenditures reflect only 6 months of spending
- Service Providers needed to hire staff to deliver additional services which affected expenditures.
- Unexpected supplemental County support
- Expenditures for SFY 2008 may under-represent the actual capacity and need of services statewide.
- The effects of the shortfall will potentially be felt at different times in each county if expenditures remain the same as SFY 2008.

Plans for SFY 2009 Act 204 Funds

- August 6, 2008
  EOA requested preliminary plans from all four AAAs for use of Act 204 (2009) funds for year 2 = $525,000 (not yet released)
- Distribution of this one time appropriation:

Area Agency	Funds	% of Funds
Kauai	$62,791	11.96%
Honolulu	$318,707	60.71%
Maui	$73,574	14.01%
Hawaii	$69,928	13.32%
TOTAL	$525,000	100.00%

Act 11 Funds

- In addition to Act 204 (SFY 2009), Act 11 was passed allowing for an additional $500,000 (not yet released).
- Distribution of this one time appropriation.

Area Agency	Funds	% of Funds
Kauai	$59,801	11.96%
Honolulu	$303,531	60.71%
Maui	$70,070	14.01%
Hawaii	$66,598	13.32%
TOTAL	$500,000	100.00%

FUTURE OUTLOOKS FOR JULY 1, 2009 (SFY 2010)

SCENARIO 1 – ACT 204 (2009) FUNDS NOT RELEASED

- Act 204 (2008) funds are fully expended.
- All expenditures remain at the SFY 2008 level
- Approximate spending level $4,766,721
- Available KC base funding of $4,346,594
- Projected Shortfall of $420,127

SCENARIO 2 – ONLY ACT 204 (2009) FUNDS RELEASED

- Ability to maintain current service levels
- Meet projected shortfall
- Assist with rising inflationary costs
- Potential for limited expansion of KUPUNA CARE services

SCENARIO 3 – ACT 204 (2009) & ACT 11 FUNDS RELEASED

- Expansion of KUPUNA CARE services is possible

IN SUMMARY

- KC service funds currently available in SFY 2009 are insufficient to maintain the level of services provided statewide in SFY 2008.
- If released, funds appropriated by Act 204 (2009) will maintain current level of services statewide and may prevent the projected shortfall.
- If released, Act 11 may serve as the vehicle for service expansion.

MAHALO

Joint Legislative Committee on Aging in Place
in joint session with the Kupuna Caucus
Hawaii State Capitol, Room 229
Friday, September 5, 2008

DRAFT MINUTES

Members Present: Senator Les Ihara, Jr. (Co-Chair); Representative Marilyn Lee (Co-Chair); Senator Suzanne Chun Oakland

Members Absent: Senator Rosalyn Baker, Senator Gordon Trimble, Representative Karen Awana, Representative Joey Manahan, Representative Corinne Ching

Others in Attendance: Laura Manis (Kokua Council), Coral Andrews (Healthcare Association of Hawaii), Debbie Jackson (Disability & Communication Access Board), David Pa (Disability & Communication Access Board), Agnes Reyes (Case Management Professionals), Ann Freed (Sen. Baker's Office), Craig Yamaguchi (Elderly Affairs Division), Valorie Taylor (Child and Family Services), Anne Chipchase (Ohana Health Plan), Caroline Cadirao (Executive Office on Aging), Nancy Moser (Executive Office on Aging), Donna Schmidt (Case Management, Inc.), Marie May (Queen's Community Based Case Management), Deborah Miyasaka-Gushiken (State Council on Developmental Disabilities), May Fujii Foo (Elderly Affairs Division), Derrick Ariyoshi (Department of Human Services), Sally Wehrsig (Hawaii County Office on Aging), Joyce Tapia-Miyahira (Department of Health), Joan Riggs (Chaminade University), Bonnie Osaki (Graham Builders), Tony Lenzer, Audrey Kubota, Maria Franco (Rep. Mizuno's intern), Leeann Comfort (Sen. Ihara's intern), Eunice Trim (Kaiser Community Case Management), Lolita Ching (Quality Case Management, Inc.), Diane Terada (Catholic Charities Hawaii), Jacob Herlitz (Department of Taxation), Debbie Shimizu (National Association of Social Workers), Diane Stowell, (Policy Advisory Board for Elder Affairs), Eudice Shick (Policy Advisory Board for Elder Affairs), Lorilyn Wandasan (Residential Choices), Margie Berueda (MB Case Management), Mila Batalona (Ohana Case Management), Rosalinda Malalis, Ester Ramos (retired registered nurse), Elsa Talavera (Case Management Council), Nancy Walch (Talavera Case Management Agency), Larry Geller (Kokua Council), Marilyn Seely, Wes Lum (University of Hawaii-Center on Aging), Sara Suzuki (Case Management Council), Elaine Fujifu (Elderly Affairs Division), Sandra Joy Eastlack, Howard Garvel (Child & Family Services), Sesnita Moepono (Honolulu Committee On Aging), Heather Bolan (Senator Ihara's Office)

I. Call to Order/Welcome and Introductions

Senator Ihara and Senator Chun Oakland called the meeting to order at approximately 2:08 p.m. Introductions were made around the room.

The following handouts were distributed to the members and others in attendance:

(1) copy of the Kupuna Caucus/JLCAIP agenda;
(2) minutes of the July 31, 2008 JLCAIP meeting
(3) minutes of the August 25, 2008 Grandparents Raising Grandchildren Task Force meeting
(4) minutes of the August 26 Family Leave Working Group meeting
(5) printout of the powerpoint presentation on Case Management; and

(6) copy of Administrative Rules on Home and Community-Based Case Management Agency Requirements, and Community Care Foster Family Home Requirements [HAR §17-1454-18 thru 37].

II. Universal Design

Joan Riggs of Chaminade University and Bonnie Osaki of Graham Builders (both certified Aging-in-Place specialists) gave a presentation on Universal Design. The goal of universal design is independent living for All ages and abilities. This translates into open, accessible (including medical equipment accessible), and useable living spaces. Their presentation covered a brief historical background of the Americans with Disabilities Act, the seven basic principles [equitable, flexible, simple/intuitive, perceptual information, tolerance for error, low physical effort, size/space approachable/useable], the 3 lighting levels [ambient, accent, task], use of warning and smart devices, and the special requirements of bathrooms and kitchens. Bonnie will forward a summary of their presentation and Joan will forward a resource list.

