

**CHAPTER 349 [OLD]
PROGRAMS ON AGING**

REPEALED. L 1976, c 217, §2.

**CHAPTER 349
EXECUTIVE OFFICE ON AGING**

Part I. General Provisions

Section

- 349-1 Declaration of purpose; support; duties
- 349-2 Executive office on aging; appointments
- 349-3 General functions, duties, and powers of the director
- 349-3.1 Kupuna care program
- 349-3.2 Alzheimer's disease and related dementia services coordinator
- 349-4 Policy advisory board for elder affairs; lifetime honorary kupuna
- 349-5 Administrative and program support for the executive office on aging
- 349-6 State master plan for elders
- 349-7 Recognition as responsible state agency
- 349-8 Powers of other departments and agencies; cooperation with the executive office on aging
- 349-9 County functions
- 349-10 Annual senior citizen's fair
- 349-11 State policy for senior centers
- 349-12 to 14 Renumbered

Part II. Caregiver Support Services

- 349-15 Coordination and development of caregiver support services

Part III. Office of the Long-Term Care Ombudsman

- 349-21 Office of the long-term care ombudsman
- 349-22 Access to long-term care facilities
- 349-23 Retaliatory acts by facilities or facility employees prohibited
- 349-24 Wilful interference; prohibited
- 349-25 Posting and distribution of information

Part IV. Aging and Disability Resource Centers Program

- 349-31 Definitions
- 349-32 Aging and disability resource centers; established

Note

Evaluation reports to 2017-2018 legislature on the effectiveness of aging and disability resource centers. L 2016, c 138, §2.

Long-term care policy goals and guidelines. L 2008, c 224, §§2, 3.

Long-term care public education and awareness campaign; report to 2017 legislature. L 2014, c 151, §§7, 8; L 2015, c 126, §19.

Nursing facility sustainability program (repealed June 30, 2016 and December 31, 2016). L 2012, c 156; L 2013, c 142; L 2014, c 124; L 2015, c 69.

L 2008, c 241, §2 provides:

"SECTION 2. The department of human services shall apply to the federal Centers for Medicare and Medicaid Services to allow persons who are eligible to receive medicaid funds for care at nursing home facilities to remain at home and receive home- and community-based long-term care; provided that the cost for the home- and community-based services shall not exceed the total expenditures that would have been incurred if the person received facility-based long-term care, services, or support."

Progress reports to 2017-2018 legislature on implementation of 2015 federal No Wrong Door/aging and disability resource center network implementation grant. L 2016, c 138, §3.

Cross References

Actions or penalties for violations committed against elders, see §§28-94, 412:3-114.5, 444-10.7, 480-13, 480-13.5, 485A-603.5, 485A-604.5, and 487-14.

Administration of long term care service development fund, see §321-22.

Nursing facility sustainability program, see chapter 346F.

"PART I. GENERAL PROVISIONS

Note

Sections 349-1 to 349-11 designated as Part I by L 2007, c 93, §3.

§349-1 Declaration of purpose; support; duties. (a) The legislature hereby declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our State are entitled to, and it is the joint and several duty and responsibility of the State of Hawaii and its counties to enable

our older people to secure equal opportunity to the full and free enjoyment of the following:

- (1) An adequate income in retirement in accordance with the American standard of living;
- (2) The best possible physical and mental health which science can make available, without regard to economic status;
- (3) Suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- (4) Full restorative services for those who require institutional care;
- (5) Opportunity for employment with no discriminatory personnel practices because of age;
- (6) Retirement in health, honor, and dignity;
- (7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- (8) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness;
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

(b) In support of the declaration of purpose in subsection (a), it shall be the policy of the State and its counties to:

- (1) Make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- (2) Give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to elders with the greatest economic and social need;
- (3) Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community; and
- (4) Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

(c) It shall be the duty and responsibility of every state department and county agency providing programs and services to elders to actively work toward the goals articulated in subsections (a) and (b) and to employ the State's policy as included in the state master plan for elders in the planning and implementation of their individual programs. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

Revision Note

In subsection (a)(1) to (9), punctuation changed pursuant to §23G-15.

Cross References

Housing for elders, see chapter 356D, part IV.

