

Joint Spec. Com. Rep. No. 1

The Joint Legislative Committee on Aging in Place (JLCAIP), created pursuant to Act 285, Session Laws of Hawaii (SLH) 2006, as the Joint Legislative Committee on Family Caregiving (JLCFC), and renamed pursuant to Act 220, SLH 2008, having been directed to report to the Legislature by Act 11, Special Session Laws of Hawaii (SSLH) 2008¹ entitled:

"A BILL FOR AN ACT RELATING TO CAREGIVING,"

begs leave to report as follows:

PART I. INTRODUCTION

The JLCAIP is mandated to develop a comprehensive public policy to strengthen support for family caregivers who provide unpaid, informal assistance to persons 60 years of age and older with physical or cognitive disabilities and for grandparents raising grandchildren. Since its first meeting in September 2006, the Committee has conducted three work programs during legislative interims. This is the third report the JLCAIP has submitted to the Legislature.

Part II of this report provides background information on the JLCAIP's concern for family caregivers. Part III provides updates on the ten issue areas the Committee examined which are described in Part III. Part IV contains findings and recommendations of the JLCAIP, and Part V is the conclusion.

The 2008 Interim work program of the JLCAIP focused on issue areas involved in family caregiving and aging in place. The issue areas discussed in this report include:

- (1) Kupuna Care;
- (2) Respite Care;
- (3) Cash and Counseling;
- (4) Paid Family Leave;
- (5) Grandparents Raising Grandchildren;
- (6) Aging and Disability Resource Center;
- (7) Home for Life Task Force;
- (8) Home Care Licensing;
- (9) Home Medical Equipment; and
- (10) Long Term Care Commission.

PART II. BACKGROUND**Concern for Family Caregiving**

Hawaii has a strong tradition of family caregiving. Family caregivers are family members, friends, and neighbors who provide unpaid assistance to those over the age of 60 (older adults) or grandparents raising their grandchildren. Recently, however, caregiving of family elders has become more than an act of love and familial responsibility. Due to a shortage of care providers for Hawaii's elderly, family caregiving has become a critical component of our health and long-term care system.

By 2020, more than one in four individuals in Hawaii is expected to be an older adult. As the State's population ages, many more families will be providing higher levels of long-term care to frail and disabled older adults at home. Family caregivers provide great economic value to our community, and it is the intent of the State of Hawaii to support and encourage them. Family caregiving delays institutionalization and allows our elders to remain in their homes.

Many family caregivers face added burdens in caring for their loved ones while fulfilling other family and workplace responsibilities. A continued effort to create comprehensive public policies to strengthen support for family caregivers is essential as the population ages. The State can build on and encourage the strong tradition of family caregiving in Hawaii by developing a plan for the future that includes research, development of best practices, and measurement of intended outcomes.

Legislative Mandate

Because of these concerns, Act 285, SLH 2006, created the JLCFC, and Act 220, SLH 2008, changed its name to the JLCAIP and extended its term to June 30, 2010.

The JLCAIP members are: Senator Les Ihara, Jr. and Representative Marilyn B. Lee, Co-Chairs; Senators Rosalyn Baker, Suzanne Chun Oakland, and Fred Hemmings; and Representatives Karen Awana, Joey Manahan, and Corinne Ching.

The purpose of Act 220 is to continue to strengthen support for family caregivers, in part, by continuing the JLCAIP's efforts to monitor the needs of family caregivers and support services currently available and study successful policies and initiatives of other states to determine what might be replicated in Hawaii.

Approach of the JLCAIP

1. Act 11, SSLH 2008, reflects the Legislature's override of the Governor's item veto in Act 220, SLH 2008 (relating to appropriations for the Kupuna Care program). The Act will be referred to as Act 220 throughout this report.

The JLCAIP held six meetings and informational briefings during the 2008 Interim on: July 31, September 5, October 10, November 7, December 5, and December 30.

Most of the meetings of the JLCAIP were held jointly with the Legislature's Kupuna Caucus to solicit information on topics of mutual interest. The Co-Chairs also held several meetings on behalf of the Committee.

A number of agencies and organizations participated in the informational hearings and briefings, and provided input and testimony. These agencies and organizations included:

Governmental Departments and Agencies:

- (1) Executive Office on Aging;
- (2) Policy Advisory Board for Elder Affairs;
- (3) Aging and Disability Resource Center;
- (4) Long Term Care Ombudsman;
- (5) Family Leave Working Group;
- (6) Grandparents Raising Grandchildren Task Force;
- (7) Long Term Care Commission;
- (8) City and County of Honolulu, Elderly Affairs Division;
- (9) County of Hawaii, Office of Aging;
- (10) County of Kauai Agency on Elderly Affairs;
- (11) County of Maui, Office on Aging;
- (12) Department of Health;
- (13) Department of Human Services;
- (14) Department of Education;
- (15) Department of Labor and Industrial Relations;
- (16) Department of Taxation;
- (17) Disability and Communication Access Board;
- (18) Hawaii Health Systems Corporation;
- (19) State Council on Developmental Disabilities;
- (20) University of Hawaii Center on Aging;
- (21) University of Hawaii Public Policy Center;
- (22) University of Hawaii School of Social Work;
- (23) University of Hawaii College of Tropical Agriculture & Human Resources; and
- (24) Kapiolani Community College Kupuna Education Center.

Other Organizations:

- (1) AARP Hawaii;
- (2) Apria Healthcare;
- (3) Case Management Council;
- (4) Case Management Incorporated;
- (5) Case Management Professionals;
- (6) Catholic Charities Hawaii;
- (7) Chamber of Commerce Hawaii;
- (8) Chaminade University;
- (9) Child and Family Services;
- (10) Convalescent Center of Honolulu;

- (11) Graham Builders, Inc.;
- (12) Hawaii Alliance for Retired Americans;
- (13) Hawaii Teamsters Local 996;
- (14) Hawaiian Islands Medical Corporation;
- (15) Healthcare Association of Hawaii;
- (16) Hawaii Government Employees Association (HGEA) Retirees;
- (17) Honolulu Committee on Aging;
- (18) Kaiser Community Case Management;
- (19) Kapahulu Center;
- (20) Kokua Council;
- (21) Lanakila Multi-Purpose Senior Center;
- (22) Maunalani Nursing and Rehabilitation Center;
- (23) MB Case Management Inc.;
- (24) Moiliili Community Center;
- (25) Na Tutu;
- (26) National Association of Social Workers;
- (27) National Federation of Independent Businesses;
- (28) National Multiple Sclerosis Society;
- (29) Ohana Health Plan, Inc.;
- (30) Palolo Chinese Home;
- (31) PHOCUSED (Protecting Hawaii's Ohana, Children, Underserved, Elderly, and Disabled);
- (32) Project Dana;
- (33) Quality Case Management, Inc.;
- (34) Queen Liliuokalani Children's Center;
- (35) Queen's Community-Based Case Management;
- (36) Residential Choices;
- (37) Society for Human Resource Management – Hawaii;
- (38) Talavera Case Management Agency;
- (39) Waikiki Community Center; and
- (40) Wilson Homecare.

The JLCAIP also received input from interested individuals and caregivers, including grandparents who are primary caregivers to their grandchildren.

PART III. REPORT ON ISSUE AREAS OF THE JLCAIP

The JLCAIP conducted its 2008 activities to advance family caregiver support and improve conditions for enabling our elders to age in place. The Committee focused its work on the ten issue areas described below.

Kupuna Care

The Executive Office on Aging (EOA) provided a comprehensive overview of the Kupuna Care program, which provides Hawaii's needy older adults with home- and community-based services which are client-centered and family-supported, and allows elders to live with independence and dignity. The four county aging agencies administer Kupuna Care services through contracts issued by the EOA.

To be eligible to receive Kupuna Care services, an individual must meet five criteria: (1) be a United States citizen or qualified alien; (2) be 60 years of age or older; (3) not be covered by comparable government or private home and community services; (4) not reside in an institution such as an intermediate care facility (ICF), skilled nursing facility (SNF), hospital, foster family or adult residential care home (ARCH); and (5) have an impairment of at least two activities of daily living (ADL), instrumental activities of daily living (IADL), or substantive cognitive impairment, and an unmet need of at least one or more ADL or IADL.

In state fiscal year 2007-2008, a total of \$5,153,108 was available for the Kupuna Care program statewide. Of the total expenditures, personal care accounted for 28 percent, home delivered meals for 22 percent, case management for 20 percent, transportation for 15 percent, homemaker services for six percent, adult day care for four percent, attendant care for three percent, and chore services for one percent.

