DEPT. COMM. NO. 217

REPORT TO THE THIRTIETH HAWAII STATE LEGISLATURE 2019 SESSION

Executive Office on Aging Annual Report for SFY 2018

IN ACCORDANCE WITH THE PROVISIONS CHAPTER 349-5(b)(2), HAWAII REVISED STATUTES, REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE GOVERNOR AND THE LEGISLATURE

"E Loa Ke Ola"
May Life Be Long

Prepared by
Department of Health
Executive Office on Aging
State of Hawaii

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EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) is submitting this annual evaluation report on elder programs in accordance with Section 349-5(b)(2), Hawaii Revised Statutes (HRS). The report covers the EOA's activities in State Fiscal Year (SFY) 2018.

A. Organizational

In June 2018 the EOA began their planning process to develop the 2019 - 2023 Hawaii State Plan on Aging which will cover the period from October 1, 2019 to September 30, 2023. The EOA is currently working collaboratively with the County Area Agencies on Aging (AAAs) on developing the State Plan's goals and the strategies and objectives for achieving these goals to ensure a seamless transition from the current State Plan on Aging.

The final 2019-2023 State Plan on Aging will be submitted to the Administration for Community Living (ACL) for approval as required by the 2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144) and will replace the current plan which expires on September 30, 2019. The 2019-2023 State Plan on Aging will provide ACL with the State's goals and strategies that will be implemented to ensure that Hawaii's older adults are provided the long-term supports and services (LTSS) to remain living safely and independently in their community.

The EOA also submitted a request to the Department of Health to approve a reorganization plan that creates a Long-Term Care Ombudsman Specialist position for Oahu and converts several EOA exempt positions to civil service positions. The EOA proposed reorganization plan was approved on September 26, 2018.

In SFY 2018, the EOA received a total of $19,269,823 in appropriations resulting in $12,100,000 (63%) in appropriations from state funds and $7,169,823 (37%) in appropriations from federal funds for services enabling older adults to remain in their homes and communities. These funds were used to support the following Kupuna Care (KC) core services: adult day care, attendant care, case management, chore, homemaker/ housekeeping, personal care, assisted transportation, transportation, and home-delivered meals. In addition, some of these funds were used to provide other home and community-based services for older adults and their caregivers. Upon receipt of these funds, the EOA then contracts with each of the county AAAs to procure, manage, and coordinate the delivery of these services in their respective counties.

The State and federally funded services reached an estimated 7,129 older adults. The funds provided 175 older adults with 7,366 one-way trips of assisted transportation, 969 older adults with 46,847 hours of personal care, 285 older adults with 81,499 hours of adult day care, 3,288 older adults with 386,089 home delivered meals, and 268 caregivers with 32,062 hours of respite care for older adult family members.

B. EOA Administered Programs

The EOA is responsible for administering several State and federally funded programs. One of which includes the Statewide Aging and Disability Resource Center (ADRC), which the EOA has been implementing over the past 6 years. The ADRC assists older adults, individuals with disabilities, and family caregivers in finding options for long term supports and services that are available to fit their needs in the State of Hawaii. ADRC staff provides consumers assistance by first assessing the consumer's service needs and then enrolling them in the appropriate Kupuna Care and/or Title III funded services that will meet their needs. In addition, the ADRC staff provide consumers with information on options for other services that the ADRC may not provide directly. In SFY 2018, the ADRC received 60,281 contacts or calls, of which 5,172 received an initial assessment. Consumers who responded to the ADRC satisfaction survey were generally quite satisfied with the ADRC's performance. In three of the counties, 97% were satisfied and, in one county, 85% were satisfied.

In SFY 2018, the Long-Term Care Ombudsman Program (LTCOP) filled its Volunteer Coordinator position, certified four new volunteers who will serve as Ombudsman representatives, re-wrote the LTCOP Policies and Procedures, and updated the LTCOP brochure and logo. In SFY 2018 the LTCOP also initiated procurement to contract services for the neighbor islands. An ombudsman volunteer in Maui was awarded the Maui contract and began June 29, 2017. Contractors for Kauai and Hawaii Counties have also been selected and are set to begin in SFY 2019.

The EOA is also a recipient of federal funds to administer the State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP) programs. The SHIP program counsels and educates Medicare beneficiaries, their families, and soon-to-be beneficiaries on their Medicare options; while the SMP program educates beneficiaries on ways to avoid Medicare scams, fraud, waste, and abuse. In SFY 2018, the SHIP program reached over 1,000,000 individuals through digital and print media, responded to over 3,000 calls on their helpline, and counseled over 3,000 beneficiaries. The program recruited and trained over 40 new counselors in all four counties and partnered with the University of Hawaii to conduct Medicare training statewide.

The SMP program participated in 139 community group outreach and educational events that reached nearly 10,000 people statewide, received 179 Public Service Announcements between July and December 2017 on the local NBC and CBS affiliates, and trained seven new volunteers. The SMP volunteers contributed over 6,000 hours to the program.

C. Special Initiatives

The EOA is responsible for several special initiatives that improve older adults' access to services, well-being, independence, and safety. In SFY 2018, the State Legislature passed Act 102, which directed the EOA to implement the Kupuna Caregiver (KCG) Program to provide support to employed caregivers caring for an older adult family member or loved one, and appropriated $600,000 for the program. The EOA designed and developed the KCG Program with the assistance and input of the AAA's, legislators, and community advocates and

organizations with the ADRC launching the KCG Program in January 2018. The ADRC received a total of 2,706 inquiries, enrolled 159 caregivers into the program, and provided services to 101 of the care recipients before the close of the SFY. The ADRC used most of the initial appropriation to provide adult day care services.

The Hawaii Healthy Aging Partnership (HHAP) Initiative, of which EOA is one of the founding partners, continued to offer Chronic Disease Self-Management Education and EnhanceFitness workshops. In SFY 2018, HAP offered 10 workshops on chronic disease self-management, diabetes, and cancer. These workshops were attended by a total of 92 individuals, 88% of whom completed the workshops. The EnhanceFitness workshops served a total of 575 individuals, an increase of 21% over SFY 2017. Unfortunately, the HHAP was unsuccessful in its efforts to secure future federal grants or make further progress in its efforts to secure Medicare reimbursement thus placing the sustainability of the programs after SFY 2019 in doubt. Unless HHAP is able to secure funding, it may not be able to continue the program beyond SFY 2019.

Another EOA initiative in SFY 2018 is Participant Direction (PD). PD is a service model in which the participants are their own case managers and are responsible for self-directing their long-term services and supports (LTSS). The EOA offered two types of PD - participant directed for persons eligible for publicly funded LTSS and Veteran's Directed Choice (VDC) for veterans eligible for nursing home placement. In SFY 2018, 49 individuals were enrolled in participant directed and the EOA anticipates enrolling 24 additional individuals in SFY 2019. The EOA received 37 referrals for the VDC program, an increase of 37% over the previous SFY. The EOA accomplished this despite the retirement of the program manager for PD.

No Wrong Door (NWD) is an ACL initiative to improve the public's access to LTSS. In SFY 2018, the NWD network piloted and refined an automated referral tool, trained NWD agency staff, reviewed draft documents for Medicaid Federal Financial Participation (FFP) administrative claims to secure Medicaid reimbursement for the Door agencies, and worked on a plan to sustain the NWD initiative over the next three years.

EOA was awarded a three-year grant from the ACL for the Hawaii Alzheimer's Disease Supportive Services program (HADSSP): Creating and Sustaining Dementia-Capable Services System. The goals of the project are to: 1) Build and sustain dementia-capability within the NWD Network; and 2) Provide better access to services for persons with dementia and their caregivers.

In SFY 2018, the EOA continues to refine its efforts to make LTSS services more accessible to older adults with limited English proficiencies (LEP). The EOA reviewed its Language Access Plan after participating in two statewide trainings sponsored by the Affirmative Action Office. After careful review, the Office of Language Access considered EOA's plan, which included an evaluation component and a tool to track the number of LEP persons served, to be well written.

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Part I. Background Information

A. Statutory Basis, Mission, and Goals

The mission of the 2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144) is to promote the development and implementation of a comprehensive and coordinated state system of long-term services and supports (LTSS) in home or community- based settings to enable older adults and individuals with disabilities to live in their homes and communities if they choose. OAA prescribes that the system of LTSS be developed through collaboration with other agencies and providers, and that services are coordinated and responsive to the needs and preferences of older individuals and their family caregivers.

The U.S. Administration on Community Living (ACL) of the U.S. Department of Health and Human Services (DHHS) is charged with implementing the statutory requirements of the OAA. To implement the OAA, the ACL works with the State Unit on Aging (SUA) of each state. The OAA requires the states to designate a SUA to carry out the OAA mission.

Chapter 349, Hawaii Revised Statutes (HRS) created the Executive Office on Aging (EOA) to function as the SUA in the State of Hawaii and carry out the responsibilities of an SUA described in the OAA. Chapter 349, HRS, also created the Policy Advisory Board on Elder Affairs (PABEA) to advise the Director of the EOA.

B. Hawaii State Plan on Aging

In SFY 2018, the State Executive Office on Aging (EOA) continued to implement and monitor the 2017 - 2019 Hawaii State Plan on Aging, while simultaneously working on its successor plan. The 2017 - 2019 Hawaii State Plan on Aging, which was approved by the ACL in August 2017, covers the period from October 1, 2017 to September 30, 2019. It builds upon the goals and strategies of the 2015 - 2017 Hawaii State Plan on Aging to meet the needs of Hawaii's growing population of older adults and persons with disabilities by creating, developing, and fostering a more responsive, comprehensive, coordinated, and accessible system of LTSS through strategic community-based partnerships and alliances.

In developing the successor plan to cover the period from October 1, 2019 to September 30, 2023, the EOA has been working collaboratively with all four of the County Area Agencies on Aging (AAAs). Involving the AAAs in the development of the State Plan on Aging is important because the EOA contracts with the AAAs to implement programs and services for older adults and persons with disabilities, along with their caregivers in their respective counties. Each AAA carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring, and evaluation. These functions are intended to enable older adults to lead independent, meaningful, and dignified lives in their own homes and communities if possible.

On July 9, 2018, EOA met with all the County AAAs to review the ACL 2015 Program Instructions (AoA-PI-14-01) that the EOA and the County AAAs must follow in developing both the Hawaii State Plan on Aging and the County Area Plans on Aging. The EOA and the counties collaboratively developed a project timeline listing major milestones for both the State Plan and County Plans. More importantly, the EOA and the counties settled on the following five overarching statewide goals that they will strive to achieve between 2019 and 2023 to meet the needs of Hawaii's older adults and persons with disabilities:

1. Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.