" **§349-2 Executive office on aging; appointments.** (a) There is established within the department of health, for administrative purposes only, an executive office on aging.

(b) The head of this office shall be known as the director of the executive office on aging, hereinafter referred to as director. The director shall have professional training in the field of social work, education, public health, and other related fields; extensive direct experience in programs or services related to elders; and recent experience in a supervisory, consultative, or administrative position. The director shall be nominated and appointed by the governor without regard to chapters 76 and 89. Effective July 1, 2005, the director shall be paid a salary set by the appointing authority that shall not exceed sixty-nine per cent of the salary of the director of human resources development. The director shall be included in any benefit program generally applicable to the officers and employees of the State. [L 1976, c 217, pt of §2; am L 1982, c 129, §12; am L 1986, c 128, §11; am L 1989, c 329, §9; am L 1990, c 67, §8; am L 2002, c 148, §39; am L 2003, c 204, §1; am L 2005, c 226, §9]

" **§349-3 General functions, duties, and powers of the director.** The director shall have the following principal functions, duties, and powers:

- (1) Serve as the principal official in state government solely responsible for the performance, development, and control of programs, policies, and activities on behalf of elders;
- (2) Oversee, supervise, and direct the performance by the director's subordinates of activities in such areas as

- planning, evaluation, and coordination of elder programs and development of a statewide service delivery network;
- (3) Assess the policies and practices of other agencies impacting on elders and conduct advocacy efforts for elders;
 - (4) Advise the governor on new legislation, programs, and policy initiatives and conduct such liaison as would be required to implement them;
 - (5) Serve as a member of advisory boards and regulatory panels of state agencies in such areas as income maintenance, public employment, retirement systems, certification of health care facilities and programs, social service and medical assistance, and housing and employment, among others;
 - (6) Administer funds allocated for the executive office on aging; and apply for, receive, and disburse grants and donations from all sources for elder programs and services;
 - (7) Establish a clearinghouse for complaints of persons regarding services to elders, or operations of state and county agencies affecting elders, investigate the complaints, and refer the complaints and the director's findings to the appropriate agency for corrective action;
 - (8) Adopt, amend, and repeal rules pursuant to chapter 91 for the purposes of this chapter;
 - (9) Employ and retain such staff as may be necessary for the purposes of this chapter, in conformity with chapter 76; and
 - (10) Contract for or grant such services as may be necessary for the purposes of this chapter, including master contract with other state agencies receiving federal and state funds for programs and services for the aging, and purchase of service agreements with appropriate agencies. [L 1976, c 217, pt of §2; gen ch 1985; am L 1990, c 67, §8; am L 2000, c 253, §150]

" **[§349-3.1] Kupuna care program.** (a) The executive office on aging may establish the kupuna care program. The program shall provide affordable and quality home- and community-based services.

(b) The program may be provided in every county as a function of the aging and disability resource centers.

(c) As used in this section, unless the context otherwise requires:

"Aging and disability resource centers" means an entity established by the State as part of the state system of long-term care, serving as a highly visible and trusted source where people of all incomes and ages can get 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.

"Family caregivers" means a spouse, adult child, other relative, partner, or friend who has a personal relationship with, and provides a broad range of unpaid assistance for an older adult with a chronic or disabling condition.

(d) The director shall adopt rules pursuant to chapter 91 necessary for the purposes of this section. [L 2012, c 238, §2]

" **[§349-3.2] Alzheimer's disease and related dementia services coordinator.** There is established within the executive office on aging an Alzheimer's disease and related dementia services coordinator to coordinate the provision of public and private Alzheimer's disease and related dementia services. The coordinator shall be appointed by the director in accordance with chapters 76 and 89. [L 2013, c 214, §1]

" **§349-4 Policy advisory board for elder affairs; lifetime honorary kupuna.** (a) There shall be a policy advisory board for elder affairs, appointed by the governor under section 26-34. The board shall advise the director in, but not limited to, the following areas:

- (1) The identification of issues and alternative approaches to solutions;
- (2) The development of position statements and papers;
- (3) Advocacy and legislative actions; and
- (4) Program development and operations.