Older adults receiving services are given the opportunity to voluntarily contribute to service costs, but are not required to do so. In state fiscal year 2007-2008, voluntary contributions totaled \$732,529, or 15.9 percent of total Kupuna Care service expenditures statewide.

A service recipient's suggested voluntarily contribution to Kupuna Care is based on his or her income level. In the past, it was believed that the cost to county aging agencies to collect these contributions exceeded the amount collected. To encourage an increase in voluntary contributions for services received and make collection efforts worthwhile, cost-efficient means of facilitating such contributions are needed.

As of June 30, 2008, 242 persons eligible to receive Kupuna Care services have been placed on a waiting list due to the limitation of available funds. Program funds currently available for state fiscal year 2008-2009 are insufficient to maintain the level of services provided statewide in fiscal year 2007-2008. Act 204, SLH 2007, appropriated \$525,000 to maintain the fiscal year 2007-2008 level of services for state fiscal year 2008-2009, and release of these funds would allow more eligible older adults and family caregivers to receive service. The additional appropriation of \$500,000 through Act 11, SSLH 2008², would allow expansion of the Kupuna Care program. Funds appropriated by Act 204 and Act 11 have not been released by the Governor.

All four county aging agencies have reported an inability to provide adequate services to their needy elderly due to insufficient funding of their Kupuna Care programs. Hawaii County has consistently experienced shortfalls for several years and reallocated two employees to the Aging and Disability Resource Center in 2008. Although Maui County has apportioned additional county funds to supplement state funding of Kupuna Care, reductions of services will still be required. Kauai County expects some service providers to reduce staff, and the City and County of Honolulu plans to reduce the number of clients served and services provided.

Respite Care

The EOA contracted with the University of Hawaii (UH) to conduct studies on a family caregiver respite care inventory and on respite care for grandparents raising grandchildren. Draft reports for both studies have been submitted to the EOA for review, and final reports were not available when this JLCAIP report was submitted. The reports conclude that affordable, flexible respite care is in short supply in Hawaii.

Family Caregiver Respite Care Inventory

Pursuant to House Concurrent Resolution No. 187 (2007), the EOA contracted with the UH School of Social Work during the 2007 Interim to compile an inventory of respite care agencies located in the State and the services they provide. Respite agencies across the State were contacted by telephone and information was gathered on the types of respite care services provided, method of payment required, maintenance of waiting lists, and populations served.

Act 220, SLH 2008, mandated that the respite care inventory project be expanded to include: (1) a proposed definition of "respite care"; (2) more detailed descriptions of the types of respite services provided in the State; and (3) a review of the Legislative Reference Bureau's 2007 report on respite care policies in other states to identify potential approaches for Hawaii to support expanded respite services, including alternative types of respite care providers, respite care services provided, and financial support.

The key findings of UH's report include identification of 31 agencies that provide respite care services on Oahu, 13 in Hawaii County, nine in Maui County, and two in Kauai County. The types of respite programs include: overnight, weekend, emergency care, adult day care, assistive living, in-home care, companions, nursing, chore, meals, rehabilitation, Alzheimer's, mental illness, disabilities, healthcare, and transportation services. Out-of-home and in-home respite programs were approximately equal in number. Service gaps include transportation to and from respite sites; care for consumers suffering from moderate to severe Alzheimer's Disease; emergency, overnight, or weekend respite services; and affordable respite services for private pay clients. The respite care inventory did not include vacant care home beds, which could be used to provide respite for family caregivers – especially for overnight and emergency respite.

The draft report also found that statutory definitions of respite care varied widely. The definitions believed to be most workable were those that did not reference a specific disease or condition, and included populations with a combination of medical and financial needs. The report suggests that a respite care definition for Hawaii: (1) carefully define potential recipients and targeted populations; (2) describe the services covered; (3) define specific limits on services, such as dollars, hours, etc.; and (4) define expected outcomes.

Respite Care for Grandparents Raising Grandchildren

The UH Department of Family and Consumer Science was contracted by the EOA to conduct a respite care study focusing on grandparents raising grandchildren (GRG). The draft report finds that approximately 14,000 grandparents are primary caregivers for over 33,000 grandchildren in the State.

Many GRG face a wide range of challenges, including their grandchildren's emotional and behavioral problems and their own health issues and financial difficulties. Existing respite services for GRG vary between counties. Most respite services for GRG are provided on Oahu and Maui. There are many gaps in the services provided, including gaps in transportation services, services for children between five and 15 years of age, and therapeutic needs for children with relatively mild mental health problems. Additionally, crisis care is limited.

The draft report suggests that respite care services for GRG must possess the following attributes: (1) be culturally appropriate; (2) be available to GRG of all legal statuses; (3) be offered as part of a package of services; (4) use a lifespan respite model; (5) give priority to GRG who are sole providers for their grandchildren; and (6) contain an evaluation component. Further, the Legislature should formulate a clear definition of respite care and the conditions for GRG respite care eligibility.

Cash and Counseling

Act 204, SLH 2007, mandated the EOA to research cash and counseling programs in other states. The EOA contracted with the UH School of Social Work to conduct the research and prepare a report to the Legislature. Act 220, SLH 2008, mandated the EOA to report on its effort to design a cash and counseling project for non-Medicaid participants that would allow clients to direct and manage their personal assistance services based on their own specific needs, while also providing family caregivers with a level of financial recognition and support.

2. The \$500,000 appropriation for the Kupuna Care was the subject of the Governor's item veto of Act 220, SLH 2008. The Legislature overrode the Governor's veto and Act 220, SLH 2008, was filed in its final form as Act 11, SSLH 2008.

The UH School of Social Work's draft report recommends a three-year cash and counseling demonstration project. The proposed project would provide 200 consumers with \$750 monthly to purchase necessary care and services as defined by their care plan, and allow consumers to hire family members as caregivers if they wish. The cash and counseling benefit should be flexible, allowing consumers to save their monthly payments to make a one-time purchase of a necessary item or receive a costly consultation. There should be three eligibility requirements for project participants. They must: (1) live with two or more ADL's, or a cognitive impairment; (2) be uninsured, underinsured, or ineligible for Medicaid; and (3) be ineligible for government assistance benefits under Medicare, Veterans Benefits, or other similar programs.

The report suggests that Aging and Disability Resource Center (ADRC) sites serve as enrollment sites for the cash and counseling demonstration project, and ADRC coordinators assist with outreach activities. Counselors at the sites should meet potential consumers to help determine program eligibility, develop flexible monthly budgets, establish individualized service plans, and monitor service delivery on a quarterly basis.

With respect to the fiscal component of the cash and counseling demonstration project, the counselors at ADRC sites should assist consumers with obtaining a representative payee and help service providers meet federal and state income tax reporting requirements. A project director would be hired to provide quality assurance and contract and fiscal oversight, and to assess the future of the program after the demonstration project ends. Prior to starting the demonstration project, an evaluation methodology must be established to determine the project's success.

Paid Family Leave for Family Caregivers

Act 243, SLH 2008, established a working group to explore the provision of wage replacement benefits to employees who need to take time off from work to care for a family member with a serious health condition. The working group was composed of departmental representatives, advocates and members of the business community and labor unions. Working group meetings were held in 2008 on: August 26, September 12, October 17, November 6, December 2, and December 17.

The working group explored funding mechanisms for a paid family leave program, including income tax credits, temporary disability insurance benefits, and unemployment benefits. Paid family leave legislation in California, Washington, and New Jersey was discussed, along with issues relating to medical privacy. The working group reviewed the *State of Hawaii Caregivers Needs Assessment (2007)* prepared by the EOA and an inventory of existing employer eldercare policies and practices.

The working group concluded without recommending any legislation, due in part to the State's weak economy and the group's lack of consensus regarding wage replacement benefits. The working group endorsed a continuum of short- and long-term concepts that the JLCAIP or other individuals or organizations might introduce for consideration in the 2009 Session. The continuum of wage replacement consists of three parts: (1) creation of a data collection system capable of analyzing and reporting family care data for both public and private employees, (2) establishment of an eldercare tax credit for employees, similar to tax credits for childcare, and (3) establishment of a state-sponsored long-term care insurance program through employee payroll deductions and a tax credit for employers who purchase long-term care insurance for their employees.

Grandparents Raising Grandchildren

Act 220, SLH 2008, established a GRG Task Force for a term ending on June 30, 2009, to focus on the needs and issues faced by grandparents raising grandchildren. The Task Force, composed of state and county departmental representatives, advocates, and stakeholders, met in 2008 on August 25, September 5, October 10, November 7, and December 5. The Task Force identified several statewide problems faced by GRG, including: (1) barriers to finding adequate housing, (2) difficulties associated with the release of grandchildren's parents from incarceration, and (3) obstacles obtaining mental health services for grandchildren. The Task Force also discussed the variation between counties of services provided to GRG.

