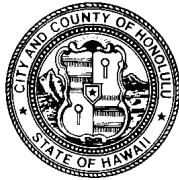


DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

715 SOUTH KING STREET, SUITE 311 • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7762 • FAX: 768-7792



KIRK CALDWELL
MAYOR

PAMELA A. WITTY-OAKLAND
DIRECTOR

GARY K. NAKATA
DEPUTY DIRECTOR

TESTIMONY OF PAMELA A. WITTY-OAKLAND, DIRECTOR
DEPARTMENT OF COMMUNITY SERVICES
BEFORE THE SENATE COMMITTEE ON WAYS AND MEANS
Friday, March 28, 2014, 9:35 a.m., Conference Room 211

HOUSE Bill 1713 SD1, "RELATING TO AGING"

Position: In Support

TO: The Honorable David Y. Ige, Chair
and Members of the Committee on Ways and Means

The Elderly Affairs Division (EAD) is Honolulu's designated Area Agency on Aging and operates in accordance with the Older Americans Act of 1965 to coordinate, advocate, and improve services to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible.

This bill includes funding for important programs that support the needs of the increasing population of elderly residents in Hawaii. The funding included in this bill is essential to maintain the health and welfare of our most vulnerable seniors and their caregivers. We strongly support funding for the following programs in HB 1713 SD1:

Kupuna Care. The Kupuna Care program includes essential services that support the needs of the increasing population of frail elderly residents in Hawaii. These services provide assistance to frail older adults who cannot live at home without adequate help from family or formal services. They include services such as attendant care, case management, chore, home-delivered meals, homemaker, personal care, and transportation.

Aging and Disability Resource Center (ADRC). The ADRC is contained in the federal Older Americans Act (OAA) as amended in 2006. Its vision is "to have Aging and Disability Resource Centers in every community...where people of all incomes and ages can turn for information on the full range of long-term support options and a single point of entry for access to public long-term support programs and benefits." The OAA provided very limited federal funds to develop, implement, or sustain this venture. The \$1.9 million being requested represents the first stage of state funding needed to create this resource for Hawaii's people in all counties.

The Honorable David Y. Ige, Chair
and Members of the Committee on Ways and Means
March 28, 2014
Page 2

Healthy Aging Partnership Program. Through the Healthy Aging Partnership, EAD implements Stanford University's Chronic Disease Self-Management Program, an evidence-based program that provides education, training, and support groups to persons with chronic conditions to assist them in managing their own care. The Enhance Fitness is an exercise program and focuses on maintaining strength, flexibility, and balance to maintain health and function of older adults. The results of both programs have been overwhelmingly positive. In addition, other evidence-based self-management programs have been introduced for arthritis and diabetes. We would urge the committee to consider funding these programs in light of the rising healthcare costs associated with the rapidly growing elder population in Hawaii.

We urge the Committee on Ways and Means to support funding of these vital programs. Thank you for the opportunity to provide testimony.

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS
IN SUPPORT OF HOUSE BILL 1713, SD 1, RELATING TO AGING

March 28, 2014

Via e mail

Honorable Senator David Y. Ige, Chair
Committee on Ways and Means
State Senate
Hawaii State Capitol, Conference Room 211
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Ige and Committee Members:

Thank you for the opportunity to testify in support of HB 1713, SD 1, relating to Aging.

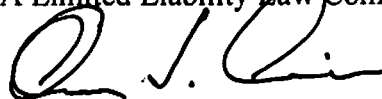
Our firm represents the American Council of Life Insurers ("ACLI"), a Washington, D.C., based trade association with approximately 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers' products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, and reinsurance, representing more than 90 percent of industry assets and premiums. Two hundred twenty-five (225) ACLI member companies currently do business in the State of Hawaii; and they represent 92% of the life insurance premiums and 90% of the annuity considerations in this State.

HB 1713, SD 1, in part requires the Executive Office on Aging of the Department of Health to conduct an education and awareness campaign on long-term care.