The board shall consist of not less than twenty-one nor more than twenty-nine members, a majority of whom are over sixty years of age and who shall be selected on the basis of their interests and knowledge in and their ability to make contributions to the solution of problems relating to aging, and shall include at least one member from the county of Hawaii, one member from the county of Maui, one member from the county of Kauai, and one member from the city and county of Honolulu. There shall be nine members who shall serve as ex officio members and shall be chosen from among the heads of the following state agencies which provide services or programs affecting elders: health, human services, education, labor and industrial relations, University of Hawaii, transportation, the state retirement system, the office of consumer protection, and, by invitation, the Hawaii representative of the [United States Department of Health and Human Services]. Of the non ex officio

members, one-third of the members shall be appointed for the term of four years, one-third for the term of three years, and one-third for the term of two years; and thereafter the terms of office of each member shall be four years. The members shall serve without compensation, but shall be paid their necessary expenses in attending meetings and carrying out the responsibilities of the board. The chairperson shall be elected annually from the nongovernmental members of the board. There shall be not less than twelve meetings of the board each year.

(b) The policy advisory board for elder affairs may honor a non ex officio member by voting to award the member a lifetime honorary kupuna title at a meeting called for the purpose and attended by a quorum. The governor:

- (1) Shall take into consideration a person's receipt of a lifetime honorary kupuna title when considering the person's reappointment to the board; and
- (2) Notwithstanding section 26-34, may reappoint a person who holds the lifetime honorary kupuna title for continued terms over the person's lifetime. [L 1976, c 217, pt of §2; am L 1979, c 136, §1(1); am L 1987, c 339, §4; am L 1990, c 67, §8; gen ch 1993; am L 2013, c 8, §1]

" **§349-5 Administrative and program support for the executive office on aging.** (a) The provision of administrative and program support for the executive office on aging shall be accomplished by the creation of two principal organizational divisions in the executive office on aging. One division shall be known as the planning and administrative services division and the other shall be known as the community assistance and program management division.

(b) The planning and administrative services division shall engage in the following activities, including but not limited to:

- (1) Preparation and submission of programs and budgets;
- (2) Preparation of an annual evaluation report on elder programs for the governor and legislature;
- (3) Preparation of studies and analysis;
- (4) Maintenance of personnel records;
- (5) Management of contracts and agreements entered into by the executive office on aging with public and private vendors, consultants, and suppliers;
- (6) Monitoring the purchase of service agreements with public and private agencies and rendering technical assistance to elder program service providers; and

- (7) Establishment and maintenance of reimbursement systems for services provided by agreement with federal, state, and county agencies, as well as private groups.

(c) The community assistance and program management division shall engage in the following activities, including but not limited to:

- (1) Legislative research and development as well as liaison on state and federal legislative matters;
- (2) Conducting public affairs programs on elder affairs programs, projects, and needs;
- (3) Development and implementation of educational, recreational, and cultural programs for elder persons;
- (4) Provision of technical assistance and liaison with community groups, organizations, and independent programs of benefit to elders;
- (5) Development and implementation of active programs of consumer protection and pre-retirement counseling;
- (6) Establishment of a statewide information and referral system, and an annual inventory of elder programs and service agencies;
- (7) Technical assistance and liaison for the purpose of establishing elder-controlled local service delivery systems providing comprehensive services and employment opportunities for elders throughout the State; and
- (8) Development and management of federally funded programs and special projects under the federal Older Americans Act and other federal sources. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

Cross References

Annual reports, see §93-12.

" **§349-6 State master plan for elders.** The executive office on aging shall be responsible for the continued development, implementation, and continuous updating of a comprehensive master plan for elders which shall include, but not be limited to, the following:

- (1) Compilation of basic demographic data on elders in the State;
- (2) Identification of the physical, sociological, psychological, and economic needs of elders in the State;
- (3) Establishment of immediate and long-range goals pursuant to programs and services for elders in the State;

- (4) Establishment of priorities for program implementation and of alternatives for program implementation; and
- (5) Organization of administrative and program structure, including the use of facilities and personnel.

The state master plan for elders shall be developed in accordance with the requirements of the executive budget act. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

Case Notes

Justifying age sixty-five retirement policy on basis of conserving state funds would be inconsistent with this section. 56 H. 601, 546 P.2d 1005 (1976).