III. Case Management

Donna Schmidt of Case Management, Inc. and Sara Suzuki, President of the Case Management Council gave a presentation on case management: the process of continuous assessment of service needs of clients requiring various levels of care. These assessments are provided by trained and licensed professionals. The responsibilities of case managers include: assess and identify problems, develop and coordinate a service plan, implement the plan, nurse delegation, follow up and evaluate, monitor and reassess and reevaluate, educate and train, crisis intervention, conference resolution, advocacy, and risk management and quality assurance. Consumers need to be educated, they need to ask questions. Case managers always stress choice. Work needs to be done to provide more consumer education: Donna Schmidt, Sandra Joy Eastlack, Sara Suzuki, Agnes Reyes, and the Kokua Council will form a work group.

IV. Kupuna Care Program report by Executive Office on Aging

A written report was provided to the committee, but the presentation was deferred to the next meeting on October 10 due to lack of time.

V. Grandparents Raising Grandchildren Task Force update

The minutes of the August 25 meeting were distributed, but the presentation was deferred to the next meeting on October 10 due to lack of time.

VI. Family Leave Working Group update

The minutes of the August 26 meeting were distributed, but the presentation was deferred to the next meeting on October 10 due to lack of time.

VII. Adjournment

The meeting was adjourned at approximately 3:40 p.m.

Minutes of the Grandparents Raising Grandchildren Task Force Meeting
Friday, September 5, 2008
11:30am
Hawaii State Capitol, Room 224

ATTENDANCE

Members Present:
Lori Yancura, Co-chair (UH-CTAHR), Pat Urieff, Co-chair (QLCC), Sally Wehrsig for Alan Parker (HCOA), Jackie Chong (Na Tu Tu Coalition), May Fujii Foo (EAD), Lawrence Sousie (AG/CSEA), Barbara Bishop for Moya Gray (VLSH), Sandy Morishige (DHS), Nalani Fujimori (LASH), Diane Stowell (PABEA), Helen Wagner (Grandparent Member), and Wes Lum (UH CARE).

Members Absent:
Frank Lopez (DPS), Colin Fukunaga (DHS), Carol Morimoto (Partners in Development), Daniel Hamada (DOE), Noemi Pendleton (EOA), Robert Brady (Judiciary), Jo Reyes (MCOA), and Charlyn Nakamine (KAEA).

Guests:
Maryann Crowell (grandparent), Valorie Taylor (Child & Family Services), and Stan Michaels (DOH – Injury Prevention).

REVIEW THE 2007 NEEDS ASSESSMENT OF GRG IN HAWAII

Lori distributed copies of a PowerPoint presentation to summarize the study. Below please find the Executive Summary.

Over 14,000 grandparents are primary caregivers for over 33,000 grandchildren in the state of Hawai'i. These grandparents raising grandchildren (GRG) are playing an important part in ensuring the well-being of the children of Hawai'i. They are also saving the state approximately 17 million dollars per month by caring for their grandchildren outside of the foster care system. Some have extensive needs for services, but many do not receive or seek assistance from formal agencies and service providers because the system is not currently set up to meet these needs. This report contains a preliminary needs assessment of GRG in the state of Hawai'i.

Assessing the needs of GRG is a difficult task because they are not an organized entity and many public and private agencies that serve them do not keep specific records on their service use. This assessment used a multi method approach to gain an understanding of the needs of GRG. Data were gathered from five sources: the Hawai'i Health Survey (HHS), existing grandparent surveys conducted in some counties, a survey of public and private agencies offering services that GRG might use, a questionnaire survey of GRG, and in-depth focus groups with GRG. Each data source has its own strengths and weaknesses. Taken together – they give a comprehensive picture of the prevalence and needs of GRG in Hawai'i.

Although there were differences in findings between these sources, some clear commonalities emerged. The average GRG is female and between the ages of 55 and 65. Although GRG are of many different ethnicities, Native Hawaiian, or Part Native Hawaiian are disproportionately represented as GRG (about 40%, according to data from the Hawai'i Health Survey). Most GRG have very low household incomes and live in rural areas; some already receive public assistance. Many are taking care of their grandchildren because of hardships faced by the children's parents (i.e., drug addiction, incarceration, or divorce).

The services most needed by GRG are children's programs, financial assistance, respite, and grandparent rights. Many of these services are already in place, but GRG don't know that they are eligible for them and/or they don't know how to access them. There is a need for coordination of services for GRG. The service needs of GRG vary by county and island. GRG are more likely to use services that come from a trusted source, many said that they would use a call-in or walk-in resource center.

Recommended actions include the formation of a legislative committee to explore intergenerational issues. The committee should prioritize objectives and collect data on grandparent-headed families from schools and public agencies. Actions also include raising public, agency, and legislative awareness of the needs of GRG and organizing an infrastructure for providing assistance to GRG. Programs or policies designed to assist GRG should consider that service use of GRG depends upon awareness and access. They should also consider that the issues faced by GRG affect entire families (grandparents, parents, and children) and occur within multiple contexts (schools, poverty, justice system). Emphasis should be placed on programs and policies that assist GRG who are sole providers for their grandchildren.

It was mentioned was that it was unfortunate that the assigned staff from the Department of Public Safety (DPS) was absent from the Task Force Meeting because findings from the *2007 Needs Assessment of GRG* show that a significant number of grandparents reported that drugs are the main cause of why they must raise their grandchildren; this finding indicates that the department that incarcerates based upon drug convictions is a department that has an important role on the GRG Task Force. That is, DPS can increase awareness that many incarcerated parents have children who are frequently being raised by grandparents. Grandparents report that they don't want parents to interfere (in the way the grandparents are raising the grandchildren) or to undermine the rules for children (growing up in the grandparent-head-of-household). Questions arose as whether DPS's program for the soon-to-be-released includes information about how to slowly re-enter the family in supportive ways until they are able to accept full responsibility for being a parent.

