

## **JLCAIP DRAFT REPORT**

**The report below was drafted by JLCAIP staff for review and comment by interested persons. Please submit your comments to [bolan@capitol.hawaii.gov](mailto:bolan@capitol.hawaii.gov) by December 29, 2008.**

The Joint Legislative Committee on Aging in Place, created pursuant to Act 285, Session Laws of Hawaii (SLH) 2006 as the Joint Legislative Committee on Family Caregiving, re-named pursuant to Act 220, Session Laws of Hawaii (SLH) 2008, and directed to report to the Legislature by S.B. 2830, C.D. 1 (2008), entitled:

"A BILL FOR AN ACT RELATING TO CAREGIVING,"

begs leave to report as follows:

### **PART I. INTRODUCTION**

The following report is the result of the work of the Joint Legislative Committee on Aging in Place (JLCAIP) conducted during the 2008 Interim. Part II of this report will provide the background of the JLCAIP. Part III will provide a status update of the following:

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

Part IV contains the findings and recommendations of the JLCAIP, including those related to:

- (1) Kupuna Care;
- (2) Respite Inventory;
- (3) Cash and Counseling;
- (4) Family Leave;
- (5) Grandparents Raising Grandchildren;
- (6) Aging and Disability Resource Center;
- (7) Home for Life Task Force; and
- (8) Home Care Licensing.

Part V is the conclusion.

## **PART II. BACKGROUND**

### **Introduction**

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 sixty or are 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 in Hawaii, family caregiving is a critical element of our health and long-term care system.

By 2020, more than one in four individuals is expected to be sixty years old or older. As Hawaii'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 the State and the State must support and encourage them. Family caregiving delays institutionalization and allows people to remain in their homes.

While family caregiving is often an act of love, family caregivers play a dual role and often face added burdens in caring for their loved ones while fulfilling other family and workplace responsibilities. A continued effort to create comprehensive public policy to strengthen support for family caregivers is essential as the population ages before our eyes. The State can build on and encourage the strong tradition of family caregiving in Hawaii by making a plan for the future that includes research, development of best practices, and outcome measurement.

### **Legislative Mandate**

The Joint Legislative Committee on Family Caregiving (JLCFC) was created by Act 285, Session Laws of Hawaii (SLH) 2006. Senate Bill 1916, C.D. 1, enacted as Act 204, SLH 2007, (Act 204), extended the JLCFC's mandate until June 30, 2008. Senate Bill 2830, C.D. 1, enacted as Act 220, SLH 2008, (Act 220), extended the JLCFC's mandate until June 30, 2010, and changed its name to the Joint Legislative Committee on Aging in Place (JLCAIP). 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 was to continue to strengthen support to family caregivers, in part, by continuing the Joint Legislative Committee's efforts to monitor the needs of family caregivers and the support currently available, and study successful policies and initiatives of other states to determine what might be replicated in Hawaii. The JLCAIP was allowed to explore issues of "aging in place" as they relate to family caregiving.

The Aging and Disability Resource Center was directed to provide the Joint Legislative Committee with an update on the physical site for the center in Hawaii

County and the "virtual" site in the City and County of Honolulu. The JLCAIP was also directed to submit its findings and recommendations to the Legislature no later than twenty days prior to the convening of the Regular Session of 2010<sup>1</sup>.

### **Approach of the JLCAIP**

The JLCAIP met for informational briefings and meetings on July 31, 2008; September 5, 2008; October 10, 2008; November 7, 2008; and December 5, 2008. The issues of discussion included: the Kupuna Care Program, the Respite Inventory, Cash and Counseling, the Family Leave Working Group, the Grandparents Raising Grandchildren Task Force, the Aging and Disability Resource Center, home modification, case management, availability of durable medical supplies, and the Long Term Care Commission.

The JLCAIP worked in collaboration with the Legislative Kupuna Caucus to solicit information on topics of mutual interest. The Co-Chairs also held a couple of meetings on behalf of the JLCAIP. The JLCAIP received an update from the Aging and Disability Resource Center as directed by Act 220 at the meeting held on October 10, 2008.

