



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

December 23, 2022

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-second State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-second State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the "Annual Report on Elder Programs for the Governor and the Legislature," pursuant to Chapter 349-5(b)(2), Hawaii Revised Statutes (HRS).

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2023-legislature/>

Sincerely,

Elizabeth A. Char, M.D.
Director of Health

Enclosures

c: Legislative Reference Bureau
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**REPORT TO THE THIRTIETH HAWAII STATE
LEGISLATURE 2023 SESSION**

Executive Office on Aging Annual Report for SFY 2022

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



*"E Loā Ke Ola"
May Life Be Long*

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

December 2022

EXECUTIVE SUMMARY

The Executive Office on Aging (EOA), an attached agency to the Department of Health respectfully submits this annual report in accordance with Section 349-5(b)(2), Hawaii Revised Statutes (HRS). The report covers the EOA's programs, services, activities, and initiatives in State Fiscal Year (SFY) 2022.

SFY 2022 will be known as the transition year for the Executive Office on Aging as we rose above the pandemic and focused our energies on strategies and opportunities to provide long-term services and supports in the face of a new norm. The aging network continues to face ongoing workforce issues that hampers our ability to meet the long-term care needs of our older adults. Other challenges include individuals with legal and mental health issues who have difficulty navigating and accessing services and supports. Our network also continues to address food insecurity, social isolation, diversity and inclusion, and working to improve the long-term care system for the state of Hawaii.

In SFY 2022, the EOA received \$10,688,851 in State funds and \$7,042,409 in federal funds for a total of \$17,731,260. The EOA contracted with the Area Agencies on Aging (AAAs) to procure, manage, and coordinate the delivery of long-term supports and services in their respective counties. State funds supported the Kupuna Care (KC) and Kupuna Caregivers (KCGP) Programs while federal funds were used to support family caregiver support services, access services, home and community-based services, and nutrition services. Long-term services and supports reached 7,831 older adults statewide.

In addition, EOA manages the following direct service programs: The Long-Term Care Ombudsman Program (LTCOP) and the LTCOP Volunteer Program, the Hawaii State Health Insurance Assistance Program (SHIP), and the Senior Medicare Patrol (SMP), and programs that support participant direction, such as Participant-Directed and Veterans-Directed Care Programs. EOA continued to undertake, or initiate, special initiatives, such as Hawaii Healthy Aging Partnership (HHAP), No Wrong Door initiative (NWD), Hawaii Alzheimer's Disease Supportive Services program (HADSSP) and the Building our Largest Dementia (BOLD) Infrastructure for Alzheimer's project.

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Part I. Background Information

A. Vision, Mission, and Statutory Basis

Vision: Hawaii is the best place to grow old

Mission: To optimize the health, safety and independence of Hawaii's older adults and people with disabilities. We support kupuna and their caregivers through planning, development, advocacy, and coordination of policies, programs, and services.

In March 2020, legislation to reauthorize the Older Americans Act (OAA) was passed by Congress, as amended through P.L. 116-131. The OAA of 2020 promotes the development and implementation of a comprehensive and coordinated state system of long-term services and supports (LTSS) in home and community-based settings to enable older adults and persons with disabilities to live in their homes and communities.

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 Executive Office on Aging is the designated SUA for the state of Hawaii.

Chapter 349, Hawai'i Revised Statutes (HRS) created the Executive Office on Aging (EOA) to function as the SUA in the state and carry out the responsibilities of a SUA as described in the OAA. Chapter 349, HRS, also created the Policy Advisory Board on Elder Affairs (PABEA) to advise the EOA Director on programs and policies.

B. Hawaii State Plan on Aging

The Hawaii State Plan on Aging details the holistic system of supports to meet the needs of Hawaii's older adults and persons with disabilities by developing and fostering a coordinated and accessible system of long-term services and support through strategic, community-based partnerships and alliances.

The EOA continues to implement its State Plan on Aging covering the period October 1, 2019 to September 30, 2023. The State Plan on Aging was approved by the ACL, and implementation of the plan began on October 1, 2019. A copy of the State Plan on Aging is located at www.hawaiiadrc.org under reports and publications.

The **2019 - 2023 State Plan on Aging** establishes the following five goals:

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

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

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

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

Goal 5: Optimize the health, safety, and independence of Hawaii's older adults and persons with disabilities.

Part II. State and Federal Funding

In SFY 2022, the total operating budget for the EOA was \$17,731,260. Table 1 shows a breakdown of the source of funding between State (60%) and Federal¹ (40%) monies.

Table 1. EOA’s State and Federal Funding for SFY 2022

SOURCE	SFY 2022	PERCENT
State	\$10,688,851	60%
Federal	\$7,042,409	40%
Total	\$17,731,260	100%

Part III. Long-Term Services and Support

A. Aging and Disability Resource Center

Chapter 349-31 of the Hawaii Revised Statutes assigns the EOA the authority to allow each AAA the ability to provide information and access to aging and disability services and supports in their respective counties. Through each Aging and Disability Resource Center (ADRC), the EOA helps older adults, persons with disabilities, and family caregivers find options for long-term supports and services available in the state of Hawaii.

During SFY 2022, the total number of ADRC contacts were 25,717 as compared to 47,790 in SFY 2021. The decrease can be attributed to a statewide effort by other public and non-profit agencies that kept residents apprised of COVID-19, access to food, and multiple outlets to seek assistance. ADRC sites contracted with non-profit agencies to address food insecurity and COVID-19 concerns; therefore, contacts were made directly by these agencies.