REVIEW THE MOST RECENT FOUR YEAR STATE PLAN ON AGING

Wes distributed a PowerPoint presentation and summarized the 4-year State Plan on Aging on behalf of Executive Office on Aging (EOA) who could not be in attendance. Na Tu Tu requests that there be follow-up to assure that Grandparents Raising Grandchildren will be mentioned in writing (in the EOA 4-Year State Plan)as eligible for 10% of Federal Funds provided (to EOA) under the *Older American's Act.* Questions arose as to why

GRG are not already mentioned in the plan and when will GRGs be recognized in writing in the Plan? There was a discussion about (1) what *Area Agencies on Aging (AAA)* do for GRG, (2) how do they notify GRGs that there are resources/services available to GRGs, and how do they spend their 10% GRG designated portion from the National Family Caregiver Support Program? May Fujii Foo from the Elderly Affairs Division shared information and that they produce a senior directory; members expressed appreciation for the information and wanted to know where GRG can get the senior directory.

A suggestion was made to send a letter from the Task Force to the Director of EOA and to the AAA staff assigned to participate on the Task Force to request their attendance at GRG Task Force Meetings. The members supported this recommendation.

REVIEW OF LAWS RELATING TO GRG ISSUES
Review of laws relating to issues facing GRG and other kinship caregivers.

Chapter 587: Kinship Preference: SB2730 added new provisions for kinship preference in the placement of children.

- Requires placement preference for relatives up until temporary foster custody.
- Relative is defined as blood, adoptive or hanai relatives.
- Hanai relatives defined as adult who performs or has performed a substantial role in the upbringing or material support of a child, as attested to by the written or oral designation of the child or of another person, including other relatives of the child, as deemed credible by the court or the department.
- Requires DHS to provide an application to any relative seeking foster custody within 15 days on the inquiry. If the relative is denied, DHS must provide the specific reason for denial and the procedures for administrative appeal.
- Requires DHS to make reasonable efforts to identify all relatives within six months of assuming foster custody of child.
- Requires DHS to report in their safe family home report the efforts made to identify extended family and friends.

HRS §302A-482: Affidavit of Caregiver Consent: Passed in 2003, provides ability for caregiver to enroll minor in school.

- Can be signed by parent, guardian or legal custodian. If not available states that caregiver could not get signature and documentation of attempts to obtain signature.
- Cannot be used to:
  - Attend particular school
  - Circumvent district exemption process
  - Participate in athletics at particular school
  - Take advantage of programs at a particular school
- Notice to DHS by caregiver if child is living with them due to abuse or neglect.
- Does not affect rights of minor's parent, guardian, or legal custodian and can be rescinded by parent, guardian or legal custodian.
- Not applicable to IDEA or 504 of the Rehabilitation Act.
- School can require additional evidence that caregiver lives at address provided.

HRS §577-28: Affidavit of Caregiver Consent for Minor's Health Care: Passed in 2005, provides ability for caregiver to get health care: primary and preventive medical and dental care and diagnostic testing and other medically necessary health care and treatment.

- Can be signed by parent, guardian or legal custodian. If not available states that caregiver could not get signature and documentation of attempts to obtain signature.
- Caregiver must be over eighteen and either:
  - Related by blood, marriage, or adoption, including person entitled to award of custody, but who is not the legal custodian or guardian; or
  - Has resided with the minor continuously during the immediately preceding period of six months or more.
- Not applicable to IDEA or 504 of the Rehabilitation Act.

Chapters 571, HRS, regarding child custody and support. Lawrence Sousie provided materials and a summary:

- Parents have a statutory duty to support their child. HRS § 577-7 Parents' control and duties provides in relevant part: "all parents and guardians shall provide, to the best of their abilities, for the discipline, support, and education of their children."
- Custody if a child is governed by HRS §571, while guardianship of a child is governed by HRS § 560:5-201. For practical purposes, custody and guardianship are very similar concepts. Both carry with them privileges and obligations of decision making and the daily care of the child.
- HRS § 571-46 explains the criteria and procedure in awarding custody and visitation.
- HRS § 571-46.3 explains grandparents' visitation rights, petition, notice, and order.
- In Hawaii, in determining the best interest of the child in court (guardianship/custody) proceedings, the court considers the preference given to parents in HRS 571-46, which is subject to rebuttal.
- Child support statutes includes HRS § 576D and 576E. There are essentially 2 types of child support cases where a grandparent has assumed the custody/guardianship of a child: (1) establishing a child support obligation where there is no existing child support order, and (2) modifying an existing child support order.

REVIEW OF TESTIMONY FROM THE AUGUST 16, 2007 MEETING OF THE JOINT LEGISLATIVE COMMITTEE ON FAMILY CAREGIVING

Wes provided testimony that was submitted by various agencies to the JLCFC at its hearing on August 16, 2007. Since the electronic copies were not received prior to the meeting, this discussion was tabled to the next meeting to give everyone a chance to read the testimony.

Sandy Morishige, DHS Income Maintenance, provided copies of a *List of Needs of Grandparents Raising Grandchildren* drafted by Colin Fukunaga, DHS (who wasn't

present). Questions arose. It was mentioned that in the future the Task Force plan to review the list when Colin could answer questions.

IDENTIFY ISSUES THAT MAY NEED TO BE ADDRESSED BY LEGISLATION
This topic was tabled to the next meeting because we ran out of time.

SET THE AGENDA FOR THE NEXT MEETING ON OCTOBER 10, 2008
The agenda for the next meeting will include:

1. Review the testimony of the various agencies submitted to the Joint Legislative Committee on Family Caregiving (JLCFC) at its hearing on August 16, 2007, regarding issues facing GRG.
2. Identify issues that may need to be addressed by legislation.
3. Create subcommittees, if appropriate.

The upcoming meeting dates for the GRG Task Force are:

- Friday, October 10, 2008 from 11:30am – 1:00pm at the State Capitol, Room 229.
- Friday, November 7, 2008 from 11:30am – 1:00pm at the State Capitol, Room 229.
- Friday, December 5, 2008 from 11:30 am – 1:00pm at the State Capitol, Room 229.

Summary of Testimony Presented to the Joint Legislative Committee on Family Caregiving
Regarding Grandparents Raising Grandchildren
On 08/16/07

Note: *These summaries are not intended to replace the original testimonies, but only to provide a brief overview of the issues presented. For complete detail, please refer to the original testimonies.*

Executive Office On Aging *(Susan Jackson, Acting Executive Director)*

- The EOA has supported GRG with the following specific projects:
  - Funding of the 2007 Needs Assessment conducted by UH Dept. FCS
  - Including information on family caregivers to obtain the statewide common goal that *families are supported in caring for their loved ones* (this is pursuant to the Older Americans Act (OAA) and the Area Agencies on Aging (AAA)
  - Administering and monitoring funds to the AAA from the National Family Caregiver Support Program.
  - Reporting the service utilization data on the characteristics of grandparents and other family caregivers caring for elderly family members through the *State Program Report.*
  - Establishing the Caregivers Resource Initiative (CRI) project in partnership with the UH Center on Aging.