Various organizations participated in the information hearings and briefings and provided input and testimony. These organizations include:

#### **Governmental Departments and Agencies:**

- (1) City and County of Honolulu, Elderly Affairs Division;
- (2) County of Hawaii, Office of Aging;
- (3) County of Kauai Agency on Elderly Affairs;
- (4) County of Maui, Office on Aging;
- (5) Department of Health;
- (6) Executive Office on Aging;
- (7) Policy Advisory Board for Elder Affairs;
- (8) University of Hawaii Public Policy Center;
- (9) Long Term Care Ombudsman;
- (10) Grandparents Raising Grandchildren Task Force;
- (11) Family Leave Working Group;
- (12) University of Hawaii Center on Aging;
- (13) State Council on Developmental Disabilities;
- (14) Disability & Communication Access Board;
- (15) Department of Human Services; and
- (16) Department of Education.

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<sup>1</sup> Act 220 did not include an explicit mandate for the JLCAIP to submit a report to the 2009 Legislature, but its purpose section no. 1 had language reflecting this expectation prior to the convening of the 2009 Legislature.

**Other Interested Organizations:**

- (1) AARP Hawaii;
- (2) Catholic Charities Hawaii;
- (3) Chamber of Commerce of Hawaii
- (4) Kokua Council;
- (5) National Association of Social Workers;
- (6) Hawaii Teamsters Local 996;
- (7) Child & Family Services;
- (8) Hawaii Health Systems Corporation;
- (9) Lanakila Rehabilitation Center;
- (10) Kapahulu Center;
- (11) Waikiki Community Center;
- (12) Moiliili Community Center;
- (13) Case Management Professionals;
- (14) Queen's Community Based Case Management;
- (15) Case Management Inc.;
- (16) Chaminade University;
- (17) Graham Builders;
- (18) Quality Case Management Inc.;
- (19) Residential Choices;
- (20) MC Case Management Agency;
- (21) Case Management Council
- (22) Healthcare Association of Hawaii.

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

**PART III. STATUS UPDATES OF JLCAIP ISSUES AND PROJECTS**

**Kupuna Care**

The Executive Office on Aging (EOA) provided a comprehensive overview of the Kupuna Care Program whose goal is to provide Hawaii's older adults with access to affordable and quality home and community based services that are client centered and family supported, allowing them to live with independence and dignity. EOA contracts with the counties to provide Kupuna Care services.

To be eligible for the Kupuna Care Program, older adults must meet all of five criteria: (1) U.S. citizen or qualified alien; (2) 60 years of age and older; (3) not covered by any comparable government or private home and community services; (4) not residing in an institution such as an ICF, SNF, hospital, foster family or ARCH; and (5) having an

impairment of at least two ADL, IADLs, or substantive cognitive impairment, and an unmet need of at least one or more ADLs/IADLs.<sup>2</sup>

In state fiscal year 2007-2008 a total of \$5,153,108 was available to be expended on the Kupuna Care Program statewide. Personal care accounted for 28%, home delivered meals 22%, case management 20%, transportation 15%, homemaker services 6%, adult day care 4%, attendant care 3%, and chore services 1% of the total expenses.

Older adults receiving services are given the opportunity to voluntarily contribute to the service costs but this is not a requirement for service. In state fiscal year 2007-2008, voluntary contributions totaled \$732,529 or 15.9% of the total Kupuna Care service expenditures statewide. When Kupuna Care providers participated in cost sharing, the area agencies thought the resources needed to administer the collection of fees was greater than voluntary contributions collected.

As of June 30, 2008, there were 242 persons on the waitlist for services across the state due to funds having been exhausted.

Kupuna Care 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. If released, additional funds (\$525,000) appropriated by Act 204 (2007) for state fiscal year 2008-2009 would maintain current levels of services statewide and may prevent the projected shortfall (there are variations in the timing of the impacts in specific counties). If released, additional funds (\$500,000) appropriated by Act 11 (2008 Special Session) for fiscal year 2008-2009 may serve as the vehicle for service expansion. Providers expect to meet reductions in funding by reducing services and/or reducing staff.