Participants that were provided an assessment increased by 50% in FY 2022 for a total of 4,451 as compared to 2,967 in FY 2021. Although there were less contacts made to the ADRC, the increase in assessments conducted reflects the higher level of need and assistance requested by older adults or their caregivers.

¹ Federal funding includes COVID stimulus funds through Families First and the Cares Act.

With the annual increase in the population age 60 years and older, the EOA expects a proportional increase in the number of in-home assessments that will be conducted in FY 2023 and will result in the increase in service authorization and utilization through the Kupuna Care and Older Americans Act (OAA) Title III programs.

Table 2. Outcomes of Consumer Contacts with the ADRC for SFY 2022

Outcomes	SFY 2021	SFY 2022
Number of Contacts Received by the ADRC*	47,790	25,717
Number of Assessments Conducted by the ADRC	2,796	4,451

*Contacts include phone calls, emails, and walk-ins.

B. Kupuna Care Program

The Kupuna Care (KC) Program provides older adults with access to affordable and quality home and community-based services that are person-centered, allowing them to age in place with independence and dignity. KC consists of eight core services: adult day care, attendant care, case management, chore, homemaker, personal care, transportation, and home delivered meals. The Kupuna Care Program began in 1999 and is available in all four counties.

To be eligible for the KC program, older adults must be 60 years of age or older, citizens of the United States or a qualified alien, not covered by any comparable government or private home and community-based care program, and not living in an institution. The older adult must have a cognitive impairment, such as Alzheimer’s Disease or other disability. In addition, the older adult must have deficits in performing two or more Activities of Daily Living (ADL) such as eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking; or performing Instrumental Activities of Daily Living (“IADL”) such as preparing meals, shopping, managing medication, managing money, using the telephone, doing housework, and using available transportation without assistance.

COVID-19 continues to impact the level of services provided through the KC program. In Table 3 on page 5, the data highlighted in orange reflects the decrease in persons served and units of services delivered.

Table 3. Services Provided for SFY2022 (July 1, 2021 – June 2022)

KC Services* **	Persons Served SFY2021	Persons Served SFY2022	Persons Served % Diff.	Units of Service SFY 2021	Units of Service SFY 2022	Units of Service % Diff.
Personal Care	486	462	-5.19%	38,552	37,473	-2.80%
Homemaker	533	517	-3.0%	21,200	21,915	3.37%
Chore	52	52	0%	524	680	29.77%
Home Delivered Meals	4,961	4,345	-14.18%	865,154	612,031	-41.36%
Adult Day Care	236	345	46.19%	135,979	209,780	54.27%
Case Management	3,885	3,657	-6.23%	24,649	23,498	-4.70%
Assisted Transportation	93	147	58.06%	3,168	4,891	54.39%
Transportation	1,847	2,007	7.97%	68,141	79,943	17.32%

In FY 2022, there was a significant increase in older adults attending adult day care as compared to FY 2021. This was due to: 1) caregivers returning to work; 2) service providers unable to recruit and retain staff to provide other support services such as personal care, chore, and homemaker; and 3) federal stimulus and CARES Act funding primarily being used to fund the services. The number of home-delivered meals decreased significantly in FY 2022 and may be attributed to: 1) lifting of covid restrictions and older adults resuming attendance at congregate meal sites; and 2) increase in older adults attending adult day program and receiving their meals there.

The EOA remains hopeful that service providers will be able to recruit and retain employees to provide the much-needed long-term services and supports older adults require to remain in their homes and avoid out of home placement. The EOA Director was selected to participate in Long-Term Care reform led by the Council of State Governments. One of their priorities is workforce development in the institutional and home and community-based settings. The Administration on Community Living has also received federal funding to establish a national center to expand the direct care workforces across the country.

C. Title III Older Americans Act Services and Legal Services

In addition to Kupuna Care, older adults and caregivers have access to other services and supports through the Older Americans Act (OAA) Title III Services. OAA programs and services represent a significant federal investment in developing a comprehensive, coordinated, and cost-effective system of home and community-based services (HCBS) that enable adults to live independent and healthy lives in their homes and communities. The type of services that OAA funds support include:

1) ***Title III-B: Supportive Services***

Title III-B supportive services provide comprehensive and coordinated in-home and community-based long-term care services for older adults, age 60 or older. These services assist older adults by promoting socialization, continued health and independence, addressing functional limitations, and protecting elder rights. EOA through the Area Agencies on Aging utilize Title III-B services for information and referral assistance, outreach, legal assistance, and mental health services. Title III-B may also fund multi-purpose senior centers that coordinate services for older adults, community education, health screening, exercise and health promotion programs, and transportation. Collectively, these services enable older individuals to maintain their highest level of function, participation, independence, and dignity in the community.

Legal Services assist older adults in securing their rights, benefits, and entitlements. Legal assistance is one of the priority services under the OAA. Title III-B funds are used by the Area Agencies on Aging (AAA) to offer legal assistance to older adults statewide. Legal Assistance Services of Hawaii (LASH) currently provides legal assistance to older adults statewide through individual contracts with each AAA. In SFY2022, 1,924 older adults received 10,488 hours of legal assistance statewide.

LASH assisted kupuna with various legal matters including, housing, eviction, public benefits, unemployment, retirement, elder fraud and abuse, advance planning for healthcare directives, durable power of attorney, simple wills and transfer on deeds, guardianship/conservatorships, and family matters such as divorce and restraining orders. Some examples of the legal matters that LASH assisted with were: 1) assisting a 68 year old client, whose temporary restraining order was set to expire within days of the abuser's release from OCCC, to file and successfully represent her in court for a new protective order to keep her from further abuse and harassment; 2) aiding a 78 year old client, who was being sued for debt as a result of identity theft, to negotiate a written settlement, dismiss the case in court, and then dispute and remove the infraction from his credit records so that the threat of further action would not affect him or his credit; and 3) advocating for a 75 year old client, who received a 45 day termination notice on his lease but needed immediate medical treatment and recovery for a life threatening medical condition, for a reasonable accommodation request for a six month extension on his lease. Each of these individual impacts have a ripple effect across the individual, the families, and the community.