The Task Force recommends that each county aging agency address GRG in their respective Area Plans on Aging. The Task Force further recommends that the EOA include specific mention of GRG issues in the State's four-year Plan on Aging, due in 2011, as reflected in each county's Area Plan on Aging. GRG representatives are encouraged to participate in the public input processes of the EOA State Plan and each County Area Plan on Aging. Counties are urged to publicize GRG services in print and online for family caregivers. Senior housing providers are encouraged to make exceptions to house rules or policies to allow grandparents suddenly faced with raising their grandchildren enough time to find suitable housing. The Task Force identified the need for a program that would educate incarcerated parents on ways to reconnect with their children upon release.

Aging and Disability Resource Center

The ADRC is funded by federal and state funds and implemented by the EOA's coordinator through a contract with UH's Center on Aging. The ADRC is being developed as a one-stop shop for streamlined access to unbiased information on long-term care options and services through integrated or closely coordinated services, including: (1) intake, (2) assessment, (3) eligibility screening and determination, (4) information counseling, and (5) follow up.

Hawaii's ADRC pilot site, Kahi Malama, is located in Hilo and held its grand opening on November 14, 2008. This physical site houses a number of public and private aging and disability services, programs, and agencies under one roof. Hawaii County Office of Aging is the lead agency for the Hilo site.

The Honolulu ADRC program is being developed by the City and County of Honolulu, Elderly Affairs Division, as a virtual site. It will be a robust internet website with comprehensive information on aging and disability services and resources. The website is being designed in conjunction with the Kauai County Agency of Elderly Affairs Division and an information technology and website development team. The website template will be made available to all county agencies on aging. The Honolulu Elderly Affairs Division's senior telephone hotline is also being expanded to enable close coordination with ADRC. Honolulu and Kauai Counties plan to launch the website in late Spring 2009. The virtual ADRC program would not only provide online information, but also include a telephone helpline staffed by trained professionals to assist those who do not have internet access or require additional assistance.

Future expansion plans include establishing satellite physical sites on Oahu's North Shore and Leeward areas, in the Hamakua district on the Big Island, and in Kauai and Maui counties.

Long Term Care Commission

Act 224, SLH 2008, established the Long Term Care Commission, which is administratively attached to UH's Public Policy Center. The Commission is mandated to identify problems in the current long-term care system, including its capacity, programs, and services and to develop a comprehensive plan to ensure availability of a full continuum of long-term care services in alternative settings. The Commission is required to submit an interim report to the Legislature by February 28, 2010, and a final report by September 30, 2010. The commission's term will expire thirty days after submission of its final report.

Although the Long Term Care Commission has met, it has delayed the start of a work program until private funds are raised. Because the Governor declined to release a legislative appropriation for the Commission, private funds will be sought to conduct a one-year study of long-term care terminology, management, financing sources, and impacts on the workforce.

Home Medical Equipment

Durable medical equipment providers informed the JLCAIP about problems consumers face when acquiring durable home medical equipment, such as wheelchairs, walkers, and oxygen machines. The providers identified three areas of concern for the JLCAIP's consideration: (1) the lack of consumer education and information available regarding maintenance and repair of home medical equipment and the ramifications of purchasing equipment from online or out-of-state suppliers; (2) the difficulty consumers have in accessing services in the State, particularly on Kauai, in acquiring and maintaining home medical equipment; and (3) the concern that the competitive bidding program introduced by the Medicare Improvements for Patients and Providers Act of 2008 will drive smaller, local providers out of business, creating a shortage of readily available equipment repairpersons and suppliers in the State.

Reimbursement rates to home medical equipment providers from insurance providers and government programs continue to decrease, forcing many providers to cease operations and creating financial difficulties for those still operating. The financial burden to home medical equipment providers makes consumers vulnerable to providers attempting to save money by failing to fix faulty or damaged equipment, or charging exorbitant amounts to do so.

To address the concerns raised, the Department of Human Services has been meeting with home medical equipment providers to work on streamlining regulatory processes, improving reimbursements, and establishing new criteria for prior approval of services. Additionally, the ADRC plans to assist in providing accurate information to consumers.

Home for Life Task Force

At the request of the JLCAIP, volunteers formed a group to explore ways to assist disabled elderly who wish to remain at home. The group proposed establishing a Home for Life Task Force to work on reducing physical barriers in the home environment to enable people to remain in their own homes for as long as possible, encouraging adoption of universal design principles, and facilitating multigenerational living. The Task Force would analyze pertinent laws, codes, and regulations; identify ways to facilitate modification of existing residences; develop a program to train personnel to evaluate home modification needs; encourage use of universal design principles in new construction and home renovations; and educate professionals and the public regarding aging in place and multigenerational living issues.

A legislative resolution will be proposed to establish the Home for Life Task Force and request assistance in identifying possible sources of funding and other resources. The group also suggests that the task force: (1) organize a best practices exhibit for viewing throughout the State; (2) conceptualize a model house that illustrates the best practices for achieving the goals of universal design and aging in place; and (3) solicit ideas from frail elders and persons with disabilities on preferred design features that might facilitate comfortable living in their current homes.

Home Care Licensing

With support from the JLCAIP Co-Chairs and Kupuna Caucus leaders, a home care licensing work group has proposed that home care agencies be licensed to provide a level of protection for consumers who purchase medical and non-medical services in their homes. Home care services are expected to grow by 70 percent nationally by 2014. Currently, only a general excise tax license is required to provide home care services to elderly and disabled consumers. Licensing would provide minimum standards, such as criminal background checks, communicable disease checks, and competency requirements for staff.

State and county consumer resource publications currently provide listings of home care agencies, but in the absence of licensure, consumers do not have a way of assessing the quality or safety of the agencies. Both home care, an unlicensed consumer-directed service, and home health care, a physician-directed service, can include medical services in the delivery of care.

A bill will be offered for consideration by the 2009 Legislature that would require the licensing of home care agencies in Hawaii.

PART IV. RECOMMENDATIONS

The JLCAIP appreciates the opportunity to facilitate discussions to support family caregivers and enable Hawaii's elderly to age in place. Based on its work conducted during the 2008 Interim, the JLCAIP submits to the Legislature the recommendations described below. Due to budget constraints required by significant reductions in state revenues, the Committee has sought to limit recommendations requiring additional appropriations.

The Committee recommends funding support for the State's safety net for needy seniors and continued development of a coordinated information and referral system for services available to older adults. The Committee also recommends: the use of existing government resources to develop a website for respite care information; that the EOA conduct a cash and counseling pilot project; that employers be required to notify employees of the employers' eldercare benefits and policies; that senior housing facilities make exemptions in their house rules or policies to allow grandparents raising grandchildren adequate time to find suitable housing; the establishment of a Home for Life Task Force; and that licensing be required for home care agencies.

The JLCAIP believes its recommendations address the needs of family caregivers and help to build a comprehensive, community-based support system for them.

Finding A: The Kupuna Care program is intended to provide a safety net of services for Hawaii's needy elderly and family caregivers. Some older citizens do not have access to necessary services, often because of financial constraints. However, many older adults can remain in their homes with minimal assistance while maintaining their independence and dignity at relatively little cost. As the population eligible to receive Kupuna Care services increases, funding levels have become insufficient to adequately serve the population's most basic needs, and wait lists are expected to grow longer.

Recommendation A: The JLCAIP recommends that the EOA's base budget appropriation in the Executive Budget be increased to provide the level of Kupuna Care services available in fiscal year 2007-2008 to qualified care recipients and their family caregivers, including grandparents raising grandchildren. The EOA should also be requested to work with county aging agencies to develop a plan to increase voluntary contributions to help fund Kupuna Care, procedures for managing wait lists, and policies for using a cash and counseling approach to deliver qualified services.

Finding B: The completed caregiver respite care inventory contains valuable information for family caregivers, such as services available, geographic service areas, and a variety of restrictions and eligibility requirements for services. Making this information available to the public would benefit persons who need these services. The availability of respite care services is especially important to caregivers in emergency situations when they are unable to provide care to family members.

Recommendation B: The JLCAIP recommends that the EOA coordinate the availability of the caregiver respite care inventory in print publications and on the websites of the EOA, the four county aging agencies, and the ADRC when its website becomes available.

Finding C: The EOA plans to continue gathering feedback from other states that are beginning to provide consumer directed services to non-Medicaid populations. Specific points of discussion will include: (1) whether there should be limits on income and non-exempt assets, such as cars and homes; (2) methods to accommodate language barriers and a range of cultural values; (3) how best to work with area agencies and local community service providers, including those for the disability community; and (4) whether to consider a model in which caregivers are allotted a specified dollar amount annually for respite services.