ACLI generally supports legislation for programs which provide information to the public regarding long term care.

Accordingly, ACLI supports HB 1713, SD 1.

LAW OFFICES OF
OREN T. CHIKAMOTO
A Limited Liability Law Company



Oren T. Chikamoto
1001 Bishop Street, Suite 1750
Honolulu, Hawaii 96813
Telephone: (808) 531-1500
Facsimile: (808) 531-1600
E mail: otc@chikamotolaw.com

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WESLEY LUM, PH.D., MPH
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Telephone
(808) 586-0100

Fax
(808) 586-0185

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EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

Committee on Ways and Means

HB1713, SD1, RELATING TO AGING

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

Friday, March 28, 2014; Conference Room 211

9:35 a.m.

EOA's Position: The Executive Office on Aging (EOA) supports the appropriations in this measure but requests that the bill be restored to its original form. EOA requests this amendment because we prefer to preserve the existing Kupuna Care policy.

Fiscal Implications: This measure appropriates funds for FY15 for the following:

1. The Kupuna Care Program;
2. The Aging and Disability Resource Centers (ADRC);
3. The Healthy Aging Partnership; and
4. A long-term care education and public awareness campaign.

Purpose and Justification: The common goal among the state, counties, and service providers is to establish a coordinated, seamless system of long-term supports and services in home and community based settings where no kupuna falls through the cracks. EOA, MedQUEST (MQD), county offices on aging, and private providers are committed to working together administratively

and programmatically to identify gaps and coordinate services for all kupuna in need throughout the State.

Closing Gaps in Services: There are HCBS gaps between Kupuna Care and Medicaid for an older adult on Medicaid, including:

- Low income kupuna on Medicaid who need HCBS but the type of service is not covered by Medicaid.
- Low income kupuna on Medicaid who do not receive the HCBS due to health plan denial.
- Family caregivers are not provided respite services from Medicaid.

To close these HCBS gaps for Medicaid clients, the State has enacted the following:

1. MQD received CMS waiver effective January 1, 2014 to provide expanded HCBS to individuals “at risk” of institutionalization but do not meet nursing facility level of care.

The “at risk” program has three levels of services (depending on the client’s assessment).

Potentially available services include: home-delivered meals, personal emergency response system, personal care services, adult day care and health, and skilled or private duty nursing services.

2. Effective April 1, 2014, EOA will allow the use of Older Americans Act, Title III funds for Medicaid individuals not receiving comparable Kupuna Care services. EOA is currently working with the Attorney General’s office to modify the existing Title III contracts.

EOA and MQD will continue to work together to conduct a careful study of gaps in Medicaid HCBS, including number of persons affected statewide. We will report back to the 2015 Legislative Session on: (1) magnitude of the problem, i.e., gap services, number’s affected, and (2) recommendations for addressing the problem.

Rationale for Preserving the Intent of Kupuna Care:

The purpose of Kupuna Care is to prevent or delay institutionalization of older adults by providing long-term supports and services in home and community based settings. Since the

establishment of Kupuna Care in 1999, EOA along with the Counties have maintained that these funds be used to serve older adults who do not have access to any other HCBS programs through other funding streams, including Medicaid, veterans programs, and private long-term care insurance. This is based on the premise that very limited Kupuna Care dollars be utilized to provide services to older adults where there is nowhere else to turn.

Kupuna Care prevents or delays older adults who are 60+ and who need HCBS from slipping into the Medicaid rolls, whereas Medicaid is a healthcare program for individuals with low income of all ages. In SFY13, Kupuna Care served approximately 5,000 older adults (60+) with only HCBS at a cost of approximately \$9,000,000. Comparatively, in SFY14, QExA served an estimated 20,000 older adults (60+) with medical care and a range of long-term supports and services in institutional and home and community based settings at a cost of approximately \$365,000,000. If the legislature decides to change the mission and purpose of Kupuna Care, it will eliminate the only state program to help non-Medicaid seniors.

We believe that it is sound fiscal policy to close the gap in services with MQD through the State's Medicaid system which gets a 50/50 federal/state match rather than use 100% state funds through Kupuna Care to serve Medicaid beneficiaries. We also believe that Medicaid beneficiaries who have been served using Kupuna Care funds be transferred to the Medicaid-covered HCBS program, and that other sources of funds be sought for provision of Kupuna Care-like services unavailable to these Medicaid clients.

EOA believes that there will be unintended consequences of expanding Kupuna Care, including:

- There will be a cost shift to the state from the counties since the neighbor island counties have, to date, paid for HCBS for those on Medicaid through county funds.

- Opening the Kupuna Care door to Medicaid beneficiaries calls into question the use of these funds to other HCBS that are denied by other government benefits (such as TriCare or Veteran's benefits) as well as private long-term care insurance policies.
- Currently eligible Kupuna Care seniors will have a lower chance of being served because Kupuna Care's state funds will be drained to serve older adults who have an alternative service program in place.

For these reasons, EOA would like to preserve Kupuna Care funds for older adults 60+ who do not have access to any other HCBS program through other funding streams, and therefore, we would like this bill to be restored to its original form. Thank you for the opportunity to testify.

From: [Anthony Lenzer](#)
To: [WAM Testimony](#)
Subject: Testimony in Support of HB 1713 SD 1
Date: Thursday, March 27, 2014 7:22:22 AM

Chair Ige and Members of the Ways & Means Committee:

My name is Anthony Lenzer. I am Chair of the Legislative Committee, Policy Advisory Board for Elder Affairs (PABEA). This Board advises the Executive Office on Aging (EOA) and advocates for Hawaii's older citizens and their families. While PABEA advises the EOA, we do not speak for that agency.

PABEA **strongly supports HB 1713 SD 1**, which contains funding for four of our major legislative priorities: the Kupuna Care program; the ADRC system, Healthy Aging Partnerships, and a Public Education and Awareness Campaign on Long-Term Care.

However, we do have concerns about the legislative intent expressed in the following statement (Part I, 5): "The Legislature finds that aging individuals who qualify for medicaid are eligible for kupuna care and Older Americans Act services when there are no comparable medicaid services available."

PABEA shares the legislature's concern that Medicaid recipients receive all needed home and community-based services. However, we believe that the solution to this problem is ultimately the expansion of the range of services offered by Medicaid to older recipients. The Medicaid program is evidently moving in this direction, but needs to go further. The kupuna care program is specifically designed for low income elders who are not eligible for Medicaid or other comparable public programs. This is an important gap group, whose needs would otherwise be unmet were it not for the services offered through kupuna care.

We believe that it is important for the executive office on aging and the Department of human services to work together to create a broader range of home and community-based services for Medicaid recipients. In the short term, we recommend that the Legislature pass Senate Bill 149, which provides funding for necessary home and community-based services for Medicaid recipients in Honolulu County who are no longer receiving services formally provided through the kupuna care program. This will maintain the integrity of the two programs and assure that low income elders receive the help that they so clearly need.

Thank you for the opportunity to testify on this matter.

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ALOHA CHAPTER

1050 Ala Moana Blvd. Suite 2610, Honolulu, Hawaii 96814
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March 26, 2014

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Honorable David Y. Ige, Chair
Committee on Ways and Means
Senate Committee
Hawaii State Capitol, Conference Room 208
415 South Berentania Street
Honolulu, HI 96813

RE: HB 1713 SD1 relating to aging

Members

Craig K. Nakamoto

Adele Rugg

Chad Young

Dear Chairman Ige and Committee Members:

Thank you for the opportunity to testify in support of HB 1713 SD1. On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our full support for House Bill 1713 SD1, which provides funding for the Kupuna Care Program, the Aging and Disability Resource Center (ADRC), the Healthy Aging Partnership and a long-term care education and public awareness campaign. The Association strongly supports programs that assist family caregivers and help individuals live in their homes and communities for as long as possible before having to utilize more costly forms of care.