With COVID mandates lifted, LASH county offices conducted community outreach and training events including in: 1) Hawaii County- outreach activities were conducted at senior centers and community fairs and markets and at homeless shelters to continue to address and assist residents with their vital records and documents; and 2) Honolulu

County- LASH coordinated with organizations such as Queen’s Medical Center, Lanakila Multipurpose Senior Center, the Kupuna Caucus, and the Policy Advisory Board for Elder Affairs to organize 10 outreach and training events and reach 233 people during this period.

The EOA Legal Services Developer continues to collaborate with local, state, and federal agencies on elder abuse prevention. These efforts included: coordinating and facilitating quarterly elder justice team meetings and collaborating with other state and federal agencies to plan and participate in a virtual elder fraud prevention networking retreat scheduled in May 2022, which resulted in about 100 participants attending the event to share information on elder abuse trends and to identify successes, challenges, and opportunities in elder abuse prevention efforts. In recognition of World Elder Abuse Day, the EOA also partnered with AARP, the University of Hawaii Center on Aging, the Honolulu Prosecutor’s Office, and the Honolulu Police Department to provide two virtual fraud prevention trainings to older adults, caregivers, advocates, and aging network professionals.

During this period the legal assistance program faced the following challenges:

- *Staff capacity remains limited*
COVID continued to impact LASH’s staffing capacity. While LASH continued to operate during the pandemic for some of their satellite offices on the neighbor islands work continued remotely, and unannounced client visits have not resumed. In person client appointments, following protective measures with masks and social distancing, are done on a case by case basis. Some of LASH’s county offices also lost key staff during the pandemic which impacted the number and type of cases that was accepted and these office’s ability to do community outreach and trainings.
- *Housing instability on the rise:*
During the pandemic LASH developed and shared updated materials on the Landlord/Tenant Moratorium, keeping the kupuna and the AAA staff apprised of changing moratorium policies. Unfortunately, the pandemic continues to result in more housing cases, which also tends to be more complex. LASH experienced an increase in kupuna requesting legal assistance for housing concerns related to at-risk eviction and income instability due to the high cost of housing and the lack of affordable housing/rental options. As a result, LASH will continue to conduct outreach and trainings on housing stability and tenant rights.
- *Necessity for advance planning*
In Hawaii kupuna can be land rich but cash poor and on a fixed income. Some level of proper estate planning is necessary but setting up a living trust can be cost prohibitive for many. Planning is also necessary to establish alternatives to

guardianship of incapacitated older adults. LASH will plan to educate more older adults on the benefits of advance planning and will continue to assist Hawaii's kupuna with advance planning documents for simple wills, financial and medical powers of attorney, and transfer on death deeds.

2) ***Title III-C: Nutrition Services***

Congregate nutrition services and home-delivered nutrition services provide meals and related nutrition services to older individuals in a variety of settings including congregate facilities such as senior centers; or by home-delivered meals to older individuals who are homebound due to illness, disability, or geographic isolation. Services are targeted to those in greatest social and economic need with particular attention to low-income individuals, minority individuals, those in rural communities, those with limited English proficiency and those at risk of institutional care. Nutrition Services Programs help older individuals to remain independent and in their communities.

3) ***Title III-D: Disease Prevention and Health Promotion Services.***

Title III-D provides education and implementation activities that support healthy lifestyles and promote healthy behaviors. Health education reduces the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need. There were 158 elders, who participated in virtual classes in alignment with COVID precautions in SFY2022.

4) ***Title III-E: National Family Caregiver Support Program (NFCSP)***

The NFCSP offers a range of services to support family caregivers. Services to caregivers include the following: information to caregivers about available services and supports, assistance to accessing services, individual counseling, organization of support groups, and caregiver training, respite care, and supplemental services.

D. Service Utilization Statewide

This section covers the utilization of federally funded services in SFY 2022. Table 4 on the next page shows the number of unduplicated persons served, service units delivered, and the unit measure.

Table 4. Utilization of Services in SFY 2022

SERVICES*	PERSONS SERVED (Unduplicated)	UNITS OF SERVICE	MEASURE
Attendant Care	106	5,987	Hours
Legal Services	1,924	10,488	Hours
Caregiver Services			
Respite Care	304	54,010	Hours
Counseling/Support Groups/Training	520	3,349	Sessions

*These services are funded with Federal funds.

Part IV: Other Programs and Special Initiatives

In addition to long-term services and supports provided in home and in community-based settings, 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 special initiatives and their performance in SFY 2022.

A. Other Federal Grant Programs

1) *Title VII: Long-Term Care Ombudsman Program (LTCOP)*

Both federally and state mandated, the Long-Term Care Ombudsman Program (LTCOP) serves as an advocate for residents of nursing homes, adult residential care homes (ARCH), expanded ARCHs, community care foster family homes (CCFFH) and assisted living facilities (ALF). The number of facilities state-wide is approximately 1,779 with 12,895 beds. In SFY2022, the LTCOP staff included: 1 State Ombudsmen, 1 full-time Volunteer Coordinator, a full-time contracted Ombudsman who was hired as the Oahu Ombudsman in March 2022, and 3 part-time contracted Ombudsmen for Kauai, Maui, and Hilo counties.