- In accordance with the definition put for the by the Older Americans Act (OAA), the EOA maintains two separate definitions for *family caregivers* (those caring for elderly adults) and *grandparent or other individual who is a relative caregiver (**)*

Department of Education *(Patricia Hamamoto, Superintendant)*

- The DOE provides full guidance to school personnel who are enrolling students residing with a caregiver so that they are in compliance with Hawai'i's educational consent law for caregivers (section 302A-482, Hawaii Revised Statutes).
- The DOE is working toward the goal of educating GRG and other relative caregivers to meet those children's needs through its Comprehensive Student Support System, which is implemented at every school.
- The DOE provides access to information about tutoring programs to grandparents raising grandchildren. (**)

[Attachments provided: 1) Caregiver Consent Affadavit,; 2) Legal Parent, Guardian, Custodian Authorization for Caregiver Consent,; 3) Memo to Complex Area Superindendents, School Principals, and Registrars regarding Act 99 the *Full Participation in School Act.*]

Department of Health *(Chiyome L. Fukino, M. D., Director of Health)*

This testimony focused upon informing the joint committee about how the DOH is educating the putlic about the caregiver's consent for minor's health care law addressed in Section 577-28, Hawaii Revised Statues.

- The Family Health Services Division is allowing grandparents to receive benefits, such as those from the WIC program. The caregiver consent law did not change this practice becaue IDEA Part C regulations allow "a person acting in place of the parent" to receive benefits.
- The Developmental Disabilities Division has not, as of the time of testimony, used the Waiver because it must adhere to strict federal guidelines which state that grandparents [without legal custody?] cannot be paid as parents
- The Public Health Nursing Branch of DOH's Community Health Division is well-acquianted tih 577-28, HRS, and actively educates clients about obtaining the affidavit as the need presents.
- The Child & Adolescent Mental Health Division has not used the affidavit. At the time of testimony, they were consulting with their deputy attorney general to determine its appropriateness for the comprehensive treatement, educational, and support services they provide [**].

Department of Human Services *(Lillian B. Koller, Director)*

First, a distinction must be made between 1) grandparents raising grandchildren with a private family arrangement, *GRG* and 2) grandparents raising grandchildren through (CPS), or *foster grandparents.*

- DHS ensures that all caseworkers are aware of the eligibility of children to receive Adoption Assistance and, when appropriate, a Difficulty of Care Subsidy for both kinship and non-kinship families.
- DHS supports the concept of increasing support of grandparents and non-needy caretakers who are caring for multiple children/sibling groups. However, this would need the support of the legislature after careful consideration of the impact that such a budget increase would have on the total TANF expenditures and other essential programs supported by TANF funding.
- Due to federal statute, Title IV-E money is not a viable option for helping needy grandparents or other relatives with the costs of meeting a child's need's *unless* that child has been the subject of a confirmed child abuse or neglect report pursuant to HRS 587 and removed from the family home by a Family Court order.

Hawaiian Homes Commission *(Micah A. Kane, Chairman)*

- HHS is required by Administrative Rules to offer available homesteads to applicants according to their rank order on the respective island waiting lists. As such, the are not able to target any particular group, such as kupuna or grandparents when offering homestead awards.

- The next transitional housing facility in Maili will have a kupuna program as a component of the community center's services, and a separate children's receiving home.

Office of Hawaiian Affairs

- It is a cultural practice of Native Hawaiian grandparents to provide protection and guidance for their grandchildren, often through the practice of "hanai". However, in today's society, these responsibilities place great emotional and financial stresses on many grandparents. OHA recognizes this issue.
- OHA has participated on the Governor's Advisory Committee on Native Hawaiian Foster Parents and advocated for policy changes to keep families intact.
- OHA provides grants to several agencies that provide support for grandparents: Kokua Ohana, Partners in Development (Tutu and Me program), Hawaii Family Services, and ALU LIKE (E Ola Pono No Na Kupuna).
- OHA has been in contact with Native Hawaiian families of incarcerated individuals
- From these experiences, OHA believes that stable housing, financial support, and respite services are the greatest needs of grandparents.

University of Hawai'i System *(Virginia S. Hinshaw, Chancellor, UH Manoa)*

- UH students are being trained and educated about issues facing GRG and other relative caregivers through coursework and practicum activities through the School of Nursing & Dental Hygiene and the College of Tropical Agriculture and Human Resources
- Several research projects at UH have focused on issues related to GRG
- Several programs at UH partner with community stakeholders to bridge research and practice related to GRG.

City and County of Honolulu Elderly Affairs Division *(Karen Miyake, County Executive on Aging)*

- According to the Older Americans Act (OAA), EAD cannot spend more than 10% of the annual allocation for all caregiver programs under the National Family Caregiver Support Program (NFCSP) on grandparent programs. In SFY 2008, this amount was $49,654
- In 2008, $25,000 of these funds was allocated to Hawaii Family Services.
- The EAD does not have other available sources of funding to support GRG and other relatives raising children.
- THE EAD provides support to agencies providing services for grandchildren through resource material and publications, fairs and conferences, website links to state and national sources, and bimonthly meetings with service providers. It also actively supports advocacy efforts such as those of the Caregiver Coalition.
- The Information and Assistance staff of EAD provides information to GRG and other relative caregivers.
- The information and assistance staff collects data on all callers [**]

- The Four Year Area Plan includes an inventory of services for GRG, but the level of detail is limited.

Maui County Office on Aging (MCOA) *(John Tomoso. Executive on Aging)*

- The amount of funds allocated to GRG in Maui County through the NFCSP in SFY 2008 was $9,460.
- These funds were used to contract with Legal Aid Society of Hawai'i to provide legal services to GRG. Title III-E funds were also used to support Hi'ii Na Kupuna's Grandparents Support Group and their annual caregiver's conference.
- MCOA has a county general revenue grand subsidy in its budget, which is used to leverage federal Title III-E funds for programs related to GRG that are not covered under provisions of the OAA.
- MCOA provides information, assistance, and outreach to GRG and also mails out a free caregiver newsletter.
- MCOA has a particularly dedicated Information and Referral staff – information about each call is documented and placed into a databank.
- MCOA's area plan includes an inventory of services. MCOA also publishes a free directory of resources. The Hi'ii Na Kupuna coalition also serves as a conduit for services.

Kauai County Office on Aging *(Kealoha Takahashi. Executive on Aging)*

- The amount of funds allocated to GRG in Kauai County through the NFCSP in SFY 2008 was $5,484.
- These funds were being used by service providers to provide caregivers with counseling, training, support group, conference, information presentations, in-home respite, adult day care, and legal assistance.
- Kauai County does not have other sources of funding for GRG and other relative caregivers.
- The Agency on Elderly Affairs coordinates with QLCC to maximize resources
- We do provide information and support to all adults but have not received many inquiries from GRG [**]
- Our agency collects data on all callers
- The Kauai 4-Year Area Plan lists existing programs and services with the name of the provider agency

Hawaii County Office on Aging *(Alan Parker. Executive on Aging)*

- The amount of funds allocated to GRG in Kauai County through the NFCSP in SFY 2008 was $12,817
- There are no organized programs or services targeted specifically toward GRG or other relatives taking care of children

- The Hawaii County Office on Aging does not have any other source of funds for this service.
- The Hawaii County Office on Aging has addressed issues relating to the needs of GRG and other relative caregivers through its monthly newsletter and the TV series *Seniors Living in Paradise*
- Information and referral services are always available to callers through our main office and ADRC helpline.
- Our agency collects data on all callers
- The Hawaii County Office of Aging Area Plan does not specifically mention the names of all the programs that offer referral services to low income older adults. It does, however, provide a service directory. Caregiver specialists also attend many community events.

Joint Legislative Committee on Aging in Place
Family Leave Working Group
September 12, 2008, 1:00 PM
State Capitol Conference Room 224

I. Welcome and Introductions conducted by Jim Shon

II. Attendance

Members Present	
Jim Shon	Kokua Council
Gerard Russo	UHM Department of Economics
Sherry Menor-McNamara	Chamber of Commerce
Jessica Horiuchi	NFIB
Jacob Herlitz	DOTAX
Eudice Schick	PABEA
Christine Ann Akau	DHS
Joy Kuwabara	HGEA
Joanne Kealoha	ILWU
Harold J. Dias, Jr.	IBEW
Shawn Cabrey	SHRM HI
James Hardway	DLIR

Members Absent	
Glenn Ida	Hawaii Teamsters
Wes Lum	Hawaii Family Caregivers Coalition
Adele Ching	EOA

Guests	
Ed Wang	DLIR
Andrei Soto	DLIR
Ellen Kai	DLIR – UI
Caroleen Tabata	DLIR
Ryan Markham	DLIR
Ann Thornock	Office of Representative Marilyn Lee

II. Motion was made by Harold Diaz and seconded by Joanne Kealoha to approve the minutes of the August 26, 2008 minutes. Minutes approved unanimously.

III. Jim Shon distributed information from the State Data Book (see attachment #1)

IV. Shon indicated that if the working group were to create subcommittees, they would come under the Sunshine Law, unlike an investigative committee. Agendas must be posted with the Lieutenant Governor's office. Minutes must be posted within 30 days of a meeting.

V. Per Legislative Reference Bureau study, the State receives about $700,000 for family and caregiver support programs. The funds go directly to the counties.

VI. General Discussion Points:

-- We need to look at both federal and state FMLA laws.
-- The question is whether the State can do something to provide some benefit for paid family leave.
-- With FMLA, most companies let employees use paid time off (PTO) or vacation time to provide care for a family member
-- In Hawaii, every employee in a firm of 50 or more is getting FMLA benefits.
-- Under FMLA you must have been employed for a year to receive benefits. The employment requirement under HFLA may be just 6 months.
-- Family caregivers often have no idea that there are any benefits; although, they are supposed to be advised of this benefit when first hired.
-- According to the LRB study, 78% don't take family leave because they can't afford to take leave without pay.
-- There are difficult staffing challenges for very small employers if an employee must take family leave. One of the challenges in considering paid family leave will be to address small business concerns.
-- Even with current time off, it may still not be enough for caregivers. Most will need to provide care for a longer period of time.
-- Are employees required to document use of federal and state law? Yes. If employees are gone for two days or more employer should advise the possibility of using FMLA and provide paper work. Verification paper work must be completed by a doctor. Separate files are kept for each employee.
-- Congress is looking at what constitutes large or small businesses. The threshold seems to be 50 employees. It differs depending on application of the law.
-- TDI covers an employee's own injury or illness. The TDI law is enforced by the State but the State does not provide the benefits. An employer must provide TDI but can share the cost with employees up to 50%.
-- Utilization of TDI is relevant to the discussion. Every year, insurance carriers are required to file a summary report showing the number of claims filed—male and female. The Labor Department would get involved only if an insurance company won't pay a claim.
-- FMLA provides protection from discipline when employees are absent. FMLA utilization figures may be inflated since employees often file for FMLA as well as sick leave to avoid disciplinary action.

VII. James Hardway made a presentation comparing New Jersey, California and Washington State paid family leave laws. (see attached) Discussion followed:

-- Polling of employers to see who offers Hawaii family leave benefits would be beneficial.
-- It is possible that 80% of local companies offer paid leave in the form of vacation or PTO, but not necessarily family leave. Many companies will let you take your paid leave to care for a family member.
-- What kind of data base does California have concerning their paid family leave? Are there any specifics by industry, i.e. visitor industry?
-- Is the employee contribution in the New Jersey plan pre-tax or post-tax? The LRB report indicated that a certain amount is pre-taxed.
-- Voluntary compliance with providing family leave means records are not generally available.
-- It was suggested that a confidential system be established where employers could provide information without indentifying individuals.
-- James Hardway will contact California to see how their program is working and any data they may have.
-- Need data on utilization. Is the imposition on employees imagined or real? Data may answer that question.
-- We need some kind of consensus of whether paid family leave is required and how it should be implemented.
-- Is it philosophically better to be able to provide paid family leave so employers don't have to go through the process of hiring new employees? Providing paid family leave would probably be desirable but economics may make it difficult.
-- Senator Chun Oakland stated that the Legislature does want paid family leave. It is hoped that the working group can determine the simplest way to implement it at the lowest cost to all. A major concern is how it should be funded.
-- The possibility was raised of increasing the Unemployment Insurance tax as a means of financing paid family leave. The costs involved and additional staffing that would be required are of some concern. It was suggested that a UI presentation may be needed. ERISA and HIPA should be part of the discussion.

