NEIL ABERCROMBIE GOVERNOR OF HAWAII

LORETTA FUDDY, ACSW, MPH DIRECTOR OF HEALTH



STATE OF HAWAII EXECUTIVE OFFICE ON AGING

NO. 1 CAPITOL DISTRICT 250 SOUTH HOTEL STREET, SUITE 406 HONOLULU, HAWAII 96813-2831 WESLEY LUM, PhD, MPH DIRECTOR

Telephone (808) 586-0100

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Committee on Finance

SB106, SD1, RELATING TO AGING

Testimony of Wes Lum
Director, Executive Office on Aging
Attached Agency to Department of Health

Monday, April 1, 2013; Conference Room 308

2:00 p.m.

- EOA's Position: The Executive Office on Aging (EOA) supports this measure, provided that its
- 2 enactment does not reduce or replace priorities within our Biennium Budget Request.
- 3 **Fiscal Implications:** This measure appropriates unspecified amounts for each year of the
- 4 biennium for the following:
 - 1. The establishment of the Aging and Disability Resource Centers;
- 6 2. Kupuna Care Program;
- 7 3. Lanakila Multi-purpose Senior Center, Moiliili Senior Center, and Waikiki Community
- 8 Center;

- 9 4. Healthy Aging Partnership; and
- 5. For an Alzheimer's Disease and related dementia (ADRD) service coordinator.
- Purpose and Justification: EOA notes that two of the appropriations in this bill are priorities of
- the Abercrombie Administration. These priorities include (1) \$1.4 million for the development of
- the Aging and Disability Resource Centers statewide and (2) a \$4.2 million increase in EOA's
- base budget for Kupuna Care.

- Regarding the funding of the Healthy Aging Partnership Program, senior centers, and
- 2 ADRD coordinator, we note that the appropriations in this measure are not part of the Governor's
- 3 Administrative package. Should there be surplus funds available for this measure, we would be
- 4 supportive as we agree with the concept of these initiatives as they are consistent with EOA's
- 5 goals and objectives. If the Legislature deems these programs necessary, EOA respectfully
- 6 requests that the Legislature provide the appropriate resources, rather than supplant existing
- 7 resources, for these proposals.

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Aging and Disability Resource Centers

An allocation of \$1,400,000 is sufficient to (1) maintain the statewide operations and management information systems (MIS), (2) maintain ongoing operating expenses of the two ADRC sites that are fully functional in Maui and Kauai counties, and (3) increase personnel at the two remaining ADRC sites that are not in compliance with the fully functional status in Hawaii and Honolulu counties. All personnel at the four ADRC sites will provide intake, referrals, options counseling, and targeting a triage for long term services and supports. ADRC site personnel will provide an in-home assessment and will create a person-centered support plan for the individuals. When appropriate, ADRC site personnel will assist older adults who are eligible for publicly funded services such as Kupuna Care.

The funds are projected to be used as follows:

Line Item	FY14	FY15	Justification
Consultant	\$200,000	\$171,216	Facilitate and provide technical assistance to transform existing business operations at EOA and the four county-based Area Agencies on Aging to create the fully functioning ADRC.
			Work on the integration of the Veteran's Health Administration (VA) to deliver home and community supports in