Area agencies reported that in Hawaii County shortfalls have been experienced every year and this year they reallocated 2 staff to the Aging & Disability Resource Center. Maui County is running short and will cut back on services, and some new clients may have to be dropped. Kauai county is also short and expects some service providers to reduce staff. Honolulu County will also be cutting services and dropping people from lists.

## **Respite Inventory**

### **(A) Family Caregiver Respite**

During the 2007 Interim, pursuant to H.C.R. No. 187 (2007), the Executive Office on Aging contracted with the University of Hawaii at Manoa, School of Social Work to compile an inventory of respite care in the State. Respite agencies were contacted by

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<sup>2</sup> Acronyms mean: ICF-intermediate care facility, SNF-skilled nursing facility, ARCH-adult residential care home, ADL-activity of daily living, IADL-instrumental activity of daily living

telephone throughout the State and information was gathered as to the type of respite provided; the method of payment required; whether the agency had a waiting list; and the population served by the agency.

Act 220 mandated that this project be continued, and in addition requested that the report include: (1) a proposed definition of "respite care"; (2) more detailed descriptions of each of the various types of respite services provided in the state; and (3) a review of the Legislative Reference Bureau's 2007 report on respite policies in other states to identify the most promising approaches for Hawaii to support expanding respite services, including how much support is financed, what types of respite are provided and to whom, and who performs the respite services.

The University of Hawaii School of Social Work, Research and Evaluation Unit, completed its report which is currently being reviewed by the Executive Office on Aging. The draft Executive Summary highlighted the following key findings.

There are 31 respite programs available to elders on Oahu, 13 in Hawaii County, 9 in Maui County, and 2 in Kauai County. Types of programs include: adult day care, assistive living, overnight, in-home care, weekend, emergency, companions, nursing, chore, meals, rehabilitation, Alzheimer's, mental illness, disabilities, healthcare, and transportation. Out-of-home and in-home respite services were roughly equal. Service gaps included transportation to and/or from sites; little if any care for moderate to severe Alzheimer's Disease; almost no emergency, overnight, or weekend respite services; prohibitive costs associated with service delivery if private pay.

There are a wide range of statutes with respite care definitions, the more workable are those not linked to a specific disease or condition, and are population inclusive, based on a combination of medical and financial need. The report suggests that the definition (1) carefully define all potential recipients and targeted populations; (2) describe the services that fall under the definition; (3) define any caps or limits (dollars, hours, etc.) to these services, especially reimbursement limits; and (4) define expected outcomes. There are few funding sources.

### **(B) Grandparents Raising Grandchildren Respite**

A separate report called Respite Services for Grandparents Raising Grandchildren in Hawaii, prepared by the University of Hawaii Department of Family and Consumer Science, College of Tropical Agriculture & Human Resources for the Executive Office on Aging is also under review by that agency. The draft Executive Summary notes that approximately 10,000 grandparents are responsible for meeting the basic needs of their grandchildren without these children's parents' presence in the household. Many of these grandparents raising grandchildren (GRG) face a wide range of challenges, including emotional and behavioral problems of their grandchildren as well as their own health and financial difficulties. Existing respite services for GRG vary by county with Oahu and Maui having the greatest number of services. There are many gaps in service including: lack of transportation, limited availability of crisis care, few services available for

children between 5-15 years, and the lack of therapeutic services for children with relatively mild problems.

This study suggests that further examination of respite care options for grandparents raising grandchildren must ensure that they (1) are culturally appropriate, (2) are available to GRG of all legal statuses, (3) are offered as 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. Legislative actions should formulate a clear definition of the conditions under which GRG need respite care and formulate a clear definition of respite care.

Together the reports conclude that affordable, flexible respite care is in short supply in Hawaii.

### **Cash and Counseling**

Pursuant to Act 204, the Executive Office on Aging was mandated to research cash and counseling programs in other states. The Executive Office on Aging contracted with the University of Hawaii School of Social Work to conduct research and prepare a report to the Legislature.