" **§349-7 Recognition as responsible state agency.** The executive office on aging shall be the single state agency responsible for programs affecting senior citizens of this State; provided that those programs affecting senior citizens now operated by other departments or agencies shall not be transferred to the executive office on aging except by executive order of the governor. [L 1976, c 217, pt of §2]

" **§349-8 Powers of other departments and agencies; cooperation with the executive office on aging.** It shall be the duty and responsibility of every state department and county agency providing programs and services to the aging, in actively working toward the goals and objectives articulated in the state comprehensive master plan for elders, to coordinate with the executive office on aging the development of its program plans and clear its final plans with the office prior to implementation of such plans. The executive heads of all such departments and agencies shall cooperate with the executive office on aging in providing information as the office deems necessary for the effective discharge of its duties under sections 349-3, 349-5, 349-6, and 349-7. However, nothing contained in this chapter shall be deemed to delegate or detract in any way from the functions, powers, and duties prescribed by law for any other department or agency of this State, nor to interrupt or preclude the direct relationships of any such department or agency or units of county government in the performance of such functions, powers, and duties. Each department, agency, officer, and employee of the State and of the counties shall cooperate and assist the executive office on aging in the performance of the function, powers, and duties of the office. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

" **§349-9 County functions.** Each county may establish a county office on aging and a county council on aging pursuant to the Older Americans Act of 1965, as amended. [L 1976, c 217, pt of §2; am L 1979, c 136, §1(2)]

" **§349-10 Annual senior citizen's fair.** Each county may hold an annual senior citizen's fair in its respective county. The county shall be responsible for the planning, organizing, and coordinating of the fair in every respect. The state policy advisory board for elder affairs may assist the county in any aspect upon request. Proceeds earned from this fair are deemed to be proceeds earned from casual sales as defined in chapter 237. The county shall distribute such proceeds to the various senior citizen organizations and individuals who participate in the fair in accordance with appropriate methods of distribution as determined by the county. [L 1976, c 217, pt of §2; am L 1979, c 136, §1(3); am L 1990, c 67, §8]

" **[§349-11] State policy for senior centers.** The executive office on aging shall be responsible for establishing state policy for senior centers. Such policy shall include, but not be limited to, the following:

- (1) Establishment of comprehensive long range and immediate goals and objectives pursuant to chapter 349;
- (2) Establishment of state standards for the operation and maintenance of senior centers;
- (3) Establishment of priorities for program implementation and of alternatives for program implementation;
- (4) Delineation of the separate and mutual roles, responsibilities, and authorities of the State and of the several counties relative to the development and administration of senior centers and senior center programs; and
- (5) Establishment of a mechanism to provide for the effective monitoring of senior centers and senior center programs. [L 1976, c 141, §§1, 2]

" **§§349-12 to 349-14 Renumbered as §§349-21 to 349-23.**

" **[PART II.] CAREGIVER SUPPORT SERVICES**

Note

Part heading added by L 2007, c 93, §8.

Revision Note

Enacted as Part III, this Part was renumbered as Part II pursuant to §23G-15.

[§349-15 Coordination and development of caregiver support services.] The executive office on aging shall coordinate a statewide system of caregiver support services by, among other things:

- (1) Integrating family caregiver support with the aging and disability resource center demonstration project;
- (2) Analyzing the long-term care needs of older adults and the capacity of family and informal caregivers to help them remain safely at home;
- (3) Advocating, mobilizing, and coordinating employer and community resources to enable and augment family caregiver support;
- (4) Establishing and maintaining protocols and standards for federal and state caregiver services administered by state, county, or other local agencies on aging;
- (5) Establishing and supervising the alignment of long-term care advocacy assistance staff caregiver support objectives with the planning, resource development, grants management, data management, and evaluation functions of the executive office on aging; and
- (6) Coordinating statewide support for grandparents and other aging relative caregivers of children eighteen and under. [L 2006, c 262, §5]

Revision Note

Section codified pursuant to §23G-15.

"[PART III.] OFFICE OF THE LONG-TERM CARE OMBUDSMAN

Note

Part heading added by L 2007, c 93, §4.