During SFY 2022 accomplishments for the LTCOP included:

- *Expansion of LTCOP Staff*
The LTCOP expanded its staff by contracting a part-time Ombudsman for Kaua‘i and hiring a full-time Ombudsman for Oahu. COVID-19 presented many challenges advocating for long-term care residents, particularly on the neighbor islands. Inter-island flights were limited, and rental cars were nonexistent. Despite LTCOP’s part-time contracted Ombudsmen and new full-time Ombudsman for Oahu, more staff are needed to meet federal mandates to make

quarterly visits to facilities.

Several groups asked the Program to speak about and advocate on the deadly effects of social isolation and the difficulties residents and their families faced during the pandemic. The pandemic resulted in the public, media, and legislators understanding the vital importance of the LTCOP and how poorly funded and understaffed it has been since its inception in 1975. During the 2022 legislative session the Executive Office on Aging, Department of Health, Policy Advisory Board for Elder Affairs (PABEA), Kupuna Caucus, Kokua Council, Area Agencies on Aging, Healthcare Association of Hawaii, Legislature, media, and many other groups and individuals rallied in support of two legislative bills, HB1824 and SB2676, which appropriated funds for (5) five additional full-time Ombudsmen for the State. Senator Sharon Moriwaki and Representative Troy Hashimoto were pivotal in advocating for the bills and gaining support from other legislators.

- *Advocacy for Residents of Nursing Home Closure*

In April 2021 Dignity Senior Living, an assisted living facility in Punulu'u, closed. Wahiawa General Hospital announced plans to close its nursing facility. The closing of the Wahiawa nursing facility would impact 136 residents and leave the area of North Shore without a nursing home. The nearest nursing homes are Ann Pearl nursing home in Kaneohe and the Pearl City Nursing home. The LTCOP met with the Wahiawa Nursing Home Administrator and the President of the Board to advocate for residents and their families, ensure transparency during the process, and assist residents with a smooth transition to a new home. The LTCOP also spoke at a virtual Town Hall hosted by Representative Amy Perruso to discuss the closure and concerns from the community.

The challenges brought on by COVID for long-term care residents and the closing of nursing home facilities put the LTCOP in the media spotlight and boosted our credibility as a strong advocate for the neediest members of our community and a trusted resource for both the media and the community.

During this period the three major challenges faced by the LTCOP were from the consequences of COVID: 1) State workers were mandated to work from home 2) Facilities were not allowing visitors, which initially included Ombudsmen and 3) Volunteer Ombudsmen, many of whom are themselves older adults were fearful of contracting COVID and bringing it home to their loved ones, particularly in the beginning of the pandemic when testing sites, vaccinations, and boosters were unavailable. Mandatory testing and vaccinations policies for Ombudsman were developed and implemented, including the establishment of visitation protocols for LTC facilities.

Over the years the LTCOP developed close relationships with other agencies, which allowed for open sharing of information and assistance, but those relationships are disappearing as peers considered retirement. Memorandum of Understandings (MOU) between the Office of Health Care Assurance (OHCA), Adult Protective Services, the county Police Departments, the county Prosecutor's Office, and legal providers such as, Hawaii Disability Rights Center and Legal Aid Society of Hawaii are needed to maintain these working relationships. The LTCOP will work with the Attorney General's Office to develop these MOUs with other state and local agencies.

In 2017 the Legislature appropriated \$75,000 to EOA to contract for part-time Ombudsman services for Kauai, Maui, and Hilo counties. Procuring and contracting for ombudsman services has been difficult. The LTCOP is currently on its third contracted hire for Kauai County and the second contracted hire for Hilo County. Past contractors have left because they were unable to afford the high cost of living in Hawaii on a part-time salary. The recent legislative appropriation of funding in 2022 for (5) additional full-time Ombudsman for the Neighbor Islands and on Oahu should improve recruitment efforts to hire more Ombudsman.

2) ***Long-Term Care Ombudsman Volunteer Program***

The Long-Term Care Ombudsman Volunteer Program is a federal and state program that trains and certifies volunteers to assist the State Long-Term Care Ombudsman to identify, investigate, and resolve quality of life and quality of care issues to ensure that residents' rights are honored and protected.

In SFY 2022 there were twenty-seven (27) certified volunteers, who provided 819 service hours valued at \$24,537 (based on 2022 national volunteer hourly rate). With the resumption of in-person visits to LTC facilities, certified Ombudsmen are required to be fully vaccinated and boosted and follow new protocols including, social distancing, PPE (e.g., N-95 masks, face shields, gowns, and shoe covers), and adherence to facility requirements on the number of residents visited, and duration and frequency of visits. Despite intermittent closures due to COVID cases Volunteer Ombudsmen conducted 99 in-person visits, investigated and resolved 27 of 34 cases of complaints received, and consulted with 190 residents, family members or facility staff by phone, email, or in person.

A new website, <https://www.hi-ltc-ombudsman.org/>, dedicated to the Hawaii Long-Term Care Ombudsman program was launched in September 2021. The site features information about the LTCOP program and volunteer opportunities, current news, and links to resources, including the Office of Health Care Assurance, Adult Protective Services, Medicaid, Veterans Affairs, legal services, and other local resources. The website has generated 92 phone calls, 6 anonymous complaints, 9 consultations, and recruitment of 2 new volunteers.