2. Forge partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges of the aging population.

3. Strengthen the statewide Aging and Disability Resource Center (ADRC) system for persons with disabilities, older adults, and their families.

4. Enable older adults to live in their communities through the availability of and access to high-quality long-term services and supports (LTSS), including supports for families and caregivers.

5. Optimize the health, safety, and independence of Hawaii's older adults.

The EOA will meet periodically with the County AAAs in 2018 and early 2019 to obtain input and provide progress reports throughout all phases of the development of the State Plan and provide any technical assistance needed by the County AAAs in completing their 2019 - 2023 County Area Plans on Aging. The EOA will submit its 2019 - 2023 State Plan on Aging to ACL by July 2019.

The State Plan on Aging will also describe how the EOA will use federal and State funds to pursue statewide activities related to aging to accomplish the goals of the State Plan on Aging.

C. EOA Reorganization and Staffing

In SFY 2018 the EOA submitted a mini reorganization plan to the Hawaii State Department of Health (DOH) for approval. The plan was approved on September 26, 2018. The primary reasons for the reorganization were to add the Oahu specialist position to the Long-Term Care Ombudsman program and convert several exempt positions to civil service positions. EOA is now establishing and updating the position descriptions for these positions. Approved position descriptions are necessary before recruitment efforts can begin.

Part II. State and Federal Funding

In SFY 2018, EOA's total operating budget, consisting of State and federal funds, was $19,269,823. Table 1 shows a comparative breakdown of EOA funding for SFY 2017 and SFY 2018, and Table 2 shows the distribution of State and federal funds to the AAAs in SFY 2018.

Table 1. EOA's State and Federal Funding for SFY 2017 and SFY 2018

SOURCE	SFY 2017	PERCENT	SFY 2018	PERCENT
State[1]	$10,479,510	62%	$12,100,000	63%
Federal	$6,522,829	38%	$7,169,823	37%
Total	**$17,002,339**	**100%**	**19,269,823**	**100%**

[1]Includes KC services, ADRC, and supplemental funds. Does not include the $600,000 in State funds appropriated by Act 102 (2017 Legislative Session) to establish and implement the Kupuna Caregiver Program (KCG).

Table 2. Funds Allocated to Area Agencies for SFY 2018

AREA AGENCY	STATE[1]	FEDERAL[2]	TOTAL
Kauai Agency on Elderly Affairs (KAEA)	851,228	320,639	1,171,867
Honolulu Elderly Affairs Division (EAD)	5,960,369	3,457,921	9,418,290
Maui County Office on Aging (MCOA)	1,652,330	820,824	2,473,154
Hawaii County Office on Aging (HCOA)	1,990,112	1,134,717	3,124,829
Total	**10,454,039**	**5,734,101**	**16,188,140**

[1] State funds for Kupuna Care, Elder Abuse, Senior Centers, and Aging and Disability Resource Centers.
[2] Federal funds for Older Americans Act Funds Title III and the Nutrition Service Utilization Program.

Part III: Services and Service Utilization

EOA is responsible for administering State Kupuna Care (KC) and federal OAA Title III funds for services and supports to older adults that enable them to live in their homes and communities if they choose. This section describes the services these funds provide and the level of utilization in SFY 2018.

A. Kupuna Care Services

The Hawaii State Legislature currently appropriates $4,854,305 for KC services in EOA's base budget. To qualify for Kupuna Care the individual must be:

- Sixty (60) years of age or older;
- A citizen of the United States or a qualified alien;
- Not covered by any comparable government or private home and community-based services;
- Not living in a long-term care facility or institution; and
- Has impairments of at least:
  - Two (2) Activities of Daily Living (ADLs) or
  - Two (2) Instrumental Activities of Daily Living (IADLs) or
  - One (1) ADL and one (1) IADL or
  - Substantive cognitive impairment requiring substantial supervision.

Allocation of KC funds to the AAAs is based on a federally-approved funding formula.

KC monies are used to pay for the following nine core home and community-based services (HCBS), with the service unit in parentheses:

- *Adult Day Care* (hour). Personal care for functionally impaired adults in a supervised, protective, and congregate setting during any part of a day, but less than 24 hours. Services offered in conjunction with adult day care might include social and recreational activities, training, counseling, meals, and personal care services.

- *Attendant Care* (hour). Non-professional stand-by companion assistance and watchful oversight for older adults who are unable to perform independently because of frailty or other disabling conditions.

- *Case Management* (hour). Assistance to clients, families, and/or caregivers to engage in a problem-solving process of identifying needs, exploring options and mobilizing informal, as well as, formal supports to achieve the highest possible level of client independence.

- *Chore* (hour). Assistance to persons who are unable to perform heavy housework, yard work, or sidewalk maintenance; or for whom the performance of these chores may present a health or safety problem.

- *Homemaker/Housekeeper* (hour). Assistance to persons unable to perform one or more of the following IADLs: preparing meals, shopping for food and other personal items, managing money, using the telephone, doing housework, traveling, and taking medication.

- *Personal Care* (hour). Personal assistance, stand-by assistance, and watchful oversight for older adults who are unable to perform one or more of the following personal care activities (i.e., ADLs): eating, dressing, bathing, toileting, and transferring in and out of bed/chair and ambulating.

- *Assisted Transportation* (one-way trip). Door-to-door transit service with assistance, including an escort for older persons who have physical or cognitive impairment that prevents them from using regular vehicular transportation services.

- *KC Transportation* (one-way trip). Vehicular transportation with no assistance beyond the helpfulness of the driver. There is no restriction in type of vehicle.

- *Home Delivered Meals* (meal). Nourishing meals for the older adults or the caregivers at home that:

    - Comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture).

    - Provide each meal with a minimum of 33.33% of the current daily recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

B. Title III Older Americans Act Services

In addition to KC services, older adults and caregivers can access other services and supports through the federal Title III funds. Below are the types of services OAA funds support.

- *Family Caregiver Support Services.* Support and respite services for family caregivers of older adults, as well as to grandparents and persons age 55 or older who are caregivers to related children or to related individuals with a disability. These services include counseling, support groups, training, respite care, and supplemental services.

- *Supportive Services.* Wide range of social supports to help older adults remain independent in their own homes and communities. Supportive services funded by Title III include transportation, information and assistance, and outreach.

- *Nutrition Services.* Services to reduce hunger and food insecurity, and to improve the health and well-being of older adults through better nutrition and being physically and socially active.

- *Disease Prevention & Health Promotion Services*. Evidence based interventions to address health disparities and promote a healthy lifestyle.

C. Service Utilization

This section covers the utilization of KC and OAA funded services in SFY 2018. The tables in this section show the number of persons served and service units by type of service.

1. Older Adult Consumers

In SFY 2018, State and federal funds provided services to 7,129 older adults (unduplicated count). (Not shown in table.) Tables 3 to 5 show the service utilization for the different services. Table 3 shows the service utilization of services that enabled older adults to access other services. The ADRC provided outreach to 111,390 people (duplicated count) and received 34,527 contacts for information and assistance. A total of 72,148 one-way trips was provided, of which 7,366 trips were for assisted transportation to 175 older adults. Finally, the ADRC provided 3,498 consumers with 23,110 hours of case management services (an average of 6.5 hours per consumer).

Table 3. Utilization of Access Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Information and Assistance[1]	N/A	34,527	Contacts
Outreach[1]	N/A	111,390	Contacts
Case Management[2]	3,498	23,110	Hours
Assisted Transportation[2]	175	7,366	One-way trips
Transportation[3]	N/A	64,782	One-way trips
Attendant Care[2]	N/A	N/A	Hours

[1] Title III Funded Service
[2] Kupuna Care Funded Service
[3] Title III and Kupuna Care Funded Service
N/A = Not Available

The utilization of HCBS is displayed in Table 4. The table shows the two most frequently used services were personal care (969 consumers who received 46,847 hours of care) and homemaker

services (719 consumers who received 21,223 hours of service). However, the most intensely used service was adult day care whose 285 consumers received 81,499 hours of care (or an average of 286 hours of care).

Table 4. Utilization of Home and Community Based Services

SERVICE	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Personal Care	969	46,847	Hours
Homemaker	719	21,223	Hours
Adult Day Care	285	81,499	Hours
Chore	78	1,040	Hours

Table 5 shows that 3,288 consumers received 386,089 home delivered meals in SFY 2018 (an average of 117 meals per consumer), while 2,834 consumers received 197,295 congregate meals (an average of 70 meals per consumer).

Table 5. Utilization of Nutrition Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Home Delivered Meals[1]	3,288	386,089	Meals
Congregate Meals[2]	2,834	197,295	Meals

[1] Title III and Kupuna Care Funded Service
[2] Title III Funded Service

2. Caregivers

The service utilization figures for relative caregiver support services are presented in Tables 6 and 7. Both tables indicate that while more caregivers received counseling, support groups, or training services, the service with the most units of service provided was respite care. A total of 32,062 hours of respite care were provided to 268 family caregivers and 5,398 hours of respite care was provided to 26 older adult caregivers. The substantial number of supplemental service units for caregivers of older adults is the result of the ADRC providing home delivered meals to qualifying family caregivers.

Table 6. National Family Caregiver Support Program (NFCSP) – Family Caregivers of Older Adults

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	469	1,997	Sessions
Respite Care	268	32,062	Hours
Supplemental Services[1]	435	30,334	Requests

[1]Supplemental services may include but are not limited to home delivered meals, home modification, assistive technology, emergency response systems, and incontinence supplies.

Table 7. NFCSP - Grandparents or Relative Caregiver Age 55+ Service Utilization

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	71	1,693	Sessions
Respite Care	26	5,398	Hours
Supplemental Services	10	81	Requests

Part IV: Programs and Special Initiatives

The EOA offered several programs and undertook several special initiatives that enhanced the health, independence, safety, and well-being of older adults in Hawaii, and improved their access to these services. This section describes those programs and initiatives and their performance in SFY 2018.

A. Programs

1. Aging and Disability Resource Center (ADRC)

The vision of the ADRC is to serve every community in Hawaii as the highly visible and trusted source for people of all ages to get information on the full range of long-term support programs and benefits. The EOA continues to work with the ADRC sites to ensure that they are responsive to the needs of the community.