Revision Note

Enacted as Part II, this Part was renumbered as Part III and §§349-21 to 349-23 were renumbered from §§349-12 to 349-14 pursuant to §23G-15.

[§349-21] Office of the long-term care ombudsman. (a) There is established the office of the long-term care ombudsman in the executive office on aging to protect the health, safety,

welfare, and rights of residents of long-term care facilities in accordance with state and federal law. The office of the long-term care ombudsman shall be headed by the long-term care ombudsman.

(b) The long-term care ombudsman shall:

- (1) Be hired pursuant to chapter 76;
- (2) Be free of conflict of interest;
- (3) Have expertise and experience in the fields of long-term care and advocacy;
- (4) Serve on a full-time basis; and
- (5) Prepare an annual report in accordance with the federal Older Americans Act, as amended.

(c) The long-term care ombudsman, personally or through a designee, shall:

- (1) Represent the interests of residents of long-term care facilities, individually and as a class, to:
 - (A) Protect their health, safety, welfare, and rights; and
 - (B) Promote improvement in the quality of care they receive and their quality of life;
- (2) Identify, investigate, and resolve complaints, including complaints against providers of long-term care services and their representatives, made by or on behalf of residents of long-term care facilities relating to actions, inactions or decisions that may adversely affect the health, safety, welfare, or rights of residents of long-term care facilities, including the appointment and activities of guardians and representative payees;
- (3) Monitor and comment on the development and implementation of federal, state, and local laws, regulations, policies, and actions that pertain to the health, safety, welfare, or rights of residents of long-term care facilities, including the adequacy of long-term care facilities and services in the State, and recommend changes as necessary;
- (4) Provide information as appropriate to public agencies regarding the problems of residents of long-term care facilities;
- (5) Train volunteers and employees;
- (6) Promote the development of citizen organizations to participate in the advocacy program;
- (7) Establish procedures for appropriate access by the long-term care ombudsman to long-term care facilities and to residents of long-term care facilities;
- (8) Establish procedures for appropriate access by the long-term care ombudsman to all resident records or

portions thereof necessary for the long-term care ombudsman to evaluate the merits of a specific complaint or complaints; provided that resident records shall be divulged only with the written consent of the resident or the resident's legal representative;

- (9) Establish procedures for appropriate access to files maintained by the long-term care ombudsman, except that the identity of any complainant or resident of a long-term care facility shall not be disclosed unless:
 - (A) The complainant or resident, or the complainant's or resident's legal representative, consents in writing to the disclosure;
 - (B) The complainant or resident consents orally and the consent is documented contemporaneously in writing by the long-term care ombudsman or designee; or
 - (C) The disclosure is required by court order;
- (10) Provide technical support for the development of resident and family councils to help protect the health, safety, welfare, and rights of residents of long-term care facilities;
- (11) Provide residents of long-term care facilities with:
 - (A) Information regarding how to obtain necessary services;
 - (B) Regular access to the office of the long-term care ombudsman at times deemed reasonable and necessary by the long-term care ombudsman; and
 - (C) Regular and timely responses to their complaints;
- (12) Seek administrative, legal, or other remedies to carry out this part; and
- (13) Carry out all other responsibilities as provided by state or federal law.

(d) The long-term care ombudsman shall establish procedures to ensure that all designees, employees, and volunteers are free of conflict of interest.

(e) The long-term care ombudsman shall adopt rules pursuant to chapter 91 for the purposes of administering and implementing this part.

(f) For the purposes of this part:

"Conflict of interest" includes:

- (1) Any direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
- (2) An ownership or investment interest in a long-term care facility or a long-term care service;

- (3) Employment by, or participation in the management of, a long-term care facility; and
- (4) Receipt of, or the right to receive, directly or indirectly, remuneration under a compensation arrangement with an owner or operator of a long-term care facility.

"Long-term care facility" means any:

- (1) Skilled nursing facility as defined in section 1819(a) of the Social Security Act, as amended;
- (2) Nursing facility, as defined in section 1919(a) of the Social Security Act, as amended;
- (3) Adult residential care home, including any expanded adult residential care home;
- (4) Assisted living facility;
- (5) Intermediate care facility as defined in section 1905(c) of the Social Security Act, as amended; and
- (6) Other similar facility licensed by the State serving elders. [L 1979, c 206, §2(1); gen ch 1985; am L 1990, c 67, §8; am L 2007, c 93, §5]

Cross References

Dependent elder abuse; suits by the State; civil penalties, see §28-94.