Recommendation C: The JLCAIP recommends introduction of a concurrent resolution requesting the EOA and the UH School of Social Work to continue their efforts to develop a cash and counseling model and to conduct a pilot project using available State resources and federal and private funding.

Finding D: Many individuals who provide informal caregiving services to family members find that their careers suffer as a result of the additional burdens they face. While the benefits of a paid family leave program for caregivers can provide significant support for employees, its impact on work productivity and the financial costs still need to be addressed. Initial steps, such as educating employees about their family leave employment benefits and collecting data on family care for both public and private employees would assist in allowing further development of a paid family leave program in Hawaii.

Recommendation D: The JLCAIP recommends introduction of legislation to require employers to notify employees annually, by reasonable means, of the types of paid and unpaid eldercare benefits and policies provided by the employer, and the consequences of early retirement as it pertains to these benefits. Additionally, a data collection system should be established to analyze family care data for both public and private employees.

Finding E: Grandparents living in senior housing facilities may find themselves suddenly responsible for the care of their grandchildren. However, many senior housing facilities issue eviction notices to grandparents who take in their grandchildren, leaving little or no time for the grandparents to locate affordable housing that allows children.

Recommendation E: The JLCAIP recommends introduction of a concurrent resolution to request that public and private agencies responsible for senior housing make appropriate allowances or exemptions in their policies and house rules to allow grandparents to remain in their units with the grandchild- or grandchildren-in-crisis until they are able to locate more suitable housing.

Finding F: The JLCAIP finds that the delivery of long-term care in Hawaii has been fragmented and uncoordinated, making it difficult for consumers to obtain information about their options and available services. In 2005, the United States Department of Health and Human Services awarded a grant to Hawaii to develop Aging and Disability Resource Center (ADRC) programs to inform consumers and assist them in accessing long-term support ranging from in-home services to nursing facility care.

In November 2008, the first physical ADRC site opened in Hilo. It houses nine public and private agencies providing services to seniors and people with disabilities in the County of Hawaii. In conjunction with the Kauai Agency on Elderly Affairs, the City and County of Honolulu is developing a comprehensive website that will provide a virtual one-stop shop for information and referral services to consumers. The website is scheduled for completion in May 2009.

The ADRC simplifies and provides fair and uniform access to the long-term care system. The overall goal is to establish ADRC sites in Kauai and Maui Counties and have statewide access for all consumers and caregivers.

Recommendation F: The JLCAIP recommends that an appropriation be made to the EOA to support the ADRC project. The funding would be used to provide start up funds for two new physical ADRC sites on Maui and Kauai and to ensure continued coordination between Hawaii and Honolulu Counties' ADRC programs. Specific ADRC expansion components include plans for additional satellite sites across the State, staff positions for pilot sites, management information system improvements, an expanded telephone information system, consumer education and outreach campaigns, and state level coordination and evaluation of the project.

Finding G: Many older adults live in homes that prevent them from aging in place. Government regulations and codes should be reviewed and amended to remove restrictions that prevent disabled individuals and older adults from remaining in their own homes and to allow for multigenerational housing. Consumers should be encouraged to plan for renovations necessary to age in place, and building, design, and architectural professionals should incorporate best practices for aging in place in their plans for clients.

Recommendation G: The JLCAIP recommends introduction of a concurrent resolution to establish a Home for Life Task Force to coordinate research and action to reduce barriers to aging in place and to facilitate multigenerational living

Finding H: To encourage and facilitate older adults to age in place, older adults must be confident that home care services they receive are appropriate and safe. However, there is little oversight of home care services. Standards of quality for the growing home care industry should also be ensured and providers should be adequately trained and ethically responsible.

Recommendation H: The JLCAIP recommends the introduction of legislation that will require home care agencies to be licensed, and will assess fees for issuing licenses. Fees collected for licensing should be earmarked to fund the licensing program. It is recommended that the program be self-funded to the extent possible.

PART V. CONCLUSION

The Joint Legislative Committee on Aging in Place recommends that legislation be introduced in the 2009 Regular Session to implement the recommendations outlined in this report. Co-Chairs Senator Les Ihara, Jr. and Representative Marilyn B. Lee will draft legislation pursuant to these recommendations and offer co-sponsorship of the legislation to members of the JLCAIP and other legislators.