Act 220 mandates the Executive Office on Aging to also report on its effort to design a cash and counseling project for non-Medicaid participants to direct and manage their personal assistance services according to their own specific needs, while enabling family caregivers to receive a level of financial recognition and support.

The draft Executive Summary of the report includes a recommendation for a three-year demonstration project targeting 200 consumers who would receive up to \$750/month to purchase needed care and services as defined by their care plan, including the ability to hire family members as caregivers if they wish. The benefit would be flexible, allowing the consumer to “save up” a portion to make a one-time purchase of a needed item or have a costly consultation. Eligibility would be determined by four criteria: requiring assistance with two or more ADL’s, or (2) having a cognitive impairment; (3) not being Medicaid eligible but being un- or underinsured; (4) not eligible for similar benefits under Medicare, the Veteran’s Administration, or other similar programs. The Aging Disability Resource Center sites should serve as enrollment sites and assist with outreach. The program should have counselors responsible to meet potential consumers, determine eligibility, develop a flexible monthly budget, establish a service plan, and monitor service delivery on a quarterly basis. There should also be a fiscal component to act as a fiscal agent/employer proxy for the consumer to establish representative payees, develop forms for employers’ reporting, and report state and federal taxes. A project director should be hired for contract and fiscal oversight, quality assurance, and to assess the future of the program after the demonstration. An evaluation of the demonstration should be established at the beginning to help accurately assess the program.

## **Family Leave Working Group**

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 work group, made up of department representatives and members of the business community, labor unions and advocates, convened meetings on August 26, 2008, September 12, 2008, October 17, 2008, November 6, 2008, December 2, 2008, and December 17, 2008.

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 were discussed, along with issues surrounding medical privacy. The working group also reviewed the needs assessment of family caregivers that was conducted in 2007 by the Joint Legislative Committee on Family Caregiving and an inventory of eldercare policies and practices that currently exist in the workplace.

The working group concluded without recommending any legislation due, in part, to the State's weak economy and lack of consensus for wage replacement benefits. The working group endorsed a continuum of short- and long-term concepts that the JLCAIP or other individuals/organizations may adopt for introduction in the 2009 session. The continuum consisted of three parts: (1) the creation of a data collection system that is capable of analyzing and reporting family care data for both public and private employees, (2) the establishment of an eldercare tax credit for employees, similar to tax credits for childcare, and (3) the 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 Task Force**

Act 220 established a Grandparents Raising Grandchildren Task Force to focus on the needs and issues of grandparents raising grandchildren. The task force, made up of state and county department representatives, advocates, and stakeholders, met on August 25, 2008, September 5, 2008, October 10, 2008, November 7, 2008, and December 5, 2008. The task force identified statewide deficiencies in several areas: (1) housing barriers, (2) difficulties associated with their grandchildren's parents release from incarceration, and (3) problems obtaining mental health services for their grandchildren. They also discussed the variation of services available for GRG by the four counties.

The task force recommends that issues related to GRG be mentioned in the state's four year plan due in 2011 and that representatives for GRG be notified about planning meetings for this in 2009. The four counties should also include GRG in their area plans. Counties should also include mentioning services available to GRG on their printed and on-line materials for family caregivers. Senior housing providers should be encouraged to allow exemptions for GRG to avoid immediate or early evictions. A program is needed to educate incarcerated parents to reconnect with their children.



## **Aging and Disability Resource Center**

Act 220 mandated that the Aging and Disability Resource Center (ADRC) provide the Joint Legislative Committee with an update on the physical site for the center in Hawaii County and the "virtual" site in the City and County of Honolulu.

The ADRC is a "one-stop-shop" for streamlined access to unbiased information on long term care options and services through integrated or closely coordinated: (1) intake, (2) assessment, (3) eligibility screening and determination, (4) information counseling, and follow up.

Hawaii's first ADRC pilot site, "Kahi Malama – A Place of Caring", is located in Hilo and held its grand opening on November 14, 2008. This is a physical model in which the former Sun Sun Lau restaurant was completely renovated to co-locate public and private aging and disability services, programs, and agencies under one roof. Hawaii County Office of Aging is the leading area agency on aging for the Hilo site.