To better prepare Ombudsmen the LTCO Volunteer program developed a new Hawaii LTCOP Training Curriculum, which goes above and beyond the national standards and requirements of training hours and content knowledge. The curriculum provides online, classroom or self- study formats with 30+hours of comprehensive training materials, including 26 modules, 31 power points, and actual case studies investigated and resolved by the Hawaii LTCOP. Table 5 below shows the LTCO Volunteer Program accomplishments.

Table 5. Accomplishments for LTCO Volunteer Program

Activity	SFY 2021	SFY 2022
Volunteers	25	27
Volunteer Service Hours	716	819
Facility Visits	36	99
Cases Opened/Closed	12/8	34/27
Resident/Family Consultations	115	190

Staffing shortages at long-term care facilities and minimal program funding continue to impact the LTCOP and the Volunteer Program. The inability of long-term care facilities to recruit employees has resulted in a statewide staffing shortage of nurses and nurse aides, resulting in the inability of facilities to admit new residents and provide quality of care to residents. Even with resident vacancies in LTC facilities, the top three concerns investigated by Ombudsmen included: 1) slow response to requests for staff assistance, 2) limited in-person visitation, and 3) personal preference restrictions (e.g., activities and food choices) impacted by staff availability. The Healthcare Association of Hawaii and the University of Hawaii have taken steps to address the shortage by reaching out to retired nurses and accepting qualified applicants from out of state. The addition of full-time Ombudsman staff provides an opportunity for additional onsite shadowing to the existing team and enhanced mentoring for the new volunteers.

Minimal program funding to support volunteer recruitment, training, and retention efforts continues to be an ongoing challenge. Additional funds would support: 1) broader outreach to underserved communities, 2) radio/tv/print advertising, 3) travel and logistics for training, 4) appreciation and recognition activities to promote retention, and 5) contracts with partners to leverage resources.

3) ***Hawaii State Health Insurance Assistance Program (SHIP)***

The Hawaii State Health Insurance Assistance Program (SHIP) is a volunteer-based program funded by the Administration for Community Living. Since 1992, SHIP has helped Medicare-eligible individuals, families, caregivers, and soon-to-be retirees to

make informed health insurance decisions that optimize access to care and benefits. Local counselors are Medicare-certified, and all services are free, confidential, and unbiased. Group presentations cover Medicare, Social Security, and many other health topics. SHIP continues to counsel by phone and Zoom to protect the health and safety of staff, volunteers, and clients. SHIP also continues to recruit for volunteers statewide. Table 6 below shows SHIP accomplishments for SFY 2022.

Table 6. Accomplishments for Hawaii SHIP

Activity	SFY 2021	SFY 2022
Medicare Beneficiaries in Hawaii	278,077	292,830
Help Line and Website Inquiries	2,480	5,134
Clients Who Received Counseling	2,849	3,131
Persons Reached through Outreach	6,942	4,898
Help with Low-Income Subsidy Program Enrollment	1,812	1,905

In SFY 2022 SHIP’s top three (3) accomplishments included:

- *Launch of a Statewide, Virtual Open House*
 In September 2021, SHIP launched a statewide, virtual Open House to provide the community with an opportunity to learn more about its services, the importance of its partnerships, and understand the impact of its volunteers. Volunteers shared how they have helped others and the rewards of being a volunteer, while employers learned about the free presentations, webinars, and counseling available to their employees and clients.
- *In-Person Counseling Resumes*
 During Medicare’s Open Enrollment Period (OEP), from October to December 2021, SHIP resumed in-person counseling and held four events at the Honpa Hongwanji Hawaii Betsuin. Following strict safety protocols, kupuna eagerly filled the 1-hour time slots on October 22 & 29 and November 9 & 19. Beneficiaries received extensive assistance to review plan options, benefits, and costs. Additional in-person enrollment events are planned for the 2022 OEP.
- *The 2022 Class of “Intro to Medicare” Course Produce Tutorials Videos on Medicaid and Medicare.*
 In 2020 SHIP partnered with the University of Hawaii Myron B Thompson School of Social Work to develop an “Intro to Medicare” curriculum and offer the course to its students. Classes were held virtually, and the students’ research, presentations, and products have been invaluable to the SHIP program.

In 2022 the SHIP again partnered with the University of Hawaii Myron B Thompson School of Social Work class and students produced tutorial videos on: 1.) *How to Apply for Medicaid*, 2.) *How to Enroll in Medicare*, 3.) *Where to Find Caregiver Resources*, and 4.) *How to Use Medicare's "What's Covered App"*. Through this partnership 31 students earned their Medicare Counselor Certification, 12 service learning projects were completed at 10 partner sites, and over 30 health-related tools were created to specifically help kupuna. Since the course was initially offered the curriculum and learning experience for students was well received and prepared future health care workers to pursue careers working with older adults.

With Baby Boomers turning age 65, the demand for services has grown significantly. The cancellation of in-person events due to COVID greatly diminished outreach efforts. Increased airing of TV and radio ads provided important information and updates to consumers, but advertising costs are high and not sustainable. Federal funding for the program is fixed and subject to review and approval. Therefore, EOA introduced a legislative bill in 2022 seeking additional funds. However, the bill failed to pass in conference committee. Leveraging resources with partners will be a priority, and the SHIP will again be submitting legislation in 2023 to seek additional funds.

4) ***Hawaii Medicare Improvements for Patients and Providers Act (MIPPA)***

MIPAA is a federal, volunteer-based program, which was established to enhance state efforts to provide information and assistance to Medicare beneficiaries who are low income, limited English speaking, rurally isolated, and who qualify for the Low-Income Subsidy (LIS) program, Medicare Savings Program (MSP), or Medicaid to help offset medical and prescription drug costs. Hawaii MIPPA, in alignment with the Hawaii State Health Insurance Assistance Program (SHIP), focuses on expanded outreach to beneficiaries through statewide and local coalition building involving volunteers, community agencies, non-profit organizations, benefit enrollment centers, the county Area Agencies on Aging and the Aging Disability Resource Center sites.

