THE SENATE TWENTY-FIFTH LEGISLATURE, 2009 STATE OF HAWAII

S.C.R. NO.5

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FEB 0 2 2009

#### SENATE CONCURRENT RESOLUTION

#### REQUESTING A STUDY OF VARIOUS UNRESOLVED ISSUES RELATING TO AGING.

1 2		Aging at the University of Hawaii at 88 to:	
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4		rdinate gerontological and aging	
5	instruction, research, and community services; and		
6	-	arony and commanies porvises, and	
7		tion between the University and other	
8	organizations concerned with aging; and		
9	5	defined with aging, and	
9 10		Office on Aging is the designated	
	WHEREAS, the Executive Office on Aging is the designated		
11	lead agency in the coordination of a statewide system of aging		
12	and caregiver support services in the State of Hawaii, as		
13	authorized by federal and state laws; and		
14			
15	WHEREAS, the general rule under Medicaid and Medicare is to		
16	pay only if asset and income requirements are met; and		
17	an a		
18	WHEREAS, for purposes of Medicaid and Medicare, assets are		
19	divided into two categories: exempt and non-exempt; and		
20			
21	WHEREAS, exempt assets are not counted in calculating the		
22	maximum asset level and include the home (of any value),		
23	Individual Retirement Accounts or IRAs in the name of the "at		
24	home" spouse, real property "essential for self support",		
25	property used in a trade or business, household items used to		
26	furnish a home, all personal effects, burial insurance, plots,		
27		trusts, vaults and crypts, certain life insurance policies,	
28		musical instruments, automobiles, reparation payments, and crime	
29	victim payments; and		
30			
31		sets such as cash, stocks, bonds,	
32	mutual funds, money market accounts, etc., are counted in		
32 33	calculating the asset limit; and		
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WHEREAS, as a general rule, Medicare pays for one hundred 1 days of nursing home care after a three-day hospital stay, and 2 only so long as the ill person is making progress on 3 4 rehabilitation; but if Medicare runs out after one hundred days, the recipient must turn to Medicaid, which can take a 5 6 significant time since there may be a re-qualification process 7 to ensure that a person qualifies; and 8 9 WHEREAS, "Cash and Counseling" is a non-traditional 10 Medicaid program, pioneered by New Jersey, Florida, and Arkansas, with seed grants from the United States Department of 11 12 Health and Human Services, the United States Administration on 13 Aging, and the Robert Wood Johnson Foundation; and 14 15 WHEREAS, today, grants from Cash and Counseling programs are also available in at least twelve additional states: 16 Alabama, Illinois, Iowa, Kentucky, Michigan, Minnesota, New 17 Mexico, Pennsylvania, Rhode Island, Vermont, Washington, and 18 19 West Virginia; and 20 WHEREAS, Cash and Counseling participants may use their 21 Medicaid-provided personal assistance budgets to hire their own 22 personal care aides as well as purchase items or services, 23 including home modifications that help them live independently. 24 By redirecting personal assistance funds from agencies to 25 consumers themselves, Cash and Counseling allows people to hire 26 whomever they want to provide their care and decide for 27 themselves if they would rather hire a home health aide to cook 28 for them, or pay a friend or relative to do it; and 29 30 31 WHEREAS, the services paid for by the State are all part of the elder's authorized Medicaid care plan, and in many cases, 32 family members and friends chosen by the elder are providing 33 those services instead of an agency worker; and 34 35 36 WHEREAS, according to the Cash and Counseling website, the program was created because, "family caregivers are the backbone 37 of the long-term care system, providing millions of hours of 38 care every year for no compensation and frequently at great cost 39 to their own emotional health; they are burned out and exhausted 40 41 from juggling work, family responsibilities, and caregiving; in addition, many caregivers have to reduce their work hours or 42 even give up their jobs to take care of their loved ones; by 43

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supporting caregivers, we are helping them hang in longer, and, 1 2 hopefully, relieving some of their stress"; and 3 4 WHEREAS, even with Cash and Counseling support, family 5 careqivers are typically paid lower-than-average wages and, in most cases, are paid for only a small fraction of the hours of 6 7 service they provide; and 8 9 WHEREAS, individuals who apply for the Cash and Counseling 10 program apply through Medicaid; are assessed in the same way they would be for traditional agency-provided services; and if 11 they choose the Cash and Counseling option, shall work with the 12 program's staff to develop an individual budget and care plan; 13 and 14 15 WHEREAS, according to the National Aging in Place Council, 16 the American Association of Retired Persons (AARP) recently 17 18 released a new report stating that eighty-seven per cent of people aged fifty and older with disabilities want to receive 19 long-term care services in their own homes; and 20 21 WHEREAS, the term, "aging in place", is used in reference 22 to living where you have lived for many years, or to living in a 23 non-healthcare environment, and using products, services and 24 conveniences to enable individuals to not have to move as they 25 26 grow older or as circumstances change; and 27 28 WHEREAS, the term "respite care" means a service provided in a least restrictive environment for short-term care to meet 29 the needs, ranging from simple to complex; and 30 31 WHEREAS, the purpose of respite care is to avoid, if 32 possible, the necessity for long-term institutional care or to 33 provide relief to families and care providers; and 34 35 WHEREAS, caregivers of respite care usually are 36 uncompensated for their invaluable services, oftentimes having 37 to give up regular employment to stay at home full-time or 38 39 otherwise to visit home frequently in the day to ensure the aging person is safe and comfortable; now, therefore, 40 41 BE IT RESOLVED by the Senate of the Twenty-fifth 42 Legislature of the State of Hawaii, Regular Session of 2009, the 43 House of Representatives concurring, that the Executive Office 44 2009-0402 SCR SMA.doc



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1 on Aging and the Center on Aging at the University of Hawaii at Manoa are requested to continue their research and analyses to: 2 3 4 (1)Develop a cash and counseling model and to apply for related grants; 5 6 7 (2)Determine how best to compensate caregivers for respite services; 8 9 10 (3) Determine best practices for state agencies to collaborate and coordinate with area agencies on aging 11 and local community service providers (including those 12 for the disabled community); 13 14 Enhance funding from all sources for Medicaid and 15 (4) Medicare services, including but not limited to, 16 removing or adjusting income limits and non-exempt 17 asset limitations; 18 19 20 (5) Determine how best to accommodate language barriers; 21 22 (6) Determine how best to overcome access to long-term care services barriers; and 23 24 25 (7)Identify more funding sources for long-term care services; and 26 27 BE IT FURTHER RESOLVED that the Executive Office on Aging 28 and the Center on Aging at the University of Hawaii at Manoa 29 submit a report on their findings and recommendations no later 30 than twenty days prior to the convening of the Regular Session 31 of 2010; and 32 33 BE IT FURTHER RESOLVED that certified copies of this 34 Concurrent Resolution be transmitted to the Director of the 35 Executive Office on Aging and the Center on Aging at the 36 37 University of Hawaii at Manoa. 38 39 40 OFFERED BY: nne cinin ceapiand



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