VIII. Meeting adjourned at 2:45 PM

IX: Announcements:
Next meeting is scheduled for October 17, 2008, 1:00 PM in Room 224 at the State Capitol.

Attachment #1

According to the State Data Book, in 2007 there were 591,900 full & part time non- federal employees in Hawaii. State law **(CHAPTER 398 FAMILY LEAVE) covers 100 employees or more:** *"Employer" means any individual or organization, including the State, any of its political subdivisions, any instrumentality of the State or its political subdivisions, any partnership, association, trust, estate, joint stock company, insurance company, or corporation, whether domestic or foreign, or receiver or trustee in bankruptcy, or the legal representative of a deceased person,* ***who employs one hundred or more employees*** *for each working day during each of twenty or more calendar weeks in the current or preceding calendar year."*

The following chart indicates that in 2006, of the 511,508 private sector employees in the State, **209,731 (41%)** are covered by state law for family leave, and **301,777 (59%)** are not covered. **IF** the law were to be amended to cover employers who employ **fifty or more employees,** this would extend coverage to an additional 74,706 employees, for a total of 284,437 or 56% of the private work force.

Table 12.26-- REPORTING UNITS AND EMPLOYMENT, BY SIZE OF FIRM: DECEMBER 2006

[Excluding government]

County	Subject 1/	All units	Size of firm						
			0 to 4	5 to 9	10 to 19	20 to 49	50 to 99	100 to 249	250 or more
State total	Reporting units	35,600	19,603	6,685	4,505	2,956	1,089	544	218
	Employment	511,508	32,457	44,284	60,631	89,699	74,706	81,405	128,326
City and County of Honolulu	Reporting units	24,110	13,408	4,355	2,994	2,004	801	399	149
	Employment	364,837	21,968	28,787	40,498	60,829	55,195	60,254	97,306
Hawaii County	Reporting units	4,698	2,550	958	618	385	109	53	25
	Employment	56,223	4,144	6,371	8,188	11,566	7,403	7,748	10,803
Maui County	Reporting units	4,737	2,564	942	623	388	120	65	35
	Employment	63,979	4,444	6,270	8,297	11,695	8,212	9,570	15,491
Kauai County	Reporting units	2,055	1,081	430	270	179	59	27	9
	Employment	26,469	1,901	2,856	3,648	5,609	3,896	3,833	4,726

1/ Multi-establishment employers are counted for each worksite reported, except for the construction industry, which reports separately
only for major projects. Some worksites are further distributed by industrial classification.

Source: Hawaii State Department of Labor and Industrial Relations, *2006 Employment and Payrolls in Hawaii* (October 2007) <http://www.hiwi.org/admin/uploadedPublications/1804_ES2006.PDF> accessed November 30, 2007.

§398-3 Family leave requirement. (a) An employee shall be entitled to a total of four weeks of family leave during any calendar year upon the birth of a child of the employee or the adoption of a child, or to care for the employee's child, spouse or reciprocal beneficiary, or parent with a serious health condition.

(b) During each calendar year, the leave may be taken intermittently.

c) Leave shall not be cumulative.

(d) If unpaid leave under this chapter conflicts with the unreduced compensation requirement for exempt employees under the federal Fair Labor Standards Act, an employer may require the employee to make up the leave within the same pay period.

(e) Nothing in this chapter shall entitle an employee to more than a total of four weeks of leave in any twelve-month period.

§398-4 Unpaid leave permitted; relationship to paid leave; sick leave. (a) Pursuant to section 398-3, an employee shall be entitled to four weeks of family leave. The family leave shall consist of unpaid leave, paid leave, or a combination of paid and unpaid leave. If an employer provides paid family leave for fewer than four weeks, the additional period of leave added to attain the four-week total may be unpaid.

(b) Except as otherwise provided in subsection (c), an employee may elect to substitute any of the employee's accrued paid leaves, including but not limited to vacation, personal, or family leave for any part of the four-week period in subsection (a).

(c) An employer who provides sick leave for employees shall permit an employee to use the employee's accrued and available sick leave for purposes of this chapter; provided that an employee shall not use more than ten days per year for this purpose, unless an express provision of a valid collective bargaining agreement authorizes the use of more than ten days of sick leave for family leave purposes. Nothing in this section shall require an employer to diminish an employee's accrued and available sick leave below the amount required pursuant to section 392-41; provided that any sick leave in excess of the minimum statutory equivalent for temporary disability benefits as determined by the department may be used for purposes of this chapter.

Options Worksheet

Options	Number of employees	Potential Costs
1. Same coverage (100+) increase benefits (days, flexibility, etc.)		
2. Extend coverage & same benefits to firms with 50+		
3. Extend coverage & extend days		
4. Same coverage & benefits, add some % of days as paid leave.		
5. Same coverage & benefits, add 100% as paid leave.		
6. Other options?		

DRAFT

Respite Care in the State of Hawai`i

Report prepared by the University of Hawai`i School of Social Work

Research and Evaluation Unit

For the

State of Hawai`i Executive Office on Aging

Pam Arnsberger, Ph.D.

Felix Blumhardt, Ph.D.

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Melissa Gibo

Penny Lee

Prepared in response to Senate Bill 2830 (Act 220, SLH 2008)

October 10, 2008

Executive Summary

State and national surveys as well as the peer reviewed literature have shown respite to be one of the services most frequently requested by the nation's family caregivers, however respite care is widely recognized as an underutilized service. This report in four sections covers the results of a survey of respite care providers, primarily for older adults, but also for adults with disabilities, including the developmentally disabled. It also reviews the legislative reference bureau report prepared by Amalia Bueno entitled "Gimme a break: Respite cares services in other States" Report No 6, 2007. The report also includes a review of the peer reviewed literature on respite care issues and expected outcomes, including international literature. Based on these findings, the report concludes with policy recommendations for the State. The highlights of each of the sections are briefly outlined below.