In SFY2022 MIPAA accomplishments included:

- *Participation in the Dual Special Needs (D-SNP) Default Enrollment Initiative*
In July 2021, Hawaii SHIP/MIPAA worked with the national Dual Special Needs (D-SNP) Default Enrollment Initiative, a task force focused on Medicaid members turning 65 and those applying for Medicaid and Medicare for the first time. These individuals were auto enrolled into D-SNP to ensure coordination of care. Hawaii SHIP/MIPAA was listed as a resource for those who did not want to be auto enrolled, wanted to compare plans, and needed application assistance.
- *Development of LIS Volunteer Specialists and Medicaid Volunteer Specialists*

In 2022, LIS specialists and Medicaid Specialist Roles (MSP) were created. With training and referrals provided by Med-Quest staff, specialists are trained to rigorously screen for eligibility, provide information on Medicaid benefits and complete the referral and application process.

- *Education and assistance of Medicaid members to ensure continued health coverage*

Due to COVID Medicaid benefit terminations are not allowed during the public health emergency. When the public health emergency mandate ends Medicaid members will need to reapply or find other health coverage. Hawaii MIPPA/SHIP programs receive national and local directives to assist transitioning Medicaid members who are affected. New advertising , brochures, and webinars were developed to provide important updates to educate and inform Medicaid members to prepare early for the re-enrollment process to ensure continued health coverage.

Like SHIP, the MIPAA program seeks funding to meet the growing demand for its services. EOA re-introduced a bill in the 2022 legislative session for additional funding to increase staffing and expand partner contracts and advertising efforts to increase awareness of SHIP/MIPAA services and volunteer recruitment. The bill died during conference committee. The SHIP bill will be reintroduced in the 2023 legislative session.

In 2022, there were significant increases in outreach as in-person events resumed and beneficiaries received in-person counseling. The number of persons reached through outreach rose from 1,217 to 4,028 in 2022. The risk of COVID remains a concern as the number of new cases rise. The safety of staff and volunteer remains a priority. New safety protocols for in-person events and counseling include, mandatory use of personal protective equipment, such as masks, and social distancing guidelines are strictly followed.

5) *Senior Medicare Patrol (SMP)*

SMP Hawaii is a federally funded program to recruit and train volunteers to prevent, detect and report health care fraud, errors, and abuse. Volunteers participate in group outreach and education events, provide 1:1 counseling, and refer suspected fraud and scams to the proper authorities.

Medicare loses \$70 billion each year from fraudulent billing and scams. SMP Hawaii educates Medicare beneficiaries to read their medical statements to detect errors and incorrect billing and promote prevention tips to avoid becoming a victim of a malicious online or phone scam. Table 8 on the next page reflects SMP Hawaii accomplishments for SFY 2022.

Table 8. Accomplishments for SMP

Activity	SFY 2021	SFY 2022
Active SMP Volunteers	50	45
Volunteer Service Hours	5,819	4,755
Beneficiaries Counseled	5,569	734
Persons Reached through Outreach	4,754	4,966
Cost Savings to Medicare, Medicaid, and beneficiaries	\$0	\$2,418
Recovery and Savings to Medicare beneficiaries	\$0	\$677

SMP Accomplishments for SFY 2022 included:

- In SFY 2022, SMP Hawaii sent mailers to 13,000 households in hard-to-reach communities targeting low-income older adults on Hawaii Island. The criteria were at least one resident over the age of 50 and an annual income of less than \$50,000. Radio ads ran to increase brand awareness and education. The effort yielded 2 new volunteers and 2 new partner agencies that serve the target population.
- SMP Hawaii received \$18,000 to build digital literacy enabling older adults to connect to services to reduce food insecurity and social isolation during another public health emergency. A “Computer Basics for Kupuna” brochure was developed and distributed with online safety tips, buying a device to fit needs and budget, and tech terms and definitions.
- The positive responses of #2 led to a 2nd issue with resources for computer classes, Medicaid redetermination once the public health emergency ends, and benefits of telehealth services.

SMP identified the need for translated presentations for the limited English-speaking population. However, it has been difficult to recruit bilingual volunteers. Next year, the program’s focus will be to partner with volunteer organizations that have bilingual volunteers and to develop virtual and in-person presentations to be conducted in the target communities.

Another challenge SMP faces is the significant increase in scams since COVID began. Scams such as ransomware, phishing, genetic testing, durable medical equipment, grandparent, and imposter schemes have stolen life savings from older adults. SMP Hawaii will partner with Better Business Bureau, Federal Trade Commission, Attorney General, Office of Inspector General, Bank of Hawaii, Social Security Administration, and other agencies to raise awareness, promote prevention, and provide community updates of the latest scam cases.

B. Special Initiatives

1) *Hawaii Healthy Aging Partnership*

Hawaii Healthy 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.

The Hawaii Healthy Aging Partnership (HHAP) is a cooperative endeavor by the Executive Office on Aging (EOA), the Department of Health Chronic Disease Prevention & Health Promotion Division, and the University of Hawaii at Manoa Center on the Family (UH COF) to improve the health of Hawaii’s older adults (kupuna) by offering two evidence-based health promotion programs: Enhance®Fitness and Better Choices Better Health–*Ke Ola Pono*.