			conjunction with our ADRC.
			Integrate the four county-based data systems into a single statewide ADRC database.
			Assist with drawing down Medicaid federal financial participation administrative funds.
MIS (licensing)	\$115,000	\$124,000	MIS expansion to upgrade and consolidate four separate county databases into a statewide database accessible to EOA for greater reporting capability and management of clients' needs and resources, and automation of new tools for uniform, evidence based, comprehensive, person centered assessment of the clients' needs and preferences in order to design individualized support plans.
Contracted LTC Disabilities Specialist w/fringe	\$59,352	\$79,136	LTC Disabilities Specialist is a critical position for the ADRC as outlined in the ADRC 5 year plan. Coordinate for persons with disabilities; provide ongoing training to the aging network to familiarize themselves with disabilities.
Contracted Community Living Program (CLP) Manager w/fringe	\$79,136	\$79,136	CLP program manager is a critical position for the ADRC as outlined in the ADRC 5 year plan. This position handles the day to day operations and coordination for a participant directed model. Will be responsible to move this model forward with the Veteran's Administration.
Evaluation and Quality Improvement	\$75,000	\$75,000	As the ADRC sites become fully functional, evaluation and quality improvement will need to be measured as it related to the ADRC 5 year plan.
County of Honolulu Implementation	\$230,576	\$230,576	Increase personnel for the Honolulu ADRC site. The State's ADRC 5 Year Plan created higher minimum qualifications for staffing to perform the duties of the ADRC. These funds will be used to create and fill positions that will provide for the components of a fully functional ADRC.
County of Maui Implementation	\$383,576	\$383,576	Ongoing personnel cost of the Maui ADRC site. The State's ADRC 5 Year Plan created higher minimum qualifications for staffing to perform the duties of the ADRC. Hence

			these funds will support the ongoing staff to maintain the fully functional daily operations of an ADRC.
County of Kauai Implementation	\$26,783	\$26,783	These funds will support the ongoing staff to maintain the fully functional daily operations of an ADRC and maintain current operating expenses such as IT support.
County of Hawaii Implementation	\$230,577	\$230,577	Increase personnel for the Hawaii ADRC site. The State's ADRC 5 Year Plan created higher minimum qualifications for staffing to perform the duties of the ADRC. These funds will be used to create and fill positions that will provide for the components of a fully functional ADRC.
	\$1,400,000	\$1,400,000	

2 EOA and/or the county offices on aging will be seeking additional federal funding from

3 other sources as follows:

Source of Federal	Amount	Date of
Funding		Decision/Application
Medicaid	The administrative match rate is 50% for	Pending decision by CMS
Administrative	time spent conducting Medicaid activities	and MedQuest: August,
Federal Financial	for outreach and enrollment.	2013.
Participation		
Veteran-Directed	Payment rates will be established between	EOA will submit a
Home and	each Veterans Administration Medical	readiness review in July,
Community Based	Center (VAMC) and ADRC, with guidance	2013.
Services Program	from Veteran Administration (VA) Central	
	Office. VA Central Office will provide each	Note: this is not a
	VAMC with a range of county-based rates	competitive grant
	sufficient to cover most cases. Rates above	application; this is an
	the range require VA Central Office	agreement with the VA
	approval (e.g., ventilator care, TBI).	that the ADRCs will
		provide services to
	Each VAMC will have two options: (1) set	veterans.
	rates within the range, based on services	
	offered; or (2) allow individualized rates,	
	based on the ADRC assessment, within the	
	range.	
	Under either system, rates should be	
	inclusive of costs of direct services, fiscal	

	management, case management/service coordination/support brokerage, and other administrative costs and overhead.	
Older Americans Act (Title IIIB, IIIC, IIIE)	\$1,107,058 is the county offices on aging's allocated funding pursuant to the 4 Year Area Plans on Aging that is being utilized for the following ADRC core functions: (a) information, referral, and awareness, (b) options counseling and assistance, and (c) evaluation and quality improvement.	Expected receipt of fund disbursements approximately quarterly beginning in October, 2013.
Affordable Care Act	We are in preliminary discussions with the Hawaii Health Connector so that the ADRCs can become "assistors" by providing outreach, education, and enrollment to people with disabilities who are younger than 60 years of age.	In preliminary discussions.

- 2 EOA is pleased to announce that additional federal funds have already been received in
- 3 2012 as a result of our ADRC development.

Money Follows the	\$400,000 (\$348,290 to be expended by EOA + \$51,710 to be expended by				
Person	DHS). This funding will be used to develop capacity of the ADRC to				
	function as Hawaii's MDS Section Q local contact agency statewide and				
	provide options counseling to facility residents. Second, funding will				
	support the identification and implementation of a single assessment tool				
	for all persons requiring home and community-based services statewide.				
	Finally, adoption of a single assessment tool will enable the state to				
	develop quality measures to ensure high quality care for all aged and				
	disabled populations, including following those who have transitioned				
	from institutionalized settings.				
Community Based	The Community-based Care Transitions Program (CCTP) tests models for				
Care Transitions	improving care transitions from the hospital to other settings and reducing				
Program (Section	readmissions for high-risk Medicare beneficiaries. The goals of the				
3026 of the	CCTP are to improve transitions of beneficiaries from the inpatient				
Affordable Care Act)	hospital setting to other care settings, to improve quality of care, to reduce				
	readmissions for high risk beneficiaries, and to document measurable				
	savings to the Medicare program. Maui County Office on Aging is now				
	receiving fee-for-service funding from CMS for CCTP.				

Kupuna Care

2	The monthly cost of a semi-private room in a nursing facility is \$9,733 ¹ , or \$116,800 per
3	year. Approximately 77 people can be served with an annual total budget of about \$9 million.
4	An alternative to institutional care is home and community based services. The mission of
5	Kupuna Care is to assist Hawaii's kupuna to lead independent, meaningful, and dignified lives, by
6	providing a continuum of home and community based supports, using state funds to target those
7	who are frail and vulnerable, and do not have access to other services. Its objectives include
8	preventing or delaying the need for more restrictive levels of care, such as moving from one's
9	personal home to a nursing facility or care home.
10	EOA will target and triage the use of Kupuna Care funds to support the most vulnerable
11	citizens with supports sufficient to reduce their risk of admission to a facility. This will be
12	accomplished by the development of the Aging and Disability Resource Centers, including the use
13	of options counseling with a uniform comprehensive individual assessment of needs, to replace
14	the current variety of minimal assessments not capturing data elements that can track whether the
15	individual is reducing the risk of placement out of home.
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	Persons Served	Monthly Support Budget	Annual Cost		ANNUAL TOTAL
Target by Level of Impairment ²					
Priority participants triaged by vulnerability characteristics: 3+ ADL deficits, living alone, age 75 or older	923	\$650	\$7,800	\$7,200,000	
KC participants without triage characteristics (maintain current expenditure level per person ³)	714	\$105	\$1,260	\$899,640	
Total Targeted:	1657				\$8,099,640
AAAs administrative cost 10% of \$9 million					\$900,000
KC Total Cost					\$8,999,640

2 Thank you for the opportunity to testify.

¹ Source: 2012 Cost of Care Survey by Genworth Financial. Date accessed July 10, 2012 http://www.genworth.com/content/non_navigable/corporate/about_genworth/industry_expertise/cost_of_care.ht

² Activities of Daily Living (ADLs) includes eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking or wheeling within the home. A person who is unable to perform one or more of these ADLs without substantial human assistance is said to have an ADL impairment. A person who can perform the ADL independently with the aid of a device (e.g., walker, bath brush, grab bars) does NOT have an ADL impairment.

³ Cost per month based on SFY 2011 Kupuna Care Program utilization data.





A program of the Executive Office on Aging 250 South Hotel Street Suite 406 Honolulu, Hawaii 96813

March 21, 2013

Dear Legislator:

The Healthy Aging Partnership (HAP) requests your support of SB106, SD1 Relating to Aging, Section 6 which would sustain evidenced based programs statewide. This past month, the American Society of Aging honored the Healthy Aging Partnership with the Award for Excellence in Multicultural Aging, bringing national recognition to the program's demonstrated success in improving the health status of Hawaii's older adults by empowering them to make healthy decisions and engage in healthier lifestyles.

Since 2006, the Healthy Aging Partnership has provided evidence-based programs to 2,267 older adults statewide through 1) Better Choices Better Health (BCBH) (Ke Ola Pono – Healthy Living) a nationally-acclaimed Chronic Disease Self Management Program designed for people with chronic diseases and teaches participants to better manage their symptoms and improve their overall health, with classes available statewide; and 2) EnhanceFitness© a group exercise program.