In SFY 2018, the ADRC sites received 60,281 calls from both first-time and previous callers. (See Table 6.) Of those, nearly 4,000 had a LTSS need. About 4,500 of those contacting the ADRC were referred to other agencies and approximately 5,000 were assessed by the ADRC for the very first time or received a support plan.

Table 6. Outcomes of Consumer Contacts with the ADRC in State Fiscal Year 2018

Outcomes	Number
Total contacts/incoming calls to the ADRC	60,281
Referrals to other agencies	4,538
Found to have a LTSS need	3,951
Received an initial assessment	4,980
Received a support plan	5,172
Received services	7,129

Table 7 below shows the top three characteristics of consumer contacts with the ADRC during State Fiscal Year 2018. The potential recipients of the ADRC services were most often the person calling the ADRC, followed by their daughter or daughter-in-law. A majority of the calls were regarding Home and Community Based Services (HCBS). Options counseling was the most frequent service provided by the ADRC, followed by information and assistance, and information only. Most of these callers had called the ADRC before. Less frequently, the caller was referred to the ADRC by a service provider or a family member.

Table 7. Characteristics of Consumer Contacts with the ADRC in State Fiscal Year 2018

Category	Top Three Responses		
	First	Second	Third
Caller	Self	Daughter/daughter in law	Agency/facility
Call topic	Home and community based services	Nutrition	Transportation
ADRC service	Options counseling	Information and assistance	Information only
Caller age group	85-99	75-84	60-74
Referred by	Called before	Service provider	Family

In 2018, the ADRC sites continue to show marked improvements in consumer satisfaction as compared to 2017. Using the same consumer satisfaction survey that was used in 2017, consumers were asked to indicate their level of agreement with statements on staff's performance by choosing from the following response choices: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree, and (6) not applicable. All consumer statements affirming good practices and responses agreeing or strongly agreeing with the statements were considered to indicate consumer service satisfaction. The results showed that in 2018 Honolulu experienced the largest increase in consumer satisfaction of the ADRC, with the overall satisfaction increasing 11 percentage points (See Table 8). In SFY 2018, 98% and 99% of the 213 Honolulu consumers who responded to the survey were satisfied with their service compared to between 80% and 91% last year. Consumer satisfaction also rose in Kauai and Maui where the percent who were satisfied rose from between 93% and 96% last year to between 95% and 100% in most categories this year. Although Hawaii County trailed the other counties in 2018, 85% of those who responded to the survey were satisfied. The staffing changes in Hawaii County may have also contributed to the fluctuation in satisfaction.

EOA facilitates an ADRC Operations Workgroup (AOW) consisting of representatives from the EOA and County AAAs that reviews how the ADRC system is working and how to streamline and improve ADRC access and data collection. In the past 18 months, the AOW did a thorough review and evaluation of the assessment tool and support plan tool that are used to see how these tools can be improved to better meet the needs of the ADRC consumers. This detailed evaluation of the assessment and support plan tools resulted in the development of a Core Assessment, a shorter, streamlined assessment that covers vital data needed to aid individuals with their LTSS needs. The new Core Assessment tools were implemented on July 1, 2018.

Table 8. Percentage Satisfied with the ADRC Performance

Performance Area	Kauai (n = 25)	Honolulu (n = 213)	Maui (n = 57)	Hawaii (n = 26)
Listened Carefully	100%	99%	98%	92%
Understood my needs	100%	99%	98%	92%
Explained in a way I understood	100%	99%	96%	88%
Courteous and respectful	100%	99%	98%	96%
Knowledgeable about LTSS	96%	99%	98%	84%
Cared about me	96%	99%	98%	84%
Assisted me in taking care of my needs	96%	99%	95%	79%
Gave me a support plan that was helpful	96%	98%	96%	73%
Gave me referrals & connections	92%	98%	93%	79%
Overall satisfaction[1]	97%	99%	97%	85%
Overall satisfaction[1] (2017)	94%	88%	93%	89%

[1]Overall satisfaction is the mean of the 9 performance areas.

2. Long-Term Care Ombudsman Program (LTCOP)

In 1971 the Long -Term Care Ombudsman Program (LTCOP) was initiated nationally to improve the quality of care in America's nursing homes and respond to complaints on abuse and neglect of nursing home residents. As a result, the Hawaii LTCOP started in 1975 as a federal demonstration project under the Older Americans Act (OAA) of 1965. Because of its success here and in other states, Congress, in its 1978 re-authorization of the OAA, mandated that every state have a LTCOP.

The Hawaii Legislature responded by amending HRS Chapter 349 in 1979 authorizing the Executive Office on Aging (EOA) to carry out the duties and responsibilities of this Program. In 2007, the Legislature corrected this oversight and passed a bill that created the Office of the Long-Term Care Ombudsman within the Executive Office on Aging (HRS 349: 21-25). There are approximately 12,661 long term care residents residing in Hawaii's; 1,700 licensed long-term care nursing homes, adult residential care homes (ARCHs), expanded ARCHs, assisted living facilities (AL); and community care foster family homes (CCFFHs).

The LTCOP currently consists of the full-time State Long-Term Care Ombudsman (SLTCO) and a full time Volunteer Coordinator (LTCOP VC) (position filled on October 24, 2017 which was vacant from March 31, 2017 until October 24, 2017). With limited staff of only the State Long Term Care Ombudsman and a Volunteer Coordinator providing quarterly visits to all long-term care facility residents would be difficult without the use of volunteers. Hence to accomplish its

mission, the LTCOP relies upon the use of dedicated volunteers in the Long-Term Care Ombudsman Volunteer Program (LTCOVP). Currently there are nine Long-Term Care Ombudsman volunteers covering the City and County of Honolulu, Hawaii County, and Maui County.

In 2017 the Legislature appropriated $157,168 to restore a full-time, permanent position for Oahu ($75,000) and $75,000 to contract for services on Kauai, Maui and Hawaii Counties for two years. In response, the LTCOP initiated procurement and an ombudsman volunteer in Maui since 2014 was awarded the Maui contract and began June 29, 2017. Contractors for Kauai and Hawaii Counties have also been selected and are set to begin in SFY 2019.

On July 6, 2017 the LTCOP and EOA staff met with Department of Health (DOH) Personnel Office to discuss the restoration of the Oahu Ombudsman Specialist position, which was established as part of the LTCOP in 1979. EOA was informed that a *mini re-organization plan* was required to restore the Oahu Ombudsman Specialist position. As a result, a re-organization plan was submitted, which was then approved on September 26, 2018.

Considerable time was spent supporting the volunteers and training the new volunteer coordinator. Activities included orientation of the different facilities in each County, training on responsibilities and tasks, and learning the new federal nursing home survey process. In addition, the volunteer coordinator developed and updated materials including the LTCOVP *Policies and Procedures*, recruitment materials (volunteer brochure, application, and power-point presentation); consolidated existing local and national training materials; and identified up-to-date resources. Due to changes in the National Ombudsman Reporting System (NORS), new reporting forms were also developed to provide volunteers the option to submit their information electronically to the Program.

During SFY2018, four new volunteers were certified as Ombudsman Representatives and assigned to facilities on Oahu and Maui. Monthly meetings were held on Maui to provide continued onsite technical assistance for new volunteers and Skype was used to connect the volunteers from Oahu and Hawaii Island to these meetings as well. Using a Voice Over Internet Protocol (VOIP) such as Skype has enabled the LTCOP to save in airfare, ground transportation, and other related travel costs.

A significant accomplishment was the update and approval of Hawaii's LTCOP's "*Policies and Procedures*" which brought Hawaii into compliance with recent federal regulations.

Another highlight of Hawaii's LTCOP is the development of a logo for all LTCOP related promotional and educational materials with the help of a University of Hawaii professor and his ten graphic artist students. The logo has been incorporated into all LTCOP volunteer materials and even appears on the *Hands on Maui* and *Aloha United Way's* Volunteer webpages.

Other activities of the LTCOP included:

- Participating in a variety of committees, caucuses, and task forces;
- Conducting monthly volunteer meetings;
- Providing in-service training to facility staff;
- Meeting with facility resident/family councils;
- Providing consultations to facilities; and
- Conducting community education presentations.

A full program report by the State Long Term Care Ombudsman can be found in Appendix A.

3. Hawaii State Health Insurance Assistance Program (SHIP)

The EOA is 1 of 54 recipients of the State Health Insurance Assistance Program (SHIP) grant. Created under Section 4360 of the Omnibus Reconciliation Budget Act of 1990, SHIP has been administered in Hawaii by the EOA since 1992 when the program first became operational. The mission of the SHIP is to provide free, local, one-on-one assistance to Medicare beneficiaries, their families, caregivers, and soon to be retirees on their options so they can make informed decisions on their Medicare medical and prescription drug plans, and to provide help with other health plan questions.

The Hawaii SHIP provides this assistance, statewide, through one-on-one counseling, group presentations and events, and the media. The program trains volunteer counselors to provide general information and assistance on issues related to Medicare, including Medicare enrollment, coverage, billings, claims, quality of care, and appeals. They also provide information on Medicare Advantage, Supplement, and prescription drug plans; long-term care services, and screen for eligibility for Medicare Savings and the low-income subsidy program to offset Medicare premiums and prescription drug costs.

In addition, Hawaii SHIP carries out activities to inform and educate the over 250,000 Medicare-eligible residents of Hawaii, especially those who are low-income, limited-English speaking, or those who reside in rural, isolated areas and have limited access to services and supports. Its volunteers, partners, and staff hold group presentations and set up informational booths at fairs and community events. The Hawaii SHIP also disseminates information on Medicare through print, digital, and social media advertising; and public service announcements.