Section 1 Survey results

The survey in Hawai`i found that there are 31 respite programs available to elders on Oahu. Hawai`i County had approximately 13 respite programs available, island wide, and Maui County had 9 respite agencies. Only 2 respite agencies on Kauai are available to provide coverage for the entire island.

Overall, out of home and in home respite services were roughly equal. A small percentage, roughly 15%, provided services for elders who required specialty care, i.e. Alzheimer's and mental health issues. Only 5% provided transportation. The majority of the out of home respite agencies provided meals. While most agencies were prepared to handle issues such as incontinence, only a few provided skilled services, such as nursing or physician care. Additional services, assistance with mobility or incontinence, agencies required an increase in fees. Service gaps included:

1. Virtually no transportation to or from sites
2. Little if any care for moderate to severe Alzheimer's Disease
3. Almost no emergency, overnight or weekend respite services
4. Prohibitive costs associated with service delivery if private pay

Section 2 Review of LRB Report

There are a wide range of statutes with respite care definitions. Two of the states with the most inclusive and exhaustive definition are Illinois and New Jersey (see Appendix B of the LRB report), either of which might serve as a model for Hawai`i. In general, the more workable definitions are probably those not linked to a specific disease or condition, and are population inclusive, based on combination of medical and financial need, rather than age, type of illness or disability.

Most states do not have service caps; those who do often define them in terms of hours or days of service provision; a few have fiscal caps which vary by funding source ranging from as little as $250 /yr to as much as $12,000 /yr. There are few funding sources for respite care; most states utilize two sources to fund respite (1) The Medicaid Home and Community Based Services Waiver Program and (2) the National Family Caregiver Support Program. In addition about 60% of the states augmented these funds or implemented their programs with state general funds, tobacco or lottery funds. If the federal Lifespan Respite bill is fully funded that would be another possible source of support as would be a statewide partnership for long term care insurance.

There is very little information on program evaluation. The few evaluations that exist have focused on caregiver outcomes that measure service use and satisfaction. A few states have participated in evaluation efforts undertaken by the ARCH National Respite Network and Resource Center out of the University of North Carolina in Chapel Hill, however these are quite dated at this point and were generally not statewide; however Oklahoma is one of these states and does have validated outcomes that extend beyond caregiver stress relief.

Section III Respite issues and outcomes: The peer reviewed literature

As there were minimal evaluation findings, the peer reviewed literature was explored in order to ascertain what might be expected positive outcomes from respite care programs, as well as current issues encountered in program implementation. The following issues were revealed:

1) The use of the term 'respite' service may not be desirable for consumer outreach and marketing. It is a professional term and is perhaps poorly understood by caregivers.
2) There are few measurable outcomes from respite care other than those related to quality of life for caregivers. However few programs have measured the impact on such issues as delaying institutionalization or on employment interruption. Furthermore few programs have investigated outcomes for care recipients.
3) Underutilization of services is a problem. Packaging respite care as part of a 'bundle' of services for caregivers is the most desirable way to insure appropriate service utilization.
4) Appropriate respite care for caregivers of the cognitively impaired requires special features and should probably be differentiated from other general respite programs
5) Both in-home and out-of-home respite services have advantages for caregivers; however neither is more cost effective.

Section IV Policy Recommendations

Define respite using an inclusive lifespan approach The definition of respite should ideally 1) Carefully define all potential recipients and targeted populations; 2) Describe the services that fall under the definition; 3) Define any caps or limits (dollars, hours etc) to these services, especially reimbursement limits and 4) Define the expected outcomes.

Address causes of potential underutilization at the outset The provision of professional assessment and advice about how to access respite care will be needed. In addition a range of flexible respite care services needs to be available. Appropriate respite care based on the needs of caregivers as defined by caregivers themselves is desirable to address underlying causes of underutilization.

Create a supply of trained workers Trained center/facility staff and in home workers, especially to work with cognitively impaired clients, are needed for respite care to be a success.

Weigh Costs and benefits There are few sources of funding for respite care outside of state funds and the state needs to be prepared to shoulder ongoing costs even though 'hard' benefits may be difficult to measure or even achieve.

Target employed caregivers Of the possible groups to be targeted in terms of respite services, employed caregivers should certainly be considered. Older/retired spouses are less likely to use this service.

Create at least one special needs program for each county Dementia care and respite for caregivers of cognitively impaired adults is a big gap. More sites and more trained workers need to be available to meet this need especially in the more rural areas.

Offer respite as part of a bundle of caregiver services Appropriate service utilization is more likely if the respite services are offered as part of a "package" of available services to caregivers.

Additional services/issues Services that support respite care are also helpful and should be considered as part of the "service bundle". Accessible transportation in particular, or escort services, is greatly needed, both in urban and rural areas.

DRAFT

A Report on Respite Services for Grandparents Raising Grandchildren (GRG) in Hawai'i

State of Hawai'i Executive Office of Aging

'Ohana Caregivers
Department of Family and Consumer Science
College of Tropical Agriculture & Human Resources
University of Hawai'i

EXECUTIVE SUMMARY

There are approximately 10,000 grandparents responsible for meeting the basic of needs of their grandchildren without these children's parents' presence in the household. Many grandparents raising grandchildren (GRG) face challenges, including emotional and behavioral problems of their grandchildren as well as their own health and financial difficulties. Act 204, Session Laws of Hawaii 2007 expanded the mandate of the joint legislative committee on family caregiving to include GRG. This report contains an examination of the issues related to the provision of respite services to GRG in the state of Hawai'i.

The first issue examined is a define respite care in relation to the needs of GRG. This is important because GRG face different challenges than family caregivers who are caring for elderly family members. The most notable difference between these groups is the range of impairment of the care recipient. GRG provide care for children with a great range of function, some require the same amount of care general required by most children, others have mild disabilities, and still others have severe disabilities. Elderly care recipients all have relatively severe impairments.

The second issue is consideration of existing theoretical and legislative models of respite care. There are three types of theoretical respite care models: adult day care, in-home care, and facility or institution-based care. Of these, a day care model is the most applicable to respite care for most GRG. Federal definitions of respite care vary by act. The federal definition most useful for GRG was put forth by the Lifespan Respite Care Act and allows for the provision of respite services for caregivers of children with special needs. Many state funded lifespan respite programs define respite care quite broadly, thus allowing for the provision of services to the greatest number of GRG.