Honorary Directors

Patricia L. Blanchette, MD, MPH

Paul Brown

The Alzheimer's Association, Aloha Chapter strongly supports additional funding for the ADRCs to provide enhanced availability of services for Kupuna statewide. A key strategy in the *Hawaii State Plan for Alzheimer's Disease and Related Dementias* is the availability of a one-stop resource for information about and referral to long-term care, support, and services. One way this will be accomplished is by bringing all of Hawaii's ADRCs to national fully functioning standards. The requested appropriation in HB1713 will be vital to moving toward that goal.

Executive Director/CEO

Christine Payne

Hawaii County Office

1055 Kino'ole St., Suite 103

Hilo, Hawaii 96720

808.981.2111 p

808.964.5238 f

We also strongly support enhanced funding for the Kupuna Care program, which provides home and community-based services for elderly persons, including respite for family caregivers. Approximately seventy percent (70%) of older adults with Alzheimer's disease and other dementias live in the community and usually receive a significant amount of their care from family caregivers. In addition, those with cognitive impairment needing assistance with activities of daily living, such as dressing and bathing, are more than twice as likely to receive paid home care than those without cognitive impairment.ⁱ Alzheimer's family caregivers report the highest levels caregiver-related stress, burn-out, and health problems, and thus, stand to benefit tremendously from the enhanced availability of Kupuna Care respite and support services.ⁱⁱ Additionally, we are in support of kupuna who are Medicaid eligible receiving kupuna care services when there are no comparable Medicaid services available.

Kauai County Office

4303 Rice Street, C2

Lihue, Hawaii 96766

808.245.3200 p

808.245.9900 f

Maui County Office

270 Ho'okahi Street, Suite 311

Wailuku, Hawaii 96793

808.242.8636 p

808.242.8639 f

Finally, we strongly support the allocation of funding for a long-term care education and awareness campaign. Another key strategy in the *Hawaii State Plan for Alzheimer's Disease and Related Dementias* is to ensure that families receive education and support upon diagnosis with Alzheimer's disease. An essential part of that education includes long-term care options and resources, how to maximize community and home living for as long as possible and how costs of long-term care are paid (i.e., out-of-pocket and/or through public programs). Alzheimer's disease is a progressive, terminal disease, and as

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Executive Director/CEO

Christine Payne

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1055 Kino'ole St., Suite 103

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808.981.2111 p

808.964.5238 f

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a result, most individuals with the disease are certain to need some level of long-term supports and services at some point during the disease process. Families living with Alzheimer's will undoubtedly benefit from heightened public awareness about the need for long-term care planning.

I appreciate the opportunity to comment on this legislation and applaud your leadership in bringing it forward.

With best regards,



Christine Payne
Executive Director and CEO
Alzheimer's Association, Aloha Chapter

ⁱ Alzheimer's Association, 2013 Alzheimer's Disease Facts and Figures, *Alzheimer's and Dementia*, Volume 9, Issue 2: 46

ⁱⁱ Alzheimer's Association, 2013 Alzheimer's Disease Facts and Figures, *Alzheimer's and Dementia*, Volume 9, Issue 2: 33

TO : SENATE COMMITTEE ON WAYS AND MEANS
Sen. David Ige, Chair
Senator Michelle N. Kidani, Vice-Chair

FROM: Eldon L. Wegner, Ph.D.
Hawaii Family Caregiver Coalition (HFCC)

HEARING: 9:35 am Friday March 28, 2014
Conference Room 211, Hawaii State Capitol

SUBJECT: HB 1713 SD1 Relating to Aging

POSITION: The Hawaii Family Caregiver Coalition (HFCC) **strongly supports the entire content of HB 1713 SD1**, which funds four important programs which address the health and long-term care needs of our aging population. We have reservations about the change in Kupuna Care services to include services to persons who are also Medicaid clients (See Comment).

RATIONALE:

The Hawaii Family Caregiver Coalition, with a membership of more than 20 agencies gives voice in the political process to the issues affecting family caregivers.