In SFY 2018, the Hawaii SHIP's accomplishments include the following:

- *Service Excellence*
  - Received over 16,939 hours from volunteers and SHIP grant funded and non-grant funded staff to support the full range of SHIP services to Medicare beneficiaries and caregivers statewide.
  - Participated in 59 public awareness events in rural and urban communities across the State that reached over 2,500 individuals.
  - Reached 1,057,179 persons through digital media and print advertising.
  - Provided links on the Hawaii SHIP website (www.hawaiiship.org) to educational resources, partner sites, volunteer recruitment information and application forms, and training resources. It also added a "Contact Us" portal for community agencies and organizations to submit requests for presentations. The website had 13,281 views, 4,592 visitors, and 1,315 downloads.
  - Responded to 3,515 calls on the Hawaii SHIP Help Line.
  - Provided Medicare counseling to almost 2,000 beneficiaries and caregivers.
  - Helped 272 beneficiaries with their Medicare low income subsidy program application to help offset their Medicare prescription drug costs.
- *Capacity Building*
  - Partnered with the Kauai Agency on Elderly Affairs and the Maui County Office on Aging to develop and support SHIP volunteers and services in their respective areas of coverage.
  - Continued to partner with the Retired Senior Volunteer Program (RSVP) in each county to identify volunteers interested in learning about Medicare.
  - Collaborated with the University of Hawaii to conduct Medicare training statewide. The training curriculum is based on the Centers for Medicare and Medicaid Services (CMS) online certification training tool for SHIP counselors and was adapted for classroom settings.
  - Recruited, trained, and credentialed over 40 new Medicare counselors on all islands. Lead trainers have been identified on Maui and Kauai to provide the local support for new volunteers and counselors.

- *Operational Excellence*

  - Contracted with Hawaii News Now to launch a statewide digital media campaign in October 2018 with the primary objective of increasing public awareness that the Hawaii SHIP offers free, local, one-on-one assistance to Hawaii's Medicare beneficiaries. The campaign will include two PSAs, one to promote SHIP services and the other to recruit volunteers; digital messaging to target populations, social media blog posts, and direct mailing to low income households. The contract also includes improving and upgrading the Hawaii SHIP website to make it more accessible to mobile devices. The Hawaii SHIP will receive monthly tracking statistics which will be used to plan for future upgrades of resources, links, and other helpful information.

  - Translated the Hawaii SHIP brochures in six prevalent languages (Korean, Vietnamese, Chinese, Chuukese, Japanese, and Tagalog) spoken in Hawaii in August 2018. The brochures will be distributed to the Hawaii SHIP partners in rural or isolated communities who serve low-income or LEP populations.

  - Displayed the Hawaii SHIP bus placards on the Oahu routes with the largest ridership. TheBus transports over 84 million riders per year who spend an average of 35 minutes per ride on the bus. TheBus sells more than 600,000 bus passes annually, of which over 28,000 are purchased by businesses for their employees. The placards have been displayed since March 2017 to present.

  - Began implementation of the Volunteer Risk and Program Management (VRPM) process in June 2017. VRPM provides guidelines for volunteer programs based on best practices. Once adopted, these policies and procedures will increase and ensure the safety of volunteers, thereby mitigating risk and liability for the volunteer host organization. Scheduled to be completed in March 2019, the project will result in new and updated tools, such as a volunteer handbook, implementation manual, and standard operating procedures to manage the Hawaii SHIP volunteers.

  - Hosted the annual Hawaii SHIP Medicare Recertification Training in January 2018 for all counselors and partners. This day-long training included speakers from invited agencies to share information that may be helpful for seniors. Agencies sending speakers included the Social Security Administration (updates on the new Medicare cards), Hospice Hawaii (samples of their music therapy), and certified trainers from Hale Ku'ike (interactive presentation on the Positive Approach to Dementia Care.

4. Senior Medicare Patrol (SMP)

SMP Hawaii is 1 of 54 State and territorial SMP Programs established by the ACL in 1997 to prevent Medicare scams, fraud, waste, and abuse. The program recruits, trains, and certifies

volunteers to educate seniors, family members, and caregivers on Medicare scams, fraud, waste, and abuse. SMP Hawaii volunteers and staff conduct educational outreach statewide through community events, group presentations, exhibits at fairs, social media, and information on its website. Volunteers and staff also conduct basic and complex interactions, the latter involving potential abuse, errors, or fraud.

SMP Hawaii's accomplishments for SFY 2018 include the following:

- *Expand Community Educational Outreach*

    - Provided 6,213 volunteer hours of individual interactions and community group outreach and education. For 2018, the Independent Sector (n.d.) estimated the value of volunteer time is $24.69 per hour.[1] Based upon that estimate, the 61 SMP volunteers provided $153,399 of services to the SMP program.

    - Participated in 16 media opportunities to spread the SMP message on the need to protect against, detect, and report Medicare fraud, abuse, scams and errors. These included media outreach and education on Oahu, Kauai, Maui, and Hawaii island, through local newspapers, *LOOKING OUT FOR YOU* bulletins posted to the SMP Hawaii website, a television news broadcast on KHON News, and Filipino radio station broadcasts in Maui. In SFY 2018, SMP Hawaii reached 696,975 individuals statewide.

    - Participated in 139 community group outreach and educational events, reaching 9,870 people statewide.[2]

    - Produced quarterly newsletters containing valuable information and updates on Medicare. Highlights included information on Medicare Advantage Plans abuses during Medicare open enrollment, Medicare Part B preventive services, Medical ID theft and fraud prevention, the rollout of new Medicare cards, upcoming community events, and editorial contributions from members of the SMP statewide network of partners. In addition to posting the newsletter on the SMP Hawaii web page, over 3,000 copies were delivered statewide every quarter to elderly clients of Lanakila Meals on Wheels and Hawaii Meals on Wheels and 600 copies were sent to people on SMP Hawaii's circulation list.

    - Provided 70 individual interactions and counseling with or on behalf of a beneficiary.

    - Displayed SMP Hawaii bus posters on 180 Kauai, Maui, and Hawaii County mass transit buses.

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[1] The Independent Sector. (n.d.) "The Value of Volunteer Time." www.independentsector.org/resource/the-value-of-volunteer-time/. Downloaded October 8, 2018.
[2] Does not including Kupuna Alert Partners (KAP) presentations.

- *Social Media*

  - Continued to enhance the SMP Hawaii website, http://smphawaii.org/. Enhancements included adding SMP educational resources for Medicare beneficiaries, persons with disabilities and limited English proficiency by translating two PowerPoint presentations to Japanese and Korean, and providing information about the new Medicare card rollout in Japanese, Korean, Chinese, Ilocano, and Tagalog. Other enhancements included streamlining volunteer application, training, and communication, as well as the inclusion of training modules and, social media advertising for volunteer recruitment.

  - Monitored the outreach of the SMP Facebook page. Beginning July 2017, SMP began tracking visits to the SMP Facebook page. As of June 2018, 866 people engaged directly on the page.

  - Continued the social media campaign with Raycom Digital and KHNL Hawaii News Now to promote the SMP Hawaii website. Between July 2017 and April 2018, the SMP icon was viewed 1,864,456 times on the KHNL website, which prompted 5,400 people to click on the icon video or banner, which sent them to the SMP website. Of these, 68% completed watching the video and 29% re-visited the website. These results exceeded the national average for overall engagement and revisits to a website.

- *Partners and Collaborations:*

  - Collaborated on 12 Kupuna Alert Partners (KAP) presentations, 10 on the neighbor islands, on fraud prevention that reached 284 people. KAP is a partnership that includes representatives from the Department of Public Safety's Narcotics Enforcement Division, the Department of the Attorney General, and the Department of Commerce and Consumer Affairs.

  - Continued to meet with a multidisciplinary 22-member advisory group consisting of a broad spectrum of law enforcement, insurance, and other agencies and organizations serving older persons from all four counties in the State. The Council members met 3 times during SFY 2018.

- *Volunteer Recruitment and Retention*

  - Obtained free air time from July 2017 to December 2017 that resulted in the broadcast of a total of 179 Public Service Announcements (PSA's) spots on the local NBC (KHNL) and CBS (KGMB) affiliates for volunteer recruitment, an estimated value of $17,900.

  - Trained seven new SMP volunteers (one on the neighbor island and six on Oahu).

- Trained two SMP Complex Issue Counselors on Oahu, resulting in a total to seven Complex Issues Counselors covering all four major islands in the State. During the reporting period, SMP Complex Issue Counselors worked on 15 complaints that Medicare beneficiaries brought to SMP.

- Continued to implement the Volunteer Risk and Program Management Policies developed by ACL through orientation, monthly meetings, individual role training, and annual evaluations.

- Provided support and hands-on training at 32 meetings throughout the year to volunteers on the neighbor islands.

- Administered an evaluation survey to obtain feedback from SMP volunteers on their experience with the program. Most of the nearly three-quarters (75%) of the volunteers who responded to the survey had positive feelings about their experience and provided constructive suggestions that will be used to improve the program.

- Held an annual SMP Hawaii volunteer recognition and training conference to recognize the contributions of the volunteers and the vital role they play in empowering seniors, family members, and caregivers to recognize and prevent health care fraud.[3]

B. Special Initiatives

1. Kupuna Caregiver Program

In 2018, the Hawaii State Legislature passed Act 102, which directed the EOA to implement a Kupuna Caregiver (KCG) program to support employed caregivers caring for an older adult family member or loved one. The Act appropriated $600,000 in SFY 2018 for LTSS services to caregivers working 30 or more hours a week and caring for someone who is 60 years of age or older with two or more daily function impairments, or one daily function impairment and a severe cognitive impairment.

The KCG program was implemented by the AAAs in January 2018 and a total of 2,706 inquiries from 1,704 individuals was received in SFY 2018.[4] While 171 caregivers met the KCG program eligibility requirements, a few opted to pursue other options or were still having their application processed at the close of SFY 2018. Of the 159 caregivers who enrolled in the KCG program, 101 (64%) had service orders, 46 (29%) were on wait lists, and 12 (7%) were being held up for miscellaneous reasons.[5]

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[3] Awards and recognition ceremonies to acknowledge the contributions of volunteers is permitted under HRS Chapter 90.

[4] Inquiries with names were unduplicated, but anonymous inquiries were assumed to have come from different people.

[5] Services for most of the 12 miscellaneous cases being held up were because the caregiver or care recipient was

a. *Caregiver Profile*

The 171 caregivers who applied and were qualified for the KCG program:

- *Were predominately female.* Three-fourths (75%) of the caregivers enrolled in the KCG program were female.

- *Were around 57 years old.* KCG program applicants had a median age of 57.5 years and an average age of 56.2 years.

- *Were, to a large extent, a child or married to a child of the care recipient.* About 60% of the caregivers were the daughters/daughters-in-law of the care recipient and slightly more than 20% were sons/sons-in-law.

- *Often shouldered significant caregiving responsibilities.* Nearly half of the caregivers (49.1%) were the only caregiver to the care recipient and a quarter (25.1%) provided care for others as well. In addition, almost 60% report spending more than 40 hours a week on caregiving.