The third issue is analysis of model respite programs in other states. Lifespan respite programs in Oregon, Nebraska, Wisconsin, and Oklahoma are characterized by several features. Respite services offered as part of these programs are all located in the community and coordinated by local 'experts' in respite care. Focus is on accessibility and providing care for families in need, regardless of age, race, ethnicity, special need or situation.

The fourth issue is an inventory of the existing respite services for GRG in Hawai'i. There is a great deal of variation in respite services available to GRG by island. Oahu and Maui County have the greatest number of services, while Maui and the big island of Hawai'i have the fewest. Overall, there are many gaps in service including: lack of transportation, limited availability of crisis care, few services available for children between 5-15 years, and the lack of therapeutic services for children with relatively mild problems. The most positive aspects are the flexibility of many service providers to work with families on a case by case basis.

Further examination of respite care options for GRG must ensure that they are: culturally appropriate, available to GRG of all legal statuses, offered as part of a package of services, use a lifespan respite model, give priority to GRG who are sole providers for their grandchildren, and contain an evaluationcomponent. Legislative actions should formulate a clear definition of the conditions under which GRG need respite care and formulate a clear definition of respite care.

Report on the Feasibility of Providing Consumer Directed services for Non-Medicaid Eligible Older Adults and Persons with Disabilities in the State of Hawai`i

Report prepared by UH School of Social Work Research and Evaluation Unit

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In conjunction with the UH Center on Aging

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Executive Summary and Recommendations

Introduction

Hawai`i has a growing older adult population. It is estimated that in the year 2010 older adults (aged 60 or more) in the state will number about 270,000. The survey of Hawai`i elders completed in the fall of 2007 noted that we have a high percentage of elders with IADL and ADL impairments. Additionally, respondents reported a high level of unmet need, as did their caregivers in a related survey (Arnsberger and Lum, 2007; Arnsberger, 2008). In addition, although Hawai`i has the lowest estimated percentage of people with disabilities in the country (11.1%) this population has special challenges due to a lower socio-economic status then the population as a whole. As a result, these individuals have unmet health insurance, housing and personal care needs (Centers for Disease Control State Chartbook, 2006). In response to this impending crisis the Joint Legislative Task Force on Family Caregiving requested the University of Hawai`i School of Social Work undertake a study investigating the feasibility of implementing a consumer directed program entitled Cash and Counseling. This approach to providing care differs substantially from other programs currently underway in Hawai`i in that it would provide a flexible monthly cash benefit to elders, those with a disability and their caregivers. Furthermore, this benefit would be available to all elders and those with disabilities who have an expressed level of unmet need.

Summary of Recommendations

1. Based on the findings of the attached report, it is recommended that the State of Hawai`i undertake a three year demonstration to test the effectiveness of

this model of service delivery. Furthermore as the Kupuna Care program currently has in place a system of service delivery for Non-Medicaid eligible elders, it is suggested that this is the appropriate home for this demonstration.

2. It is recommended that the demonstration enroll 250 consumers who will receive up to $500/month to purchase needed care and services as defined by their care plan, including the ability to hire family members as caregivers if they wish. The amount of the monthly benefit should remain flexible, allowing the consumer the freedom to "save up" a portion of the benefit and make a one time purchase of a needed item or have a costly consultation.

3. Eligibility for the program should be determined by five criteria: a. At least two types of ADL impairment (based on counselor assessment) b. Financial limitations which preclude them from meeting these needs (based on self report) c. Either no available caregiver or a caregiver statement that they are currently unable to meet the consumer's care needs without financial or personal hardship d. Either over 60 or physically (or possibly mentally) disabled e. For this program, not eligible for SSI or Medicaid.

4. It is recommended that the ADRC sites serve as the enrollment sites for the project and assist with outreach and project enrollment. The purpose of ADRC is to ensure consumer access to services and streamline the process by which that occurs, so they are a natural site to provide this service.

5. It is recommended that the program will have two components (1) a counselor whose responsibility is to meet with potential consumers, determine eligibility, develop a flexible monthly budget, establish a service plan and

monitor service delivery on a quarterly basis and (2) a fiscal component which also serves as a fiscal agent/ employer proxy for the consumer to establish representative payees early in the program, develop forms for employers' reporting responsibilities and report state and federal taxes.

6. It is recommended that a project director be hired within Kupuna care, to provide both contract and fiscal oversight, and to assess after the demonstration, whether or not these functions should be separated later on in the program. This individual should also be responsible for overall quality assurance to determine that services are delivered as outlined in the service plan and that providers, especially personal care providers, are meeting client needs and that funds are only being spent on items specified in the care plan.
7. It is recommended that an evaluation of the demonstration be put into place at the beginning, with consumers assigned to treatment (cash and counseling) and control groups (standard Kupuna care). Baseline and ending measures will assess whether or not the consumers and their caregivers are satisfied by the consumer control aspect of the intervention as well as determine whether or not service delivery has been adequate.

If these general program guidelines are adhered to, after the planning year (for which funds are already in place) it is estimated that program implementation costs will be $835,000 (from 2009 to 2010) and for the third year of the demonstration $1,350,000 (from 2010 to 2011). However it is important to note that during the planning year, aspects of this original outline may change as Hawai`i gathers feedback from the few other states that are beginning to provide

consumer directed services to non-Medicaid populations. Specific points in these states' current plans for implementation that will be under discussion in the next year include:

- Whether or not to have limits on income and non-exempt assets (cars, homes and certain other assets are excluded from this limitation) essentially targeting the Medicaid "spend down" population
- How to accommodate language barriers and cultural values (a significant point for Hawai`i)
- The best way to work with the Area Agencies on Aging and the National Family Caregiver Support Program and local community-service providers including service providers for the disability community
- Whether or not to consider a model where caregivers are allotted a specified dollar amount annually for respite services. (Recently Hawai`i has begun to compile a respite agency/care provider list that will be useful for this)
- Whether or not to target "gap filling" services funded under the Older Americans Act which include congregate meals, transportation and case management. In this scenario each caregiver/family is allotted a set dollar amount, which used to select a variety of gap filling services.
- For individuals under the age of 60, whether or not to consider the inclusion of both physical and mental disabilities and to examine the resulting cost consequences if that is done.