Investigations of nurse aide abuse, see §346-47.

Long-term care financing, see chapter 346C.

Law Journals and Reviews

Elder Law Hawaii. 13 HBJ, no. 13, at 85 (2009).

Holding Hawai'i Nursing Facilities Accountable for the Inadequate Pain Management of Elderly Residents. 27 UH L. Rev. 233 (2004).

" **[§349-22] Access to long-term care facilities.** (a) A long-term care facility shall permit immediate access to the long-term facility and to the residents of the long-term care facility to the long-term care ombudsman or designee at any time deemed necessary and reasonable by the long-term care ombudsman for the performance of the duties and functions under this part.

(b) Access to the residents of the long-term care facility shall include the provision of privacy.

(c) A long-term care facility shall permit access by the long-term care ombudsman or designee to all resident records or portions thereof necessary for the long-term care ombudsman to evaluate the merits of any complaint; provided that resident

records shall be divulged only with the written consent of the resident or the resident's legal representative.

(d) The long-term care ombudsman shall report violations of this section to the department of health.

(e) The department of health shall adopt rules, including the establishment of administrative fines or other penalties, pursuant to chapter 91 for the violation of this section. [L 1979, c 206, §2(2); am L 2007, c 93, §6]

" **[\$349-23] Retaliatory acts by facilities or facility employees prohibited.** (a) No resident of a long-term care facility seeking advocacy assistance as provided for in section [349-21] or making a complaint concerning a long-term care facility or any of its employees shall be subject to any retaliatory act by the long-term care facility or any of its employees for seeking advocacy assistance or making a complaint.

(b) No person seeking advocacy assistance as provided for in section [349-21] or making a complaint concerning a long-term care facility or any of its employees on behalf of a resident of a long-term care facility shall be subject to any retaliatory act by the long-term care facility or any of its employees for seeking advocacy assistance or making a complaint.

(c) For the purposes of this section, the term "retaliatory act" includes actual or threatened physical injury, psychological abuse or neglect, sexual abuse, negligent treatment, maltreatment, or any form of discrimination as reprisal for seeking advocacy assistance or making a complaint.

(d) A violation of this section shall be reported by the long-term care ombudsman to the appropriate police department or prosecuting attorney.

(e) Any long-term care facility or long-term care facility employee who violates this section shall be guilty of a misdemeanor. Each separate retaliatory act and each day during which any retaliatory act continues shall constitute a separate offense. [L 1979, c 206, §2(3); am L 1982, c 104, §1; am L 2007, c 93, §7]

" **[\$349-24] Wilful interference; prohibited.** Any individual, including any long-term care facility or long-term care facility employee, who wilfully interferes with or impedes the long-term care ombudsman or designee in the performance of the long-term care ombudsman's or designee's duties pursuant to this part shall be guilty of a misdemeanor. Each separate act of wilful interference and each day during which any wilful interference continues shall constitute a separate offense. [L 2007, c 93, pt of §2]

" **[§349-25] Posting and distribution of information.** (a) The long-term care ombudsman shall provide each long-term care facility with brochures and a poster with information regarding the office of the long-term care ombudsman, including the name, address, and telephone number of the office of the long-term care ombudsman, and a brief description of the services provided by the office of the long-term care ombudsman.

(b) A long-term care facility shall provide each resident of the long-term facility with a copy of the brochure and shall post the poster in a conspicuous location that is accessible to all residents of the long-term care facility. [L 2007, c 93, pt of §2]

"[PART IV.] AGING AND DISABILITY RESOURCE CENTERS PROGRAM

Note

Evaluation reports to 2017-2018 legislature on the effectiveness of aging and disability resource centers. L 2016, c 138, §2.

Progress reports to 2017-2018 legislature on implementation of 2015 federal No Wrong Door/aging and disability resource center network implementation grant. L 2016, c 138, §3.

[§349-31] Definitions. As used in this part, unless the context otherwise requires:

"Aging and disability resource centers" means an entity established by the State as part of the state system of long-term care serving as a highly visible and trusted source where people of all incomes and ages can obtain 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.

"Area agency on aging" means the agency in each county designated by the executive office on aging, under section 305(a)(2)(A) of the Older Americans Act, P.L. 89-73, as amended, to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers.

"Dementia" means a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning.

"Developmental disability" means a severe, chronic disability of an individual that:

- (1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (2) Is manifested before the individual attains age twenty-two;
- (3) Is likely to continue indefinitely;
- (4) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (A) Self-care;
 - (B) Receptive and expressive language;
 - (C) Learning;
 - (D) Mobility;
 - (E) Self-direction;
 - (F) Capacity for independent living; or
 - (G) Economic self-sufficiency; and
- (5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1) through (5) of this definition if the individual, without services and supports, has a high probability of meeting three or more of those criteria later in life.

"Family caregiver" means a spouse, adult child, other relative, partner, or friend who has a personal relationship with, and provides a broad range of unpaid assistance for an older adult with a chronic or disabling condition.

"Informal caregiver" means a person who provides care for an older person or person with a disability who needs long-term supports and services, but does not receive compensation.

"Intellectual disability" means a person's attributes or characteristics that demonstrate a limitation in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills, which are apparent prior to the age of eighteen. This definition shall be based on the following assumptions:

- (1) Limitations in present functioning shall be considered within the context of community environments typical of the individual's age peers and culture;
- (2) Validate assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors;

- (3) Within the individual, limitations often coexist with strengths;
- (4) An important purpose of describing limitations is to develop a profile of needed supports; and
- (5) With appropriate personalized supports over a sustained period, the life functioning of the person with intellectual disability generally will improve.

"Long-term supports and services" means the broad range of assistance and care needed by older persons or persons with physical or mental disabilities who have lost or never acquired the ability to function independently.

"Options counseling" means an interactive decision-support process whereby consumers, family members, and significant others are supported in their deliberations to determine appropriate long-term care choices in the context of a consumer's needs, preferences, values, and individual circumstances.

"Physical disability" means the broad range of disabilities including orthopedic, neuromuscular, cardiovascular, and pulmonary disorders, which may be congenital or a result of aging or injury.

"Severe mental illness" means one of several diseases that affects the brain and significantly and functionally impairs an individual for an indefinite period of time. [L 2012, c 237, pt of §2]

" **[§349-32] Aging and disability resource centers;**

established. (a) A statewide aging and disability resource center may be established with sites in each county to streamline access to long-term supports and services by integrating the full range of long-term supports and services into a single, coordinated system.

(b) The aging and disability resource center may be the single point of entry in every county where persons of all ages, incomes, and disabilities may access information in a person-centered manner on the full range of long-term supports and services options, including but not limited to:

- (1) Federal, state, and county revenue-funded programs and services including those funded by medicaid, medicare, the Older Americans Act, the Department of Veterans Affairs, and kupuna care;
- (2) A centralized application process for publicly funded long-term services and supports;
- (3) Privately administered programs and services;
- (4) Supports and services for persons with Alzheimer's disease and other related dementia;
- (5) Transportation services;

- (6) Housing options;
- (7) Elder rights protection;
- (8) Hospital and nursing home discharge planning and care transition;
- (9) Health, prevention, and wellness programs;
- (10) Support for grandparents raising grandchildren and other relatives age fifty-five years or older caring for children;
- (11) Informal and family caregiver support services; and
- (12) Community resources and services for individuals with disabilities.

(c) The aging and disability resource centers shall target delivery of services to:

- (1) Persons sixty years of age and older;
- (2) Persons of any age with physical disabilities, severe mental illness, dementia, and developmental or intellectual disabilities;
- (3) Informal and family caregivers providing assistance to persons needing long-term supports and services;
- (4) Professionals seeking long-term supports and services on behalf of their clients; and
- (5) Persons planning for their future long-term supports and services needs.

(d) The executive office on aging shall coordinate the implementation of the statewide aging and disability resource center.

(e) The aging and disability resource center may be a function of each area agency on aging within the respective geographic service area. [L 2012, c 237, pt of §2]