The Enhance®Fitness (EF) is an evidenced-based group exercise program designed for older adults. The classes are led by nationally certified fitness instructors, conducted three times a week, and consist of cardio, strength, balance, and flexibility exercises. Program results showed that participants improved their strength, balance, and mobility, increased the number of days spent exercising, and experienced fewer falls. During the pandemic, remote EF classes and modified program versions were offered.

The Better Choices Better Health (BCBH) is a six-week chronic disease self-management program. The program is facilitated by two trained leaders. Participants learn skills to help manage their chronic conditions and improve their interactions with health care providers. HAP offers three types of BCBH programs: the Chronic Disease Self-Management Program (CDSMP), the Diabetes Self-Management Program (DSMP), and the Cancer: Thriving and Surviving Program (CTS). The BCBH was offered through phone, synchronized video conferencing, and self-paced online formats during the pandemic. Funding for both the EF and BCBH are supported by Title IIID funds, Federal CARES Act funds, local county funds and program income. With the support of partner organizations from the aging and public health networks, HHAP continued to offer the EF and BCBH programs in delivery methods that were appropriate and safe for the staff and participants. The EF served 158 kupuna and BCBH served 52 kupuna.

Table 9. Number of Participants Served for HHAP

Activity	SFY 2022
EnhanceFitness Program	158 Participants
BCBH Phone & Online Workshop (modified version)	52 Participants

Key accomplishments of the Enhanced Fitness program included:

- Maui County Office on Aging offered five remote EF classes, and Kauai Aging

on Elderly Affairs offered five virtual exercise classes to keep the kupuna active. Each county also offered New Instructor Training to increase the capacity of its offering.

- YMCA of Honolulu partnered with Pearl City Community Church to offer an in-person EF class to the community.

Key accomplishments of Better Choices Better Health included:

- HAP partners formed a partnership with Kaiser Permanente to offer BCBH classes to Kaiser members and to continue to recruit participants for the self-paced online BCBH classes.
- HAP expanded its capacity to offer BCBH through training to 21 BCBH DSMP leaders statewide, and an online HAP data report platform was launched to allow HAP partners to view program data by county, program, and dates.

While adjusting to the ever-changing COVID-related restrictions, HAP continues to focus on keeping kupuna active and healthy. HAP partners work closely with other projects and community partners to reduce or remove barriers for kupuna to join remote classes. HAP partners developed a safety plan to prepare for the reopening of in-person classes.

Funding for HAP to sustain and expand its program efforts is critical. Limited funding reduced HHAP's capacity to retain instructors and leaders to offer classes. Program revenue has reduced because collecting voluntary donations through remote classes is difficult. HAP continues to seek opportunities for new funding sources to sustain its programs to keep kupuna active and healthy.

2) *Community Living Program*

The Community Living Program (CLP) embodies participant-direction and has the same eligibility requirements as the Kupuna Care Program. However, the CLP differs from the Kupuna Care Program, in that the care recipients are their own case managers. To be enrolled in CLP, participants must be willing and able to self-direct their own care which means hiring their own care workers, who may be friends of family members, who provide care. The care recipient is responsible for explaining the job duties needed to provide the care that is needed and must adhere to a monthly budget and complete required paperwork on a timely basis.

In SFY 2022, a total of 25 qualified individuals were enrolled in the CLP statewide, as compared to 37 participants enrolled in SFY 2021. The EOA expects to enroll more individuals as the program will begin to accept referrals for participants residing in the City and County of Honolulu.

3) *Veteran-Directed Choice Program*

The Veteran-Directed Choice Program (VDC) program is a participant-directed program

administered by the Veteran's Administration (VA) for eligible veterans of all ages. The VDC participants must have a functional level that makes them eligible for nursing home placement. The VDC allows veterans to control 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.

In SFY 2022, a total of 100 participants were enrolled in the VDC program, which is the same amount as in FY 2021. The EOA expects to enroll 35-40 new veterans in the VDC program in SFY 2023.

4) *No Wrong Door (NWD) Initiative*

With a grant from the Administration for Community Living (ACL), EOA developed a No Wrong Door network with state, county, and private nonprofit agencies to streamline the referral process for individuals who need long-term services and supports. The concept behind the "No Wrong Door" system is to ensure that no matter what "door" (agency) the individual enters, they will receive an assessment and a warm hand off to the agency/agencies who will be able to help them. EOA developed an online referral tool for the agencies to use when referring participants for services in the NWD network.

Although the NWD grant ended in September 2019, EOA continued to support and expand the NWD network with agency funding. EOA conducted six bi-monthly meetings via Zoom with the NWD network agencies so they could share information about their agencies and any changes in procedures during the pandemic. They were also able to identify any challenges facing their agencies. EOA also added four state programs and provided training on the NWD tool for two nonprofit agencies to allow them to use the referral tool.

In September 2021, EOA submitted documents for Federal Financial Participation (FFP) through Med-QUEST (MQD) to the Center for Medicare and Medicaid Services (CMS) and is awaiting approval.

While the NWD network continues to grow, EOA is challenged with providing the staff needed to administer the NWD network. A grant with the Children with Special Health Needs Branch was used to contract for support of the NWD online referral tool. Working with the Department of Human Services, EOA also submitted a request for Congressional discretionary spending to maintain the NWD referral tool through the newly established Office of Wellness and Resilience.

