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SENATE RESOLUTION

REOUESTING A STUDY OF VARIOUS UNRESOLVED ISSUES RELATING TO AGING.

WHEREAS, The Center on Aging at the University of Hawaii at Manoa was established in 1988 to:

Stimulate and coordinate gerontological and aging (1)instruction, research, and community services; and

(2) Promote collaboration between the University and other organizations concerned with aging; and

WHEREAS, the Executive Office on Aging is the designated lead agency in the coordination of a statewide system of aging and caregiver support services in the State of Hawaii, as authorized by federal and state laws; and

WHEREAS, the general rule under Medicaid and Medicare is to pay only if asset and income requirements are met; and

WHEREAS, for purposes of Medicaid and Medicare, assets are divided into two categories: exempt and non-exempt; and

WHEREAS, exempt assets are not counted in calculating the maximum asset level and include the home (of any value), Individual Retirement Accounts or IRAs in the name of the "at home" spouse, real property "essential for self support", property used in a trade or business, household items used to furnish a home, all personal effects, burial insurance, plots, trusts, vaults and crypts, certain life insurance policies, musical instruments, automobiles, reparation payments, and crime victim payments; and

WHEREAS, non-exempt assets such as cash, stocks, bonds, mutual funds, money market accounts, etc., are counted in calculating the asset limit; and

WHEREAS, as a general rule, Medicare pays for one hundred days of nursing home care after a three-day hospital stay, and



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only so long as the ill person is making progress on rehabilitation; but if Medicare runs out after one hundred days, the recipient must turn to Medicaid, which can take a significant time since there may be a re-qualification process to ensure that a person qualifies; and

WHEREAS, "Cash and Counseling" is a non-traditional Medicaid program, pioneered by New Jersey, Florida, and Arkansas, with seed grants from the United States Department of Health and Human Services, the United States Administration on Aging, and the Robert Wood Johnson Foundation; and

WHEREAS, today, grants from Cash and Counseling programs are also available in at least twelve additional states: Alabama, Illinois, Iowa, Kentucky, Michigan, Minnesota, New Mexico, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia; and

WHEREAS, Cash and Counseling participants may use their Medicaid-provided personal assistance budgets to hire their own personal care aides as well as purchase items or services, including home modifications that help them live independently. By redirecting personal assistance funds from agencies to consumers themselves, Cash and Counseling allows people to hire whomever they want to provide their care and decide for themselves if they would rather hire a home health aide to cook for them, or pay a friend or relative to do it; and

WHEREAS, the services paid for by the State are all part of the elder's authorized Medicaid care plan, and in many cases, family members and friends chosen by the elder are providing those services instead of an agency worker; and

WHEREAS, according to the Cash and Counseling website, the program was created because, "family caregivers are the backbone of the long-term care system, providing millions of hours of care every year for no compensation and frequently at great cost to their own emotional health; they are burned out and exhausted from juggling work, family responsibilities, and caregiving; in addition, many caregivers have to reduce their work hours or even give up their jobs to take care of their loved ones; by supporting caregivers, we are helping them hang in longer, and, hopefully, relieving some of their stress"; and

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WHEREAS, even with Cash and Counseling support, family caregivers are typically paid lower-than-average wages and, in most cases, are paid for only a small fraction of the hours of service they provide; and

WHEREAS, individuals who apply for the Cash and Counseling program apply through Medicaid; are assessed in the same way they would be for traditional agency-provided services; and if they choose the Cash and Counseling option, shall work with the program's staff to develop an individual budget and care plan; and

WHEREAS, according to the National Aging in Place Council, the American Association of Retired Persons (AARP) recently released a new report stating that eighty-seven per cent of people aged fifty and older with disabilities want to receive long-term care services in their own homes; and

WHEREAS, the term, "aging in place", is used in reference to living where you have lived for many years, or to living in a non-healthcare environment, and using products, services and conveniences to enable individuals to not have to move as they grow older or as circumstances change; and

WHEREAS, the term "respite care" means a service provided in a least restrictive environment for short-term care to meet the needs, ranging from simple to complex; and

WHEREAS, the purpose of respite care is to avoid, if possible, the necessity for long-term institutional care or to provide relief to families and care providers; and

WHEREAS, caregivers of respite care usually are uncompensated for their invaluable services, oftentimes having to give up regular employment to stay at home full-time or otherwise to visit home frequently in the day to ensure the aging person is safe and comfortable; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-fifth Legislature of the State of Hawaii, Regular Session of 2009, that the Executive Office on Aging and the Center on Aging at the University of Hawaii at Manoa are requested to continue their research and analyses to:

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