HB 1713 provides appropriations to the Executive Office on Aging for the following:

- 1) \$4.2 million added to the Kupuna Care Program which provides home and community based services to the non-Medicaid frail elders, enabling them to age in place and supports family caregivers. The program also prevents or postpones the need for more expensive residential placement and enrollment in Medicaid for many persons.
- 2) \$427,937 additional funding to Aging and Disability Centers. These centers provide a single-entry point for all persons and families seeking assistance with disabling conditions. The ADRC's provide assessment of needs and connects disabled persons and their caregivers with appropriate services and resources and in some cases provides ongoing case management.
- 3) \$476,472 for the Health Aging Partnership program. This program uses evidence-based protocols for Enhanced Fitness classes and a chronic disease self-management class. The University of Hawaii Center on Aging has shown that these programs reduce falls, increase strength, reduce emergency room visits and hospitalizations and has other positive impacts on health indicators. These results also save health care expenses.
- 4) \$500,000 to the Executive Office on Aging to conduct a public education awareness campaign on long term care in order encourage families to plan for their future needs, correct much misinformation among our citizens, and to educate the public about alternatives for the provision and financing of care. Public awareness is an important step towards considering a limited public long term care insurance program in 2015.

Thank you for giving me the opportunity to provide testimony.

Eldon L. Wegner, Ph.D, Chair, Advocacy Committee, Hawaii Family Caregiver Coalition.

Hawaii Alliance for Retired Americans (HARA)

c/o Hawaii Education Association
1953 South Beretania Street, Suite 5C
Honolulu, HI 96826

March 26, 2014

TESTIMONY IN SUPPORT OF H.B. 1713, SD1 RELATING TO AGING

HARA is a coalition of organizations that advocate for programs and services that support seniors. Most of us are seniors ourselves. We are retired members of unions and concerned members of the community. Our affiliates include: HGEA Retirees, HSTA-Retired, ILWU Retirees, UPW Retirees, AFT-Hawaii Retirees, Kokua Council, Hawaii Family Caregivers Coalition, and Kupuna Education Center.

The Hawaii Alliance for Retired Americans (HARA) strongly supports H.B. 1713, SD1, which appropriates general funds to provide ongoing financial support to healthy aging programs and services, requires the Executive Office on Aging to conduct a public education and awareness campaign on long-term care, and appropriates general funds for its support and evaluation. This bill will provide funding for all of the programs that HARA has long supported.

Kupuna Care is an important program to assist the elderly and disabled to live at home and not in a care home or nursing home that will be unaffordable and may require Medicaid resources. State funding for Kupuna Care is a small investment that will likely result in huge savings to taxpayers. Also, most people prefer to remain independent for as long as possible. Kupuna Care services will allow them to do that.

The Aging and Disability Resource Centers need to be fully implemented. Without this “one-stop shop,” families need to do all the legwork themselves to find caregiving resources. The ADRC’s offer a more efficient means of providing information that will be needed to keep elderly and disabled individuals living independently in their own homes. However, funding is needed to make existing ADRC’s fully operational on all islands.

The Healthy Aging Partnership is another program to help keep elderly and disabled individuals out of institutions. Through the HAP, individuals can learn how to manage their chronic medical conditions and can get involved in programs to be physically fit. One problem is that the program serves a relatively small number of individuals, but, hopefully, funding can be used to train trainers to expand the reach of these programs to many more.

Finally, the education and awareness campaign is vitally important to help the public understand what may be in store for them in the future as they age. Most people in Hawaii have no idea what services will be needed to help them remain at home or how expensive nursing home care is. This campaign will help the public become more aware and help them realize that some kind of mandatory funding mechanism will be needed to help them cover the cost of their own long-term care.

HARA urges passage of H.B. 1713, SD1. Thank you for the opportunity to provide testimony on this measure.

The Twenty-Seventh Legislature
Regular Session of 2014

THE SENATE

Committee on Ways and Means
Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair
State Capitol, Conference Room 211
Friday, March 28, 2014; 9:35 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 1713, SD1
RELATING TO AGING**

The ILWU Local 142 strongly supports H.B. 1713, SD1, which appropriates general funds to provide ongoing financial support to healthy aging programs and services and requires the Executive Office on Aging to conduct a public education and awareness campaign on long-term care with general funds for its support and evaluation.

H.B. 1713, SD1 appropriates funding for four programs we think are vital to the aging population.

The first program is Kupuna Care, an ongoing, well-recognized program which provides services like bathing, transportation, meals-on-wheels, and chore services that allow elderly and disabled persons to remain at home and avoid institutionalization. The services are not only good for the person who wants to live at home but for taxpayers who would otherwise have to shoulder the burden of matching funds for Medicaid that many in institutions would require. SD1 also clarifies that Kupuna Care services not offered under Medicaid should be made available to Medicaid-eligible individuals.

The second program is the Aging and Disability Resource Center (ADRC). ADRCs are vitally needed statewide to help families find resources needed to care for their loved ones. ADRCs are the experts on resources and can link families to resources they might otherwise be unaware of. (Of course, the resources themselves are essential, and lacking, but that is for another funding request.)

The third program is the Healthy Aging Partnership (HAP), which also helps seniors avoid institutionalization by keeping them healthy in mind and body. HAP provides exercise programs and education and information for chronic disease management. One drawback is that the program can serve only a limited number of individuals.

The fourth program is an education and awareness campaign to help residents, young and old, understand the issues of long-term care and associated costs (e.g., nursing home care can run about \$10,000 a month) so that everyone can get better prepared. With knowledge of long-term care needs and costs, Hawaii residents may be more open to the need for a mandatory financing mechanism to address these costs.

The ILWU urges passage of H.B. 1713, SD1. Thank you for considering our testimony.

Aloha United Way

200 N. Vineyard Blvd., Suite 700
Honolulu, Hawaii 96817-3938
Telephone (808) 536-1951
Fax (808) 543-2222
Website: www.auw.org



Aloha United Way

Cover Sheet

Testifying Agency: Aloha United Way
Kim Gennaula, President & CEO

Senate Committee on Ways and Means
Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair

Friday, March 28, 2014 at 9:35 A.M.

Conference Room 211

HB 1713, SD1: Relating to Aging: Testimony in Support

Aloha United Way

200 N. Vineyard Blvd., Suite 700
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Fax (808) 543-2222
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March 25, 2014

Senate Committee on Ways and Means
Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair
Friday, March 28, 2014 at 9:35 am
Conference Room 211

HB 1713, SD1: Relating to Aging - SUPPORT

Dear Chair David Y. Ige, Vice Chair Michelle N. Kidani and Committee Members:

Aloha United Way strongly encourages your favorable consideration of HB 1713, SD1 which provides support for various programs and services for Hawaii's senior population.

Aloha United Way especially supports the provisions of the bill relating to the appropriation of funds for senior centers, the Kupuna Care Program, and the Aging and Disability Resource Center (ADRC). Senior centers and Kupuna Care services help to meet the overall community goal of helping seniors remain independent in the community and prevent more costly (and often public funded) institutional care. The ADRC is a single-entry point for all families seeking assistance with disabling conditions and provides assessment of needs and connects disabled persons and family caregivers with appropriate services and resources.

While more long-term support is needed to meet the growing needs with one of the fastest growing senior populations with the longest life expectancy in the nation, this measure is a vital part of the solution as it will provide critically needed and more cost effective services for our most isolated and vulnerable elderly neighbors.

We urge you to support Hawaii's Kupuna by supporting HB 1713, SD1.