5) *Hawaii Alzheimer's Disease Supportive Services Program Grant*

In 2019, EOA received an 18-month expansion grant to the Hawaii Alzheimer's Disease Supportive Services Program, known as the Alzheimer's Disease Program Initiative (ADPI). The ADPI grant included: 1) extending dementia capability training to Community Health Workers (CHW); 2) enhancing dementia care transitions within Queen's Medical Center and

integrate CHWs and homeless providers in the transition and support of homeless individuals with dementia; and 3) expanding the availability of a culturally tailored Savvy Caregiver program in Hawaii's rural communities. With the surge in COVID cases at the end of 2021, EOA requested and was awarded a no cost extension till March 31, 2023 to continue training CHWs, working with Queen's Medical Center and the Institute for Human Services (IHS) and providing Savvy Caregiver programs to caregivers.

Accomplishments for the Hawaii Alzheimer's Disease Supportive Services Program in SFY 2022 included:

- In July 2021, EOA trained 40 staff at the Institute for Human Services (IHS) on dementia capability and on administering the AD8 and Mini-Cog cognitive impairment screening tool.
- In October 2021, nine individuals started the online train-the-trainer Savvy Caregiver course. In April 2022, two of the newly trained Savvy facilitators co-taught their first 6-week Savvy Caregiver class via Zoom. There were nine caregivers registered for the class, but only 4 caregivers completed all 6 weeks.
- In November 2021, Dr. Ritabelle Fernandes recorded two 30-minute dementia capability training videos (Part I and Part II) for community health workers. The videos are posted on YouTube with and without closed captioning:
<https://www.hawaiidrc.org/alzheimers-supportive-services-program>.

COVID continued to affect our goal to train inpatient and outpatient staff at Queen's Medical Center (QMC). Meetings, to establish a care transitions model for their staff, were difficult to schedule. While we were able to train other medical center staff to use the AD8 and Mini-Cog screening tools to detect cognitive impairment, QMC staff were already implementing a dementia screening tool in their Emergency Department for all patients over the age of 75 years old. Patients who did not pass the screening were then referred to QMC social workers and case managers for follow up. We will continue to work out a strategy to assist QMC staff with care transitions.

EOA will continue to provide training for community health workers at the community colleges and at the Community Health Worker Conference scheduled for July 2022.

6) *Building our Largest Dementia (BOLD) Infrastructure for Alzheimer's Disease*

The EOA and the Center on Aging (COA) received a three-year planning grant from the Center for Disease Control and Prevention (CDC) to revise The Hawaii 2025: State Plan for Alzheimer's Disease and Related Dementias (ADRD) and build a strong public health infrastructure to address ADRD that aligns with the Center for Disease Control and Prevention (CDC) Healthy Brain Initiative Road Map. The grant will: 1) hire an ADRD coordinator; 2) engage stakeholders in the planning process; 3) increase the data sources on dementia; 4) develop a workforce development plan; and 5) develop a public

awareness and messaging plan for Asian American and Pacific Islander (AAPI) communities.

In July and August 2021, EOA issued a Request for Information to determine if the Healthy Brain Initiative Road Map for Indian Country can be applied to Native Hawaiian communities and subsequently develop a plan to guide approaches and public health strategies for Native Hawaiian communities to pursue. In March 2022, Papa Ola Lokahi was awarded the contract to develop a Road Map for Native Hawaiians.

In May 2022, Dr. John Kauwe, President of Brigham Young University-Hawaii, presented his research on Alzheimer's disease genetics and resilience to Advisory Committee and workgroup members. The Advisory Committee and workgroup members were honored and excited to learn about his work. The stakeholders are looking forward to his continued engagement with the workgroups.

In July 2021, the Legislature approved EOA's budget request to establish the ADRD Coordinator's position, but as of June 2022 the EOA is still having challenges establishing the position through the Department of Health's Human Resources Office. The ADRD Coordinator position is vital to the implementation of the Hawaii State Plan on Alzheimer's Disease and Related Dementias. EOA will continue to engage stakeholders in the Advisory Committee and four workgroups to revise the state plan for Alzheimer's Disease and Related Dementias. EOA will also apply for the CDC implementation grant for the ADRD plan.

7) *EOA Disability Initiatives*

The EOA Disability Specialist (DS) provides information and assistance to elders and persons with disabilities, specifically complex cases referred by the Area Agencies on Aging (AAA) and the EOA clerical staff. In addition, the DS provides training and technical assistance and participates on the Council on Development Disabilities and the Council's Community Supports Committee (CSC) to advocate for the needs of older adults and individuals with disabilities. The AAAs can request training and technical assistance from the DS to better serve and support older adults and those with disabilities, and their family members.

The DS continues to receive inquiries from individuals with disabilities and/or their families regarding concerns related to housing, benefits, employment, healthcare, and other issues. He provides basic information and referrals to agencies such as the Aging and Disability Resource Center, Social Security Administration, Department of Human Services, Long Term Care Ombudsman Program, Catholic Charities of Hawaii, and Community Independent Living Program. Table 10 below represents the DS' support to vulnerable populations in FY2022.

Table 10. Disability Initiatives Activities

Activities	SFY 2021	SFY 2022
Persons Served	45	44
Calls Received	28	22
Emails Received	17	22

Every legislative session the DS also monitors bills that may impact vulnerable populations and provides input and drafts testimony for a bill. In SFY 2022 the DS drafted support testimony for two bills: 1) SB2381 SD1, relating to technology access for individuals with disabilities and 2) HB1622, relating to the establishment of Employment First as a state policy for employment of individuals with disabilities. Unfortunately, the two bills did not move forward through legislative committee hearings to become law.

There was a decrease in the number of calls and emails received for informational and referral assistance in SFY 2022 as compared to SFY 2021. It's unclear whether this is COVID related. The DS will network and reach out to community and state agencies, such as Catholic Charities, Hawaii Disability Rights Center, and Disability Communication Access Board, to promote and encourage more inquiries.