As healthcare costs continue to rise, we see an increase in the demand for evidence-based programs like those offered through Hawaii's HAP, which are supported by research demonstrating substantial healthcare cost savings for the State. Ongoing evaluations from the University of Hawai'i have demonstrated that these evidenced-based programs are widely successful, improve elder health, and reduce healthcare visits. National studies estimate the return on investment for BCBH is 1:2, meaning that for every \$1 we spend, we save \$2 in health care costs. For EnhanceFitness, a local study estimated the return on investment at 1:2. More information on outcomes and costs savings is attached.

Mahalo for your support of SB106, SD1 Relating to Aging which would enable Hawaii to continue supporting the health and independence of Hawaii's older adults by sustaining evidence based programs through the Healthy Aging Partnership.

Sincerely.

Kathryn L. Braun, DrPH

Kathylbrauen

on behalf of The Healthy Aging Partnership

Hawaii Healthy Aging Partnership is the sponsoring coalition led by the Executive Office on Aging, the four Area Agencies on Aging, Department of Health, University of Hawaii and in partnership with 40 service providers dedicated to health promotion for older adults in Hawaii. For more information, contact Caroline Cadirao at 586-0100.



Sylvia Luke, Chair

Scott Nishimoto, Vice Chair Committee of Finance

DATE:

Hearing Monday, April 1, 2013, 2p.m. Room 308

RE:

SUPPORT OF SB 106, RELATED TO AGING

I am 48 years old & have participated in Better Choice Better Health (BCBH) in the Hawaii County. BCBH is an evidenced based intervention to teach people with chronic illness a healthy way to live with a disease. The program provides people with tools and techniques to self manage their conditions, empower them to be proactive, and build confidence to lead healthier lives.

I support this bill and urge your support for funding of the Healthy Aging Partnership Program.

This evidenced based program BCBH has provided me with skills and support for managing my own personal physical challenges. Through this program I have also met others in similar circumstances and that helps me to know I am not alone in my struggles.

Please make funding for this Healthy Aging Partnership Program a priority so that others in the State of Hawaii will gain valuable skills to manage their chronic condition. Thank you.

Sincerely,

Name: Tim Hansen

Address: 595 W. Kawailani Street, Hilo, 96720

TO: Sylvia Luke, Chair

> Scott Nishimoto, Vice Chair Committee of Finance

DATE:

Hearing Monday, April 1, 2013, 2p.m. Room 308

RE:

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I am 55 years old & have participated in Better Choice Better Health (BCBH) in the Hawaii County. BCBH is an evidenced based intervention to teach people with chronic illness a healthy way to live with a disease. The program provides people with tools and techniques to self manage their conditions, empower them to be proactive, and build confidence to lead healthier lives.

I support this bill and urge your support for funding of the Healthy Aging Partnership Program.

This evidenced based program BCBH has provided me with:

- Tools to work with my chronic condition on a daily (actually moment to moment) basis
- I feel more confident in preparing to meet with my health care providers
- A greater range of resources

Please make funding for this Healthy Aging Partnership Program a priority so that others in the State of Hawaii will gain valuable skills to manage their chronic condition. Thank you.

Sincerely,

Name: Ursula D'Angelo

Address: P. O. Box 371, Na'alehu, HI 96772

(City)

Zip Code

Sylvia Luke, Chair

Scott Nishimoto, Vice Chair Committee of Finance

DATE:

March 20, 2013 Heaving Monday Apr. 1, 2013, Room 308

RE:

SUPPORT OF SB 106, RELATED TO AGING

We are participating in EnhanceFitness (EF) in Kauai County. EF is an evidence-based group exercise program that helps elders (60 years and older) to improve their health status and reduce their use of health care through structured exercise sessions of dynamic stretching, cardiovascular exercise, balance, flexibility and strength training. This program is part of the Healthy Aging Partnership Program.