Sincerely,



Kim Gennaula
President & Chief Executive Officer



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State of Hawaii
Senate Committee on Ways & Means
The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair
Hawaii State Legislature

Friday, March 28, 2014; 9:35am
Room 211

HB 1713, SD1, Relating to Aging

Dear Chair Ige, Vice Chair Kidani and Members of the Senate Committee on Ways & Means,

We **strongly support** the intent of HB 1713, SD1 Relating to Aging to provide critically needed programs and services for our most vulnerable elderly neighbors, including those on Medicaid who are not covered by any comparable services. Although our preference is that ongoing support for Kupuna Care be provided in the base budget, this measure provides essential supplemental funding for services designed to prevent more costly institutionalized care.

While Medicaid does offer some Home and Community Based Care (HCBC) Services to a segment of its senior population, the eligibility threshold is based upon medical need. The Older Americans Act and Kupuna Care are preventative social service models that enable seniors to age with dignity in their own homes, and delay or avoid the more costly institutional care. Thus, eligibility in one program does not equate to eligibility in the other. Additionally, Medicaid does not offer the same array of support services that Kupuna Care offers.

We fully agree that no one should receive duplicative services; but this is not the issue at hand. We believe that the Executive Office on Aging and Medicaid can coordinate services so that we are able to maximize support to our most vulnerable seniors and avoid higher cost institutionalized care.

We urge you to support a seamless system of services for all seniors.

Sincerely,

Marian E. Tsuji
President & CEO

Lyn Moku
Director of Lanakila Meals on Wheels



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Ways and Means

Senator David Y. Ige, Chair

Senator Michelle N. Kidani, Vice Chair

Testimony in Support of House Bill 1713, SD1

Relating to Aging

Submitted by Robert Hirokawa, Chief Executive Officer

March 28, 2014, 9:35 am, Room 211

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports House Bill 1713, SD1, providing support to healthy aging programs and services.

Elderly residents comprise the fastest growing segment of the population here in Hawaii. Between 1980 and 2010, the number of adults in Hawaii over the age of 60 grew by 139.8%, over 34% faster than general population growth. By 2035, it is projected that almost 30% of the population will be comprised of individuals sixty years of age and older.

As such, there is an ever increasing need for long term care services. Basic education and awareness about these issues, including the maximization of single living and long term care financing, must be made available for this emerging population. Doing so will serve to both foster a healthier aging population, but also a more fiscally responsible community as a whole.

For these reasons, the HPCA supports this measure. Thank you for the opportunity to testify.



PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

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TO: Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair
Members, Committee on Ways & Means

FROM: Scott Morishige, Executive Director, PHOCUSED

HEARING: Senate Committee on Ways & Means
Friday, March 28, 2014 at 9:30 a.m. in Conf. Rm. 211

Testimony in Support of HB1713 SD1, Relating to Aging

Thank you for the opportunity to provide testimony **in support** of HB1713 SD1, which among other things would appropriate funds for the Kupuna Care program. PHOCUSED is a statewide coalition of health, housing, and human services organizations committed to strengthening policies and programs that benefit the marginalized and underserved in Hawaii. In particular, we strongly support Part I, Section 2 of this bill, which appropriates \$4.2 million in general funds for the Kupuna Care program.

Hawaii's population of older adults – our kupuna aged 60 and older – has grown rapidly, and is expected to continue increasing significantly over the next 20 years. The range of services and programs funded by this bill will provide crucial education, wellness, case management, nutrition, fitness, transportation, healthy living, pain management, and other supports that enable our kupuna to live with the highest levels of independence possible.

In addition, while we believe it is important to provide preventative services and supports for all our kupuna, we recognize that low-income seniors – those who meet Medicaid income requirements – are among the most vulnerable and often isolated members of our community. The Kupuna Care program described in this bill provides for a range of services – such as congregate meals, home delivered meals, and assisted transportation – that are not currently available through existing Medicaid programs and are critical for low-income, vulnerable seniors to maintain social connections and live with independence and dignity.

Once again, PHOCUSED strongly supports this bill, and we appreciate the opportunity to testify on this important issue. If you have any questions, please do not hesitate to contact PHOCUSED at 521-7462 or by e-mail at admin@phocused-hawaii.org.