
HOUSE 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
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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
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35 WHEREAS, as a general rule, Medicare pays for one hundred
36 days of nursing home care after a three-day hospital stay, and



1 only so long as the ill person is making progress on
 2 rehabilitation; but if Medicare runs out after one hundred days,
 3 the recipient must turn to Medicaid, which can take a
 4 significant time since there may be a re-qualification process
 5 to ensure that a person qualifies; and

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

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

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

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

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

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

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

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

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

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

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

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

38
39 BE IT RESOLVED by the House of Representatives of the
40 Twenty-fifth Legislature of the State of Hawaii, Regular Session
41 of 2009, that the Executive Office on Aging and the Center on
42 Aging at the University of Hawaii at Manoa are requested to
43 continue their research and analyses to:
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- 1 (1) Develop a cash and counseling model and to apply for
- 2 related grants;
- 3
- 4 (2) Determine how best to compensate caregivers for
- 5 respite services;
- 6
- 7 (3) Determine best practices for state agencies to
- 8 collaborate and coordinate with area agencies on aging
- 9 and local community service providers (including those
- 10 for the disabled community);
- 11
- 12 (4) Enhance funding from all sources for Medicaid and
- 13 Medicare services, including but not limited to,
- 14 removing or adjusting income limits and non-exempt
- 15 asset limitations;
- 16
- 17 (5) Determine how best to accommodate language barriers;
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- 19 (6) Determine how best to overcome access to long-term
- 20 care services barriers; and
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- 22 (7) Identify more funding sources for long-term care
- 23 services; and
- 24

25 BE IT FURTHER RESOLVED that the Executive Office on Aging
 26 and the Center on Aging at the University of Hawaii at Manoa
 27 submit a report on their findings and recommendations no later
 28 than twenty days prior to the convening of the Regular Session
 29 of 2010; and

30
 31 BE IT FURTHER RESOLVED that certified copies of this
 32 Resolution be transmitted to the Director of the Executive
 33 Office on Aging and the Center on Aging at the University of
 34 Hawaii at Manoa.


OFFERED BY:

~~Ray Nardone~~
~~[Signature]~~
 Karen Luana

Maui B. Lee
 Tom Brown
 John M. Higgins
 [Signature] [Signature]



H.R. NO. 17

~~Handwritten signature~~ D.C. Fish 

JAN 23 2009