I support this bill and urge your support for funding of the Healthy Aging Partnership Program.

Please make funding for this Healthy Aging Partnership Program a priority so that others in the State of Hawaii will gain valuable skills to manage their chronic condition and thus, in part, reducing the future cost of health care. Thank you.

Sincerely,

Name

Address

Morry Gakarah Kekaha

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Juante agutania Kekaha

Himma M. Street

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June Masuriga 4711 Pelehi Rd Kapan H1 96764

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Borm Missimm 4732A Delemare "

Barbara Varnane 34 EGGERING RO "

Kathi Matayarh 4558 Kukuri Kapan

C. Eleganish 4558 Kukuri Kapan

C. Eleganish 4558 Helen H. Gopa, H196746

Binthy Springh 4829 A I:wi Rd Kapan

Lily Jamemote PO Bax 107 Anchola H196703

Livonnel Mukar 4137 A Pelekir Rd. Kapan H196703

Livonnel Mukar 4370 Ohy Rd Kapan 96744

Truga Kudute 4950 Ohy Rd Kapan 96744

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Sylvia Luke, Chair

Scott Nishimoto, Vice Chair Committee of Finance

DATE:

March 20, 2013 Hearing, Monday Apr. 1, 2013, 2pm Room 301

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Sincerely,

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Polly 865, WAIMIA 96794

Basely C. Almed M. Pobox 865, Walinea 96796

Las Kidonhagina Pobox 817 Ke Kaha

Plaine Garopo P. OBM 602 Ketaka 96762

Kay Hill

Pobox 852 Warner

Pobox 852 Warner

Pobox 852 Warner

Box 1 Warner

Hildred Frester

Box 482 Warner

Ledno Kanamen

Box 227 - Danegere At 76715

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Sincerely, **Address** Name 11

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Sincerely,
Name

Address

Hannah Kawamata

2485 Kipuka St. Koloa HI 96756

TOMIKO ALHEIDA

3131 HAPA Ra Koloa 91771

Maggie Longr

4724 Markei Af. Kaland

Stauloo Murabeyahin

4001 Konishin Rd

Dorothy Fambhin

4165 Noto Rd

Fola, Hi

Kanho muhle 2492 Kinto rd Kalahes

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Sincerely,

Name

Elizobeth Malapit 2110 Kanka St #126 Libuc

Gladys Figiuchi 3472 Maona Rd Libue

Alice Touchi 3472 Maona Rd Libue

Eleanor Pichita 2943 Pua Loke St. Libue

Eleanor Pichita 3-3400 K Mino Hury

Alixalia Alamor Do. Box 497 Littus, 96766

Gloria Carammena 2871 Moko; St Libueth, 96766

Mercy Rego 3550 WK Pl. Libue HI 96766

Jovita Valdez Po. Bry 426 Hana manda Hi 96715

Yashe FUJI 105hi 4195 Palaumahu St Libue

Diane Horita 4296 Kaana St. Libue, 96766

Latrici Y Janaha 3260 Alphill. Februe, 44 90766

Helen Fyimota 3383 Aire Ken St. Libue

Rayo Motayane 3158 Fiji St Libue

Rayo Motayane 3158 Fiji St Libue

There Cara 2910 Hoolaho St. Libue

There Cara 2910 Hoolaho St. Libue

There Cara 2910 Hoolaho St. Libue

There Cara 2910 Morolaho St. Libue

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Sincerely,

Name

Address

Grain Ohuby

Po. Box 6(2002 Lhue 14...)

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2831 Ahr Che St. Lihore-96764

Threating January

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Sylvia Luke, Chair

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FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 31, 2013 8:06 PM

To: FINTestimony

Cc: tabraham08@gmail.com

Subject: Submitted testimony for SB106 on Apr 1, 2013 14:00PM

SB106

Submitted on: 3/31/2013

Testimony for FIN on Apr 1, 2013 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments: I support passage of this bill to encourage full care to kupunas

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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