- *Usually lived with the care recipient.* Nearly 9 out of 10 caregivers (87.7%) lived with the care recipient full or part of the time.

- *Reduced their hours at work because of caregiving responsibilities.* Nearly 6 out of 10 caregivers (58.5%) reported having to reduce their work hours in the past 6 months.

- *Experienced some caregiving spillover effects on their work productivity.* Nearly 6 out of 10 of the KCG program applicants (59%) reduced their work hours during the past 6 months and nearly 7 out of 10 missed work during the past week. In addition, nearly half of the caregivers (46%) felt that their caregiving responsibilities affected their work performance during the past week.

The Caregivers who applied and were qualified by the KCG program also felt burdened by their caregiving responsibilities. The Montgomery Borgatta Caregiver Burden Scale was utilized to measure whether caregiving responsibilities were disrupting and interfering with the caregiver's life (Table 9, Objective Burden) and placing excessive emotional stress (Table 9, Stress Burden) on the caregiver.[6] On both subscales, the average scores of the KCG program caregivers were high relative to the average scores obtained in other large samples. While many of the caregivers were caring for either their parent or parent-in-law and viewed their caregiving as their familial responsibility, the caregivers' feelings on the unreasonableness and excessiveness of the care recipient's demands (demand burden) were, on average, no different from other large samples.

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either waiting for a preferred vendor, deciding between vendors, deciding whether to participate in the recommended services, or the care recipient was too weak at the time to participate in the services recommended.

[6] Montgomery, R.J.V. (n.d.). *Using and Interpreting the Montgomery Borgatta Caregiver Burden Scale.* https://www.researchgate.net/publication/265679222_Using_and_Interpreting_the_Montgomery_Borgatta_Caregiving_Burden_Scale/download.

Table 9. Comparison of KCG Program Caregivers Burden Scores to Scores from Large National Samples

Caregiver Burden Subscale	KCGP Caregivers Mean	National Samples Means	High Scores are Equal to or Above:
Objective Burden	24.9	19.3 and 19.5	23.0
Demand Burden	12.6	12.6 and 12.7	15.0
Stress Burden	15.2	13.2 and 13.6	13.5

b. Care Recipient Profile

In SFY 2018, the KCG program provided services to 101 kupuna. These kupuna were found to have the following characteristics.

1. Older than the Typical Kupuna Care Eligible Person

The median age of the KCG program care recipients was 89 years old. This is older than the typical Kupuna Care eligible person. Of the 101 KCG program care recipients, 70 (69.3%) were age 85 or older, compared to approximately 1 out of 10 (11.5%) Kupuna Care age-eligible persons, that is, persons age 60 and older.[7]

2. Predominately Female

The KCG program care recipients were predominately female. As Table 10 shows, slightly more than 70% of the care recipients are female. This is not surprising since females, who have a longer life expectancy than males, tend to outlive their spouses and thus need to depend on their children and Kupuna Care services as they lose the ability to care for themselves. The results in the table also show the sex difference among the 85 and older age group to be much larger (20% males versus 80% female) than the 60 to 84 age group (45% male versus 55% female).

Table 10. Kupuna Caregiver Program Care Recipients Sex by Age Group (in percent)

Sex	Age 60 to 84 (n=31)	Age 85 and Older (n=70)	Total (n=101)
Male	45.2	20.0	27.7
Female	54.8	80.0	72.3
Total	100.0	100.0	100.0

[7] US Census Bureau. *Age and Sex, 2016 American Community Survey 1-Year Estimates.*

3. Predominately of Japanese Ancestry

A majority of the KCG program care recipients were of Japanese ancestry. More than half (56%) of the care recipients identified themselves to be of Japanese ancestry (Table 11). Having longer life expectancies than other ethnic groups in Hawaii, ethnic Japanese made up a large proportion of the care recipients age 85 and older.[8] More than two-thirds (68.6%) of the 85 and older age group were of Japanese ancestry, compared to less than a third (29.8%) in the 60 to 84 age group. In contrast, the proportion of Part-Hawaiian and persons of other ethnicities were larger in the 60 to 84 age group than the 85 and older age group.

Table 11. Kupuna Caregiver Program Care Recipient Ethnicity by Age Group (in percent)

Ethnicity	Age 60 to 84 (n=31)	Age 85 and Older (n=70)	Total (n=101)
Japanese	29.8	68.6	56.4
White	12.9	11.4	11.9
Part-Hawaiian	25.8	4.3	10.9
Other/Missing	32.3	15.7	20.8
Total	100.0	100.0	100.0

4. Have Many Multiple Disabilities

Tables 12 through 14 indicate that the KCG program care recipients had multiple life impairing disabilities and frequently experienced some level of cognitive impairment. Tables 12 and 13 found about quarter of the care recipients had five ADLs and 95% of the recipients had six or more IADLs. In addition, the tables show that the number of impairments among the KCG service recipients are generally indifferent to age, indicating that the AAAs appear to be directing KCG services to those with greater needs.

[8] Wu, Y, Braun, K., Onaka, A. T., Horiuchi, B. Y., Tottori, C. J., and Wilkens, L. (January 2017). "Life Expectancies in Hawai`i: A Multi-ethnic Analysis of 2010 Life Tables." *Hawai`i Journal of Medicine and Public Health.* Jan 2017:76(1), pp. 9-14.

Table 12. Number of Activities of Daily Living (ADLs) Impairments Among the Kupuna Caregiver Program Care Recipients by Age Group (in percent)

Number of ADLs	Age 60 to 84 (n = 31)	Age 85 and Older (n = 70)	Total (n = 101)
None	12.9	7.1	8.9
1	12.9	11.4	11.9
2	9.7	12.9	11.9
3	9.7	12.9	11.9
4	16.1	14.3	14.9
5	29.0	25.7	26.7
6	9.7	15.7	13.9
Total	100.0	100.0	100.1[a]

[a] Total may not sum to 100.0 due to rounding.

Table 13. Number of Instrumental Activities of Daily Living (IADLs) Impairments Among Kupuna Caregiver Program Care Recipients by Age Group (in percent)

Number of IADLs	Age 60 to 84 (n = 31)	Age 85 and Older (n = 70)	Total (n = 101)
1	0.0	1.4	1.0
2	0.0	0.0	0.0
3	0.0	1.4	1.0
4	0.0	0.0	0.0
5	3.2	2.9	3.0
6	25.8	8.6	13.9
7	29.0	17.1	20.8
8	41.9	68.6	60.4
Total	100.0	100.0	100.1[a]

[a] Total may not sum to 100.0 due to rounding.

The data presented in Table 14 indicate the most KCG program care recipients were experiencing some form of cognitive impairment. Two (2) out of three (3) KCG service recipients (67%) have some form of cognitive impairment and approximately 4 out of 10 of them (43%) suffer from moderate or severe cognitive impairment.

Table 14. Cognitive Impairment Severity Among Kupuna Caregiver Program Care Recipients by Age Group (in percent)

Cognitive Impairment Severity	Age 60 to 84 (n = 31)	Age 85 and Older (n = 70)	Total (n = 101)
Unknown	16.1	20.0	18.8
None	12.9	4.3	13.9
Mild	25.8	17.1	19.8
Moderate	22.6	17.1	18.8
Severe	19.4	25.7	23.8
Early onset Dementia	3.2	5.7	4.9
Total	100.0	100.0	100.0

c. Distribution of Service Units Provided to KCG Program Care Recipients

Depending on the results of the assessment and the care plan, the KCG program care recipients may receive more than one service. These services may also include those not covered by the KCG program (See Table 15). In addition, the AAAs may elect to use federal, county, and non-KCG program state funds to cover services they provide to KCG program care recipients.

Table 15 breakdowns the KCG services units by service and funding source. The table shows the AAAs used their KCG program funds to provide adult day care services. Nearly all the units (98.8%) funded by the KCG program were for adult day care services. In contrast, the AAAs were less restrictive in their use of their non-KCG program funds in providing KCG services. Only a little more than a fifth (22.4%) of the service units funded by other funds were for adult day care. Instead, the AAAs used their other sources of funding to pay for nearly 4 out of 10 units of home delivered meals (37.2%) and 2 out of 10 units of transportation (19.8%). In addition, the AAAs used their other funds to pay for services not covered by the KCG program, primarily for case management.

Table 15. Distribution of Units of KCGP and Non-KCGP Services Funded by KCGP Funds and Other Funds (in percent)

Support Service (service unit)	Percent of Service Units Funded by: (Total Units)	
	KCGP	Other Funding Sources[1]
Kupuna Caregiver Covered Services		
Adult Day Care (1 Hour)	98.8	22.4
Assisted Transportation (1 One-way trip)	0.0	5.6
Chore (1 Hour)	0.0	0.0
Home Delivered Meals (1 Meal)	0.3	37.2
Homemaker (1 Hour)	0.1	2.7
Personal Care (1 Hour)	0.1	12.4
Transportation (1 One-way trip)	0.0	19.8
Total	100.1[a] (45,080.25)	100.1[a] (654.00)
Non-Kupuna Caregiver Services		
Attendant Care (1 Hour)		4.2
Case Management (1 Hour)		95.8
Total		100.0 (141.5)

[1]Includes federal, county, and program funds.
[a] Total may not sum to 100.0 due to rounding.

2. Hawaii Healthy Aging Partnership

Hawaii Health Aging Partnership (HHAP) is a cooperative endeavor by the DOH Diabetes Prevention and Control Program and the University of Hawaii at Manoa, Office of Public Health Studies to improve the health of Hawaii's kupuna. HHAP offers two evidenced-based interventions: 1) EnhanceFitness® and 2) Chronic Disease Self-Management Education (CDSME).

a. EnhanceFitness®:

EnhanceFitness® (EF) is an evidenced-based exercise program that combines cardiovascular and balance exercises, strength training, and stretching to prevent functional decline in older adults.[9] Classes are interactive and consists of one-hour sessions conducted three times a week with certified fitness specialized trainers. The EnhanceFitness program had undergone rigorous program evaluation and clinical studies and have proven to improve overall fitness and health, social function, physical function, depression and reduce health care costs among participants who regularly attend the sessions. The exercises improve cardiovascular fitness, strength, flexibility, and balance. The program encourages regular attendance by creating an exercise environment that is fun and friendly, nurturing the development of relationships among participating older persons.

In SFY 2018, EnhanceFitness classes were available in the counties of Kauai and Maui, where it served a total of 575 participants, a 21% increase over SFY 2017. The prevalent chronic conditions reported by the participants were arthritis (39%), hypertension (38%), and diabetes (22%).

b. Chronic Disease Self-Management Education (CDSME)

CDSME was developed by the School of Medicine at Stanford University. The CDSME consists of 6-week workshops that empower people with various chronic diseases, such as diabetes, arthritis, and hypertension, to take control of their health through the teaching of effective, practical, and easy-to-use tools for living a healthy lifestyle. Since 2007, CDSME has offered the *Chronic Disease Self-Management Program* (CDSMP) and, since 2010, the *Diabetes Self-Management Program* (DSMP). Through our networking, HHAP added *Cancers Thriving and Surviving* (CTS) to its workshop offerings.

In SFY 2018, HHAP held fewer diabetes and cancer workshops, resulting in lower participation numbers (See Table 16). The data for the CDSMP is about the same in SFY 2018.

Table 16: CDSME Workshops in State Fiscal Year 2018 (July 2017 to June 2018)

Type of workshop	Number of 6-week workshops
Chronic Disease Self-Management Program	5
Diabetes Self-Management Program	2
Cancer Thrive and Survive	3
Total	10

[9]The Department of Health and Human Services, Centers for Disease Control and Prevention, Provider Fact Sheet: “Chronic Disease Self-Management Programs: Help Your Patients Take Charge, EnhanceFitness (EF)”.

Hawaii has always been known for having completion rates much higher than the national average. Last year was no different with a stellar high of 88% completion rate (See Table 17). The program attributes its high completion rates to the time workshop leaders take to develop a rapport with the participants and holding a pre-session meeting to introduce the program in detail.

Table 17: CDSME Workshop Completion Rate

Type of workshop	Number of participants	Number Completed (Completion Rate)
Chronic Disease Self-Management Program	59	54 (92%)
Diabetes Self-Management Program	17	15 (88%)
Cancer Thrive and Survive	16	12 (75%)
Total	92	81 (88%)

HHAP developed a strong partnership with the National Kidney Foundation (NKF). NKF has taken the lead for workshops in the City and County of Honolulu and is also taking the lead in applying for Medicare reimbursement. However, two key staff recently departed and the NKF has not yet filled these positions, leaving the future of securing Medicare reimbursement in doubt, and, with it, program sustainability.

The University of Hawaii (UH) conducts quality assurance by systematically monitoring and evaluating the various aspects of the program to ensure that program standards and quality are being met. Partner progress is monitored by reviewing meeting minutes and email communications, assessing the number of implementation sites continuously offering workshops, monitoring workshop outcomes, and tracking the status of the leaders/trainers and the support given to new HAP partners. The UH also measures partner progress through provider perception using the "HHAP Partner Annual Survey" to capture supports and barriers in delivering CDSME among HHAP partners. The monitoring and evaluation findings are then shared with the Steering Committee and the Fidelity Workgroup members to track progress towards meeting their goals and objectives, and to make improvements to the infrastructure and strategies to ensure quality of HHAP.

All CDSME providers are required to administer the HHAP's **standardized evaluation forms** available on the HHAP website. HHAP uses a slightly modified Stanford's CDSME questionnaire to collect data of the participant's health, health behavior, and health care utilization at baseline and 6 months. To effectively use the national website for estimating cost savings, a one-year follow-up was added to collect health care utilization data. The UH statewide evaluator enters and analyzes the data and submits report findings to HHAP partners.

In April 2018, the HHAP partners as well as new stakeholders met during a two-day conference in Kapolei to look at the future of the CDSME and EF. The two-day conference was sponsored by the DOH, Chronic Disease Prevention and Health Promotion Division.

Having submitted two new federal grants for CDSME and EF, the HHAP, the State and AAAs were very optimistic about the programs' future. However, by June 2018, HHAP's plans for moving forward with limited funding were dashed when notice was received that Hawaii's grant applications were not awarded.

While EOA has a contract for quality assurance through December 2018 and each AAA has enough carryover funds to sustain the programs through the SFY 2019; after June of 2019, these programs will either need a sponsor or may face being shut down.

3. Participant Direction

Participant-direction (PD) is a service model that empowers program participants and their families to access LTSS by expanding their choices and control over care they need and want to live at home. PD differs from the traditional LTSS service model such as Kupuna Care in that the participants are their own case manager. As such, participants must be willing to self-direct their LTSS.

In the PD model, participants go through the same intake, assessment and support plan process as individuals seeking traditional services. Once their support plan is developed, participants are referred to a coach and the EOA's financial management services (FMS) provider. The coach assists participants to develop a spending plan for the use of the public funds allotted for LTSS. In addition, the coach works with participants to complete all required enrollment, employer, employee and vendor paperwork. The FMS representative assists the participants, or their authorized representative, by paying for their LTSS on their spending plan monthly, including but not limited to paying employees, vendors, reimbursing for approved purchases and insurance premiums, filing all required reports to state and federal taxing authorities, and collecting and paying required taxes on behalf of the employer.

a. Participant Directed Long-term Services and Supports (PD-LTSS) Program

The EOA will continue to offer older persons the choice to choose the PD-LTSS program through its publicly funded programs. The EOA, or its designee, will screen prospective participants for eligibility, which may include targeting those with high needs and low support, and who are at risk of institutional placement, but who are able and willing to self-direct. This option is especially important due to the statewide workforce shortage in direct support workers.

In SFY 2018, a total of 49 qualified individuals were enrolled in the PD-LTSS option in Hawaii, Kauai, and Maui Counties. In SFY 2019, the EOA anticipates enrolling at least 24 additional unduplicated individuals into the PD-LTSS program statewide.

b. Veteran-Directed Choice (VDC) Program

The VDC program is a participant-directed program administered by the Veteran's Administration (VA) for eligible veterans of all ages. The Program allows veterans, whose functional level makes them eligible for nursing home placement, to receive that level of care in their homes.

The VA decides the level of care the veteran needs and provides a budget to cover the cost of care. The budget allows veterans to hire care providers to provide them with the supports and care they need to remain at home. In some cases, family members of the veteran are allowed to be paid to provide care. The VDC program allows veterans to exercise control over determining the care they receive, the provider of their care, and the quality of their care rather than being dependent on a VA facility or community facility that is reimbursed by the VA for their care.

By the end of the SFY 2018, a total of 37 veterans were referred to EOA and are receiving VD-HCBS services. This is an increase of 37% over SFY 2017.

c. Challenges and Successes

SFY 2018 opened with the retirement of the EOA PD program manager. As a result, the program manager's position is currently being converted from an exempt position to a civil service position. Unfortunately, the EOA cannot fill this position until the reorganization is approved, and the permanent position is officially established. The silver lining of this issue is that the grants management staff have had to learn and administer the PD program to keep it operating; therefore, when the position is filled, the supervisor and staff will be able to provide support to the new program manager.

In addition, through a procurement process, in the latter part of SFY 2018, EOA was able to build provider capacity in the community by increasing the number of contracts EOA had for PD assessors and coaches.

Lastly, EOA created an PD assessor training curriculum. The training has been recorded and is available for individuals to watch at their leisure. By creating a training library, the EOA staff are not tasked with training assessors on an ongoing basis and will, therefore, not delay service provision.

4. No Wrong Door Initiative

Since September 2015, EOA has been implementing an ACL grant to incorporate a "No Wrong Door" (NWD) system into the ADRC. The "Doors" are State and County agencies that provide LTSS. The Hawaii NWD implementation grant seeks to: (1) expand the ADRC to incorporate a NWD network that enables older persons and persons with a disability to access all publicly-funded LTSS and (2) build an infrastructure to offer all individuals Person-Centered (PC) counseling. Under the NWD system, the Doors collaborate and coordinate with each other to streamline older persons and persons with disabilities access to LTSS options by creating a single, standardized entry process.

To accomplish the grant's goals, the following objectives were established: 1) weave existing publicly-funded LTSS access points into an integrated network; 2) expand capacity to support all populations with disabilities; 3) ensure that the NWD network provides PC counseling; and 4) create multiple funding sources to sustain the NWD network with an emphasis on Medicaid administrative Federal Financial Participation (FFP) claims.

In SFY 2018, the major accomplishments of the NWD Initiative included:

- Piloting and refining an automated referral tool to streamline referrals between the Doors. A platform to host the continuation of the online referral tool is currently being explored.

- Conducting bi-monthly webinars with the Doors to share information on services, eligibility criteria, and referral protocols.

- Obtaining the Attorney General's Office approval of a common consent form for the Doors to use.

- Completing PC training for staff of Door agencies in Windward and Central Oahu, and Kauai.

- Offering PC training for staff of Door agencies in Hilo, Maui, and Honolulu. Plans are also being considered for training in Kona and for an additional session on Kauai.

- Continuing to meet with the Training Hui (a training collaborative that includes the Developmental Disabilities Division (DDD), the Med-QUEST Division (MQD) and the NWD network) to integrate PC practice, PC organization, and LifeCourse trainings.

- Conducting monthly webinars and two in-person meetings with Support Development Associates (SDA), which provides PC organization trainings, and the five agencies that are receiving the trainings. The five agencies include the DDD, Easter Seals Hawaii, Responsive Caregivers of Hawaii, Elderly Affairs Division, and Maui County Office on Aging. Plans are being developed to continue these trainings for another year.

- Reviewing draft documents for Medicaid FFP administrative claims with the DOH Administrative Services Office and the Department of Human Services (DHS) Med-Quest Division. The documents included the: 1) proposed time study codes; 2) method for calculating total dollar expenditures; 3) cost pool spreadsheet; 4) estimated annual administrative FFP claims for ADRC related activities; 5) Memorandum of Understanding (MOU) between the EOA and the MQD; and 6) Cost Allocation Plan (CAP) amendment. Once these documents are approved by DOH and DHS they will be submitted to CMS.

- Developing a plan to sustain the NWD initiative over the next three years. The major components of the plan are: 1) integrating the automated referral tool into a larger system; 2) developing a guidebook for Doors; 3) expanding the NWD network to include other state and community agencies; 4) exploring an online participant information portal;

and 5) enhancing consumer awareness of the NWD network, and 6) developing an online repository of tools and documents for the Door agencies.

These accomplishments have permeated some of the silos between state and county agencies. Agencies have benefitted from working together and sharing information and we are hopeful that the work that the NWD implementation grant started will continue and further improve people's access to LTSS.

5. Hawaii Alzheimer's Disease Supportive Services Program Grant

In July 2017, EOA was awarded a three-year grant from the ACL for the Hawaii Alzheimer's Disease Supportive Services Program (HADSSP): Creating and Sustaining Dementia-Capable Services System. The goals of this project are to: 1) build and sustain dementia-capability within the NWD Network; and 2) provide better access to services for persons with dementia and their caregivers.

The major objectives for this grant include: 1) provide training to all staff from NWD Network agencies on dementia basics, cognitive screening, dementia care coordination, and management; 2) use validated tools such as the AD8 and Mini-Cog at all Doors in the NWD Network to better screen and identify persons with memory loss; 3) collaborate with Hawaii healthcare organizations and residential facilities to improve care transitions of persons with memory loss; and 4) increase and provide timely referrals to community services for persons with dementia.

During the first year of this project (August 1, 2017 to July 31, 2018), EOA in partnership with the UH Center on Aging (COA) accomplished the following activities toward the grant objectives:

- Dr. Terry and Michelle Barclay from Minnesota trained 223 staff from NWD Network agencies in Hilo, Honolulu, Kauai, Kona, and Maui. The training included dementia basics, cognitive screening using the AD8 and Mini-cog tools, dementia care coordination, and community resources for persons with dementia. The Barclays also assisted with revisions to the ADRC intake and assessment forms. Cognition screening questions were added and discussed with ADRC staff.

- The EOA and its partner, the UH COA, met with Kula No Na Po'e Hawaii (KULA) to discuss the cultural translation of Savvy Caregiver program for the Native Hawaiian population.

- The EOA and the UH COA met with Mountain Pacific Quality Health (MPQH) to discuss collaborating with Hawaii healthcare organizations and residential facilities to improve care transitions for persons with memory loss. EOA and UH COA attended MPQH's Community Coalition meetings in Windward, Leeward and Honolulu areas to present information on the HADSSP grant project and to discuss care transition models a conducting a possible pilot project at one of their facilities.

6. EOA Language Access Plan

The EOA is committed to eliminate language access barriers by promoting policies and procedures that enhance the availability of federal and State-funded services and programs for its LEP consumers. In line with this, the EOA developed its Language Access Plan during FY 2015. The goal of the plan was to ensure that the EOA followed federal and State laws on language access and that LEP consumers receive free language and culturally-appropriate assistance.

The EOA's Language Access Plan consists of 11 elements that describes the specific steps to be taken to implement the plan at the program level. The EOA is currently reviewing the Language Access Plan of 2015. The Long-Term Care Disabilities Specialist has been assigned the role of reviewing the plan and working with the EOA and the AAA staff to ensure compliance with federal and State laws.

In SFY 2018, the EOA participated in two statewide trainings sponsored by the Affirmative Action Office. The trainings reviewed the language access requirements under Section 1557 of the Affordable Care Act for agencies receiving federal funds. Highlights of the trainings included:

- An updated list of resources, including language interpreters and instruction on how to access these interpreters.
- Information of the top 15 languages spoken in the State. Recommendations of when and how to use the language posters to find languages spoken.
- Information for agencies about notifying someone with LEP. Suggestions included tag lines on agency documents about the availability of free language services written in different languages.
- Information on proper wording for a notification to inform someone with LEP of the agency's non-discrimination policy. The information is then placed on written documents.

The Office of Language Access previously reviewed the plan and considered the plan to be well written and, as noted earlier, included the 11 required elements. The element on staff training included a section devoted to serving individuals who were LEP. The evaluation of the EOA plan included individual surveys and a tool to track the number of LEP individuals served.

The EOA has recently arranged with Captioned Telephone Services (CTS) to provide interpreter services. The EOA is now able to communicate with its LEP consumers visiting or calling into the EOA office with the assistance of CTS. CTS has also provided the EOA with information on how to work with an interpreter.

APPENDIX A:

Report on the Long-Term Care Ombudsman Program (LTCOP)

by John McDermott, LTCOP Ombudsman

In 1971 the Long-Term Care Ombudsman Program (LTCOP) was initiated nationally to improve the quality of care in America's nursing homes and respond to complaints on abuse and neglect of nursing home residents. As a result, the Hawaii LTCOP started in 1975 as a federal demonstration project under the Older Americans Act (OAA) of 1965. Because of its success here and in other states, Congress, in its 1978 re-authorization of the OAA, mandated that every state have a LTCOP.

The Hawaii Legislature responded by amending HRS Chapter 349 in 1979 authorizing the Executive Office on Aging (EOA) to carry out the duties and responsibilities of this Program. In 2007, the Legislature passed a bill that created the *Office of the Long-Term Care Ombudsman* within the Executive Office on Aging (HRS 349: 21-25).

Today there are approximately 12,661 long term care residents residing in Hawaii's 1,700 licensed long-term care nursing homes, adult residential care homes (ARCHs), expanded ARCHs, assisted living facilities (AL), and community care foster family homes (CCFFHs) - all of whom fall under the jurisdiction of the LTCOP. The breakdown of the number of long term care facilities and beds with occupied by residents are as follows:

48 nursing homes (NF) with 4,456 beds
482 adult residential care homes (ARCH) with 2,603 beds
17 assisted living facilities (ALF) with 2,683 beds
1,153 community care foster family homes (CCFFH) with 2,919 beds
TOTAL: 1,700 facilities with 12,661 beds

The Administration on Aging (AOA)/Administration on Community Living (ACL) requires *"regular and timely access"* for all residents to the services provided by the LTCOP. AOA/ACL strongly recommends that at a minimum, long term care facility residents should receive **quarterly visits** by the LTCOP. Quarterly visits to 1,700 facilities would amount to **28 visits a day**, spread over six islands. Even just an annual visit would require 7 facilities a day. With limited staff of only the State Long-Term Care Ombudsman and a Volunteer Coordinator providing quarterly visits to all long-term care facility residents would be difficult without the use of volunteers. Hence to accomplish its mission, the LTCOP relies upon the use of dedicated volunteers in the Long-Term Care Ombudsman Volunteer Program (LTCOVP).

The LTCOP currently consists of the full-time State Long-Term Care Ombudsman (SLTCO), John G. McDermott and a full time Long-Term Care Ombudsman Program Volunteer

Coordinator (LTCOPVC) Lynn Niitani, who started her position on October 24, 2017 which was vacant from March 31, 2017 until October 24, 2017.

In the past, a full time Ombudsman Specialist for Oahu was part of the paid staff in the LTCOP. However, when the Oahu Ombudsman Specialist resigned in July 2015, this position was eliminated in the EOA Re-Organization Plan leaving the LTCOP with only the State Ombudsman and the Volunteer Coordinator as the Program's only paid staff.

It's important to note that back in 1995 the *National Institute on Medicine* recommended that there be at minimum, one paid, full-time ombudsman for every 2,000 residents. It was at a time when most residents were in large nursing homes so the logistics for visiting all of these residents were much more manageable. Such a minimum requirement now with more nursing homes and residents on each island would mean Hawaii should have at a minimum, six ombudsmen to service all six islands. The current distribution of nursing homes located throughout the State of Hawaii by county are as follows:

1. Kauai County has 5 NFs with 333 beds, 1 ALF with 100 beds, 21 CCFFHs with 52 beds and 9 ARCHs with 39 beds. This totals to 36 facilities with 524 beds in Kauai.

2. Maui County (includes Molokai and Lanai) has 4 NFs with 459 beds, 1 ALF with 144 beds, 54 CCFFHs with 130 beds and 13 ARCHs with 81 beds. This totals to 72 facilities with 81 beds in Maui.

3. Hawaii County has 9 NFs with 886 beds, 1 ALF with 220 beds, 127 CCFFHs with 340 beds and 49 ARCHs with 220 beds. This totals to 186 facilities with 1,666 beds in Hawaii County.

4. The City and County of Honolulu has 30 NFs with 2,778 beds, 14 ALFs with 2,219 beds, 951 CCFFHs with 2,397 beds and 411 ARCHs with 2,263 beds. This totals to 1,406 facilities with 9,657 beds.

In 2017 the Legislature appropriated $157,168 to restore a full-time, permanent position for Oahu ($75,000) **and** $75,000 to contract 3 part-time ombudsmen for Kauai, Maui and Hawaii Counties for two years. In response, the LTCOP initiated procurement to contract three part-time ombudsman positions for the neighbor islands. An ombudsman volunteer in Maui since 2014 was awarded the Maui contract and began June 29, 2017. Contractors for Kauai and Hawaii Counties have also been selected and training has begun.

On July 6, 2017 the LTCOP and EOA staff met with Department of Health (DOH) Personnel Office to discuss the restoration of the Oahu Ombudsman Specialist position, which was established as part of the LTCOP in 1979. EOA was then informed that a *mini- re-organization plan* was required to restore the Oahu Ombudsman Specialist position. As a result, a re-organization plan was submitted, which was then approved on September 26, 2018.

The Long-Term Care Ombudsman Volunteer Program (LTCOVP) is a component of the LTCOP. The LTCOVP utilizes trained, certified volunteers under the guidelines of state policy (HRS Chapter 90-2) and the OAA. The volunteers function as "representatives" of the Program by making weekly visits to [mostly] seniors residing in state-wide licensed or certified long-term care settings to provide advocacy, improve the residents' quality of care and life, respond to, investigate and resolve their complaints, and provide friendly visits. They also provide education to residents, family members, facility staff and the wider community regarding residents' rights and protection from abuse and neglect. Currently there are nine Long Term Care Ombudsman volunteers covering the City and County of Honolulu, Hawaii County, and Maui County.

A large part of SFY2018 was spent supporting the volunteers and training our new LTCOPVC, which included orientation of the different facilities in each County, training on position responsibilities and tasks, and learning the new federal Nursing Home Survey Process.

In addition, the LTCOPVC developed and updated materials including the LTCOVP *Policies and Procedures*, recruitment materials (volunteer brochure, application, and power-point presentation); consolidated existing local and national training materials; and identified up-to-date resources. Due to changes in the National Ombudsman Reporting System (NORS), new reporting forms were also developed to provide volunteers the option to submit their information electronically to the LTCOP.

During SFY2018, four new volunteers were certified as Ombudsman Representatives and assigned to facilities on Oahu and Maui. Monthly meetings were briefly held on Maui to provide continued onsite technical assistance for their new volunteers and Skype was used to connect the volunteers from Oahu and Hawaii Island to these meetings as well. Using a Voice Over Internet Protocol (VOIP) such as Skype has enabled the LTCOP to save in airfare, car rental costs and travel costs.

Another major accomplishment was updating Hawaii's LTCOP's "*Policies and Procedures*" through a contract with a former State Unit Director on Aging for Georgia, and now NASOP consultant. Once completed, additional changes and input was provided by the Hawaii State EOA Director and the EOA Program and System Management Staff Supervisor.

Another highlight of Hawaii's LTCOP is the development of a logo for all LTCOP related promotional and educational materials with the help of a University of Hawaii Professor and his ten Graphic Artists students. Each graphic arts student created 2 different logos which was presented to LTCOP staff, volunteers, EOA staff and PABEA members to vote on the one logo that they felt best represents the mission of the LTCOP. The logo has since been incorporated into all LTCOP volunteer materials and even appears on the *Hands on Maui* and *Aloha United Way's* Volunteer webpages.

Other Activities of the LTCOP During SFY 2018 Include the Following:

Member, DHS' "Going Home Plus" Task Force, which uses federal funding to assist Medicaid nursing home residents to transition back home or into the community.

Member, PABEA Legislative Committee

Member, Legislature's Kupuna Caucus
Member, Kokua Council
Member, National Consumer Voice Leadership Council
Met with ALF administrator at *Ilima at Leihano* to introduce LTCOP. This is Hawaii's newest ALF.
Met with City Council representative Ann Kobayashi and joined task force on "How to Help Seniors Stay in their Condos Safely."
Met with new the VA Pacific Island Healthcare Systems' Community Nursing Home Program Coordinator Andrea Cline. This is a federal requirement, so each Program can share issues and concerns that may impact veterans living in long term care facilities.

<u>Delivered Presentations as follows:</u>
Kula Hospital NF staff in-service on Residents Rights
Hale Ola Kino NF Resident Council
Palolo Chinese Home NF Resident Council and Family Council
Kalakaua Gardens NF Resident Council
NBC annual "Senior Fair"
RSVP Maui
RSVP Oahu/EAD at Hawaii Okinawan Center.
(Working with RSVP staff to increase volunteer recruitment.)
One Kalakaua ALF staff in-service on Residents Rights and Elder Abuse
University of Hawaii Elder Law Program (UHELP) Panel Speaker on *"Decision-Making, Discharge Planning and Application for LTC Benefits for Adults, Including Those Who Lack Capacity"* with Edie Mayeshiro (Medical Assistance Program Officer at Med-QUEST), Yvonne Yim (Office of Public Guardian/OPG Director), and Nicole Coglietta (CareSift/case management Executive Director)
UHELP "Surrogate Decision Making" for Professor James Pietsch's law students
DBEDT "Japanese Investment in LTC" consultation with Dennis Ling and Marlene Hiraoka
PBS "Insights" call-in TV show discussing *"High Cost of Long Term Care"* filmed live on Feb. 1st and 7th, 2017
Participated in Healthcare Association of Hawaii (HAH) and AHCA administrators' training on *"The Three R's: How to Succeed with Regulatory, Reimbursement and Reporting Changes Impacting SNFs, ALFs and ARCHs."* First time ever invited to HAH joint training.
St. Francis Healthcare Systems' Caregivers Training (2-hour class given quarterly)
Project Dana Caregiver Support Group
UH Social Work class on "Long Term Care and Advocacy" for Professors Linda Niino and Charlotte Kuwanoe
HAH speaker for SNF administrators on LTCO legislation and D/C notices
HAH speaker for ALF and E-ARCH Type 2 administrators on the LTCOP and "hot" topics.
Waikiki Community Center for Seniors for Community Relations Director Jeff Apaka

Facilitated tour of Pearl City Nursing Home for Pearl City high schoolers (teacher Kelsie Sueno) and discussed the aging process and need for long term care facilities

The LTCOP continues to provide EOA staffing support to the PABEA *Awards and Recognitions Committee* for the national Older Americans Month luncheon celebration, held June 1, 2017.

Issues:

Island Nursing Home closing. This 42-bed Makiki facility on Oahu, locally owned by Central Union Church that has been in operation for over 50 years and consistently a top performing facility was closed due to new nursing home regulations and possible federal cuts in Medicare and Medicaid which administrators felt would make it impossible for the facility to survive financially. The loss of this one facility further exacerbates Hawaii's shortage of long term care facilities for older adults. Nonetheless, the facility's social worker did an excellent job in finding nursing homes willing to admit their residents and all of the staff were able to find jobs due to the state's critical staffing shortage in healthcare positions.

Personal Needs Allowance (PNA): Several years ago, the LTCOP, and many advocacy groups for older adults, were able to convince the Legislature that the PNA of $30/month given to every Medicaid recipient was too low and desperately need to be raised to $50/month. During a visit with residents of ARCH's and CCFFHs, the LTCOP was told by long term care residents that they never got the $20/month increase. A survey by the Hawaii Club House Coalition was done of club house members throughout the State discovered that non -payment of the $20 increase was occurring on every island. Several legislators and DHS administrators were informed of this and a letter was sent out by DHS informing all caregivers that withholding any part of the PNA will be viewed as financial abuse and reported to Adult Protective Services (APS).

CMS Discharge Summary Notices: A December 22, 2017 memo from the *Centers for Medicare and Medicaid Services* (CMS) requires nursing homes to send the LTCOP copies of every involuntary discharge. How a facility defines "involuntary" discharges has been a major subject of debate and the LTCOP has met with HAH members to discuss this issue at length which has resulted in the development of a draft standardized involuntary discharge form for all nursing facilities to use. The focus of the discharge form is as follows: 1) Reason for discharge; 2) Location (facility, someone's home, etc.) where the client will be discharged to; 3) Notation as to whether the nursing facility resident and / or responsible party are in agreement of the discharge; and 4) Description of support services that been put in place to make for a safe discharge. There are MANY involuntary discharges currently being made by nursing facilities because serving more shorter stay rehabilitation residents under the Medicare skilled nursing facility coverage is much more than the Medicaid coverage for long term care stay residents. With such a small staff at the LTCOP, reviewing every involuntary discharge summary has been a real challenge.

Aging in Place Homes (AIPH): The LTCOP made the licensing of Aging in Place Homes (AIPH) a major priority during the 2018 Legislative Session, by supporting HB1911 which authorizes the Department of Health to investigate care facilities reported to be operating without an appropriate certificate or license issued by the Department. Establishes penalties for violations and for knowingly referring or transferring patients to uncertified or unlicensed care facilities, with certain exceptions. The LTCOP was notified by many ARCH and CCFFH caregivers to support the licensing of AIPH because many of the AIPHs appear to be operating as unlicensed

ARCHs. Many of the AIPHs were providing care and case management for a fee from their residents that were unrelated to the AIPH owners, which then defines this as a care home rather than an AIPH. Their argument seemed to be "if we don't call ourselves a care home, then we can't be accused of violating DOH regulations because there are no AIPH regulations."

The LTCOP and its partners advocated for HB1911 at the Kupuna Caucus and the Kokua Council and got them to vote this as their Number One priority issue for the 2018 Legislative Session. The LTCOP advocated for the licensing of AIPH and provided public information about issues surrounding AIPHs through public appearances on an episode of the PBS' "Insights" that focused upon the issues surrounding Aging in Place Homes, wrote an article on this AIPH for *Generations Magazine*, provided information to the Honolulu Star Advertiser and Civil Beat, advocated and conducted presentations to the Policy Advisory Board for Elder Affairs (PABEA), The Senior Fair at the Neal Blaisdell Arena, the HAH administrators' monthly meeting, AARP's Advocacy Director, Project Dana, The NASOP annual conference, The Consumer Voice's Leadership Council. The LTCOP also participated on a Hilo ADRC community organization's panel and provided testimony at every hearing that HB1911was heard during the 2018 Legislative Session which was eventually signed into law by Governor David Ige on July 6, 2018 as Act 148. The passage of HB1911was acknowledged as a major accomplishment at the annual *"Good, Bad, and Ugly"* legislative wrap-up hosted by HARA and Kokua Council.

Willful Interference: On June 28, 2017 an ombudsman representative on Hilo was asked by the LTCOP to visit a resident at the Regency at Hilo NF to assess her ability to make decisions. She has two children who are fighting over her. The LTCOP felt it necessary to speak with the resident directly to demonstrate due diligence to the adult child who has been banned from visiting the resident.

The LTCOP called the NH administrator and also spoke with the other adult child so this was not a surprise visit. Both expressed their concerns but eventually agreed that this meeting was necessary to demonstrate fairness. Unfortunately, by the time the ombudsman arrived, both adult child and administer had second thoughts and refused to let the ombudsman see the resident. This was immediately reported to DOH (and the EOA Director) as a federal and state violation regarding *willful interference*. This is also the first time an ombudsman in Hawaii has ever been refused access to a resident. The LTCOP remains frustrated that DOH took so long to take any action and then determined there was no violation – without ever informing the LTCOP! This could set a precedent and has been reported to CMS and is an ongoing investigation.

Move the LTCOP to SHIPDA: A supporter of the LTCOP had a bill introduced moving the LTCOP to the State Health Planning and Development Agency to avoid conflicts of interest with DOH, since EOA is "attached" to DOH, the licensing agency, and this can violate federal law. The LTCOP opposed this move and was able to get the bill pulled before it was officially introduced. While there are definite conflicts of interest, the LTCOP is working with EOA and DOH to address these concerns and protect the independence of the "Office" of the LTCOP through a Memorandum of Understanding or Agreement. A draft has been written but not yet finalized.

Conferences Attended:

The Consumer Voice (formerly *National Citizens Coalition for Nursing Home Reform*) – Arlington, VA
National Association of State Ombudsman Programs (NASOP) - Denver, Colorado
Institute on Violence, Abuse and Trauma (IVAT) conference - Honolulu

Recognitions:

St. Francis Healthcare Systems *Volunteer of the Year* April 7th
Kupuna Power Day 6th recipient of *Sen. Daniel Akaka Award* April 12. (Senator just died April 6th at age 93.) The nomination came from Senator Brickwood Galuteria. The award was presented by his children, Millannie and Gerard.

Program Funding:

Federal OAA Title VII, Ch. 2 (Ombudsman) $79,072
Federal OAA Title VII, Ch. 3 (Elder Abuse Prevention) $23,712
Federal OAA Title III provided at State level $45,000
State Funds $23,957
TOTAL $171,741