The Honolulu virtual model being developed by the City and County of Honolulu Elderly Affairs Division, includes a robust internet website with comprehensive information on aging and disability services and resources. This ADRC website template is being designed in conjunction with the Kauai County Agency of Elderly Affairs Division and information technology/website development team. Honolulu and Kauai are targeting to launch this website in late Spring 2009. The new template will be available to all counties. This virtual ADRC model not only provides online information, but also includes 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 a satellite physical site in Oahu's North Shore and Leeward communities; a site in the Hamakua district on the Big Island, as well as Kauai and Maui counties.

## **Long Term Care Commission**

Act 224 SLH 2008 established a Long Term Care Commission within the University of Hawaii College of Social Sciences Public Policy Center to identify problems with current long term care capacity, programs, and services; and 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; it terminates on November 30, 2010.

The Commission has been appointed and has started to meet. They will be privately raising money to fund a one year study as government funds will not be available. The study will include nomenclature, management, financing and impacts on

workforce. The Commission will also begin discussions on what the comprehensive plan will entail.

### **Home Medical Equipment**

Durable medical equipment providers raised an issue before the committee on the problems associated with consumers who require medical equipment in their homes. Regulatory changes have greatly impacted the industry. Consumers now purchase equipment outright and the burden of maintenance becomes an added cost. Reimbursements continue to decrease. There is often difficulty in accessing service and supplies. Many consumers do not accurately understand what is and is not covered by their individual medical plans. Medicare and Medicaid are not the same. Reimbursement difficulties have forced many providers out of business and created difficulty for those still in operation.

Subsequent to their presentation, the Department of Human Services has been meeting with the providers to work on streamlining the process. They will continue to meet to work on improving reimbursements and criteria for prior approvals. The ADRC will also be able to assist in providing accurate information to consumers.

### **Home for Life Task Force**

A group of stakeholders has proposed that a Home for Life Task Force be established to work on reducing or eliminating physical barriers in the home environment thereby empowering people to remain in their own homes for as long as possible; to encourage adoption of universal design principles; and to facilitate multi-generational living. The goals of the task force would be to analyze all pertinent laws, codes, and regulations; empower homeowners with existing residences; facilitate home modification assessments; encourage industry professionals; education; and community engagement. A proposal for a legislative resolution to establish the task force will be offered for the 2009 Legislature's consideration. The group also suggests that the JLCAIP (1) organize a best practices exhibit that can be accessed throughout the state, and (2) solicit ideas from frail elders and persons with disabilities on what design features would facilitate comfortable living in their current homes or in other, preferred environments.

### **Home Care Licensing**

Home care agencies provide medical and non-medical services to consumers in their homes. A group of stakeholders proposed that home care agencies should be licensed in the State of Hawaii to offer consumers some protection when purchasing these services. Home care is expected to grow 70% nationally by 2014. At this time, a general excise license is all that is required in order to provide home care services to elderly and disabled consumers. Stakeholders propose that minimum standards should be applied via licensure. Those standards should include criminal background checks, communicable disease checks, and competency requirements for staff.

State and County consumer resource publications that are currently available offer listings of home care agencies, but in the absence of licensure, the consumer does not have a way of distinguishing the quality or safety of those services provided by the agencies on the list.

Home Care is a consumer directed service. Home health Care is physician directed service. Both can include medical services in the delivery of care. Home health is licensed. Home care is not. A bill will be offered for the 2009 Legislature's consideration that would require all home care agencies in Hawaii to be licensed by the Department of Health.

#### **PART IV. RECOMMENDATIONS**

The JLCAIP supports the continued opportunity to bring stakeholders together to work on innovative solutions to the problems related to Aging in Place. Some of the collaborative work started during the 2008 interim will result in improved services and maximized use of limited resources without additional legislation.

In making its recommendations, the JLCAIP examined the information presented and focused on addressing the most urgent needs of family caregivers, as well as, facilitating the development of a comprehensive, community-based family caregiver support system by recommending measures that will contribute to that goal. The JLCAIