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## HOUSE CONCURRENT RESOLUTION

REQUESTING A STUDY OF VARIOUS UNRESOLVED ISSUES RELATING TO  
AGING.

1           WHEREAS, The Center on Aging at the University of Hawaii at  
2 Manoa was established in 1988 to:

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- 4           (1) Stimulate and coordinate gerontological and aging  
5 instruction, research, and community services; and  
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- 7           (2) Promote collaboration between the University and other  
8 organizations concerned with aging; and  
9

10           WHEREAS, the Executive Office on Aging is the designated  
11 lead agency in the coordination of a statewide system of aging  
12 and caregiver support services in the State of Hawaii, as  
13 authorized by federal and state laws; and  
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15           WHEREAS, the general rule under Medicaid and Medicare is to  
16 pay only if asset and income requirements are met; and  
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18           WHEREAS, for purposes of Medicaid and Medicare, assets are  
19 divided into two categories: exempt and non-exempt; and  
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21           WHEREAS, exempt assets are not counted in calculating the  
22 maximum asset level and include the home (of any value),  
23 Individual Retirement Accounts or IRAs in the name of the "at  
24 home" spouse, real property "essential for self support",  
25 property used in a trade or business, household items used to  
26 furnish a home, all personal effects, burial insurance, plots,  
27 trusts, vaults and crypts, certain life insurance policies,  
28 musical instruments, automobiles, reparation payments, and crime  
29 victim payments; and  
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31           WHEREAS, non-exempt assets such as cash, stocks, bonds,  
32 mutual funds, money market accounts, etc., are counted in  
33 calculating the asset limit; and



1           WHEREAS, as a general rule, Medicare pays for one hundred  
2 days of nursing home care after a three-day hospital stay, and  
3 only so long as the ill person is making progress on  
4 rehabilitation; but if Medicare runs out after one hundred days,  
5 the recipient must turn to Medicaid, which can take a  
6 significant time since there may be a re-qualification process  
7 to ensure that a person qualifies; and

8  
9           WHEREAS, "Cash and Counseling" is a non-traditional  
10 Medicaid program, pioneered by New Jersey, Florida, and  
11 Arkansas, with seed grants from the United States Department of  
12 Health and Human Services, the United States Administration on  
13 Aging, and the Robert Wood Johnson Foundation; and

14  
15           WHEREAS, today, grants from Cash and Counseling programs  
16 are also available in at least twelve additional states:  
17 Alabama, Illinois, Iowa, Kentucky, Michigan, Minnesota, New  
18 Mexico, Pennsylvania, Rhode Island, Vermont, Washington, and  
19 West Virginia; and

20  
21           WHEREAS, Cash and Counseling participants may use their  
22 Medicaid-provided personal assistance budgets to hire their own  
23 personal care aides as well as purchase items or services,  
24 including home modifications that help them live independently.  
25 By redirecting personal assistance funds from agencies to  
26 consumers themselves, Cash and Counseling allows people to hire  
27 whomever they want to provide their care and decide for  
28 themselves if they would rather hire a home health aide to cook  
29 for them, or pay a friend or relative to do it; and

30  
31           WHEREAS, the services paid for by the State are all part of  
32 the elder's authorized Medicaid care plan, and in many cases,  
33 family members and friends chosen by the elder are providing  
34 those services instead of an agency worker; and

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36           WHEREAS, according to the Cash and Counseling website, the  
37 program was created because, "family caregivers are the backbone  
38 of the long-term care system, providing millions of hours of  
39 care every year for no compensation and frequently at great cost  
40 to their own emotional health; they are burned out and exhausted  
41 from juggling work, family responsibilities, and caregiving; in  
42 addition, many caregivers have to reduce their work hours or  
43 even give up their jobs to take care of their loved ones; by



1 supporting caregivers, we are helping them hang in longer, and,  
2 hopefully, relieving some of their stress"; and

3  
4 WHEREAS, even with Cash and Counseling support, family  
5 caregivers are typically paid lower-than-average wages and, in  
6 most cases, are paid for only a small fraction of the hours of  
7 service they provide; and

8  
9 WHEREAS, individuals who apply for the Cash and Counseling  
10 program apply through Medicaid; are assessed in the same way  
11 they would be for traditional agency-provided services; and if  
12 they choose the Cash and Counseling option, shall work with the  
13 program's staff to develop an individual budget and care plan;  
14 and

15  
16 WHEREAS, according to the National Aging in Place Council,  
17 the American Association of Retired Persons (AARP) recently  
18 released a new report stating that eighty-seven per cent of  
19 people aged fifty and older with disabilities want to receive  
20 long-term care services in their own homes; and

21  
22 WHEREAS, the term, "aging in place", is used in reference  
23 to living where you have lived for many years, or to living in a  
24 non-healthcare environment, and using products, services and  
25 conveniences to enable individuals to not have to move as they  
26 grow older or as circumstances change; and

27  
28 WHEREAS, the term "respite care" means a service provided  
29 in a least restrictive environment for short-term care to meet  
30 the needs, ranging from simple to complex; and

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32 WHEREAS, the purpose of respite care is to avoid, if  
33 possible, the necessity for long-term institutional care or to  
34 provide relief to families and care providers; and

35  
36 WHEREAS, caregivers of respite care usually are  
37 uncompensated for their invaluable services, oftentimes having  
38 to give up regular employment to stay at home full-time or  
39 otherwise to visit home frequently in the day to ensure the  
40 aging person is safe and comfortable; now, therefore,

41  
42 BE IT RESOLVED by the House of Representatives of the  
43 Twenty-fifth Legislature of the State of Hawaii, Regular Session  
44 of 2009, the Senate concurring, that the Executive Office on



1 Aging and the Center on Aging at the University of Hawaii at  
2 Manoa are requested to continue their research and analyses to:

- 3
- 4 (1) Develop a cash and counseling model and to apply for
- 5 related grants;
- 6
- 7 (2) Determine how best to compensate caregivers for
- 8 respite services;
- 9
- 10 (3) Determine best practices for state agencies to
- 11 collaborate and coordinate with area agencies on aging
- 12 and local community service providers (including those
- 13 for the disabled community);
- 14
- 15 (4) Enhance funding from all sources for Medicaid and
- 16 Medicare services, including but not limited to,
- 17 removing or adjusting income limits and non-exempt
- 18 asset limitations;
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- 20 (5) Determine how best to accommodate language barriers;
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- 22 (6) Determine how best to overcome access to long-term
- 23 care services barriers; and
- 24
- 25 (7) Identify more funding sources for long-term care
- 26 services; and
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28 BE IT FURTHER RESOLVED that the Executive Office on Aging  
29 and the Center on Aging at the University of Hawaii at Manoa  
30 submit a report on their findings and recommendations no later  
31 than twenty days prior to the convening of the Regular Session  
32 of 2010; and

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34 BE IT FURTHER RESOLVED that certified copies of this  
35 Concurrent Resolution be transmitted to the Director of the  
36 Executive Office on Aging and the Center on Aging at the  
37 University of Hawaii at Manoa.

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40 OFFERED BY:

*Mary B. Lee*  
*John M. Mignone*  
*Mark Habashima*  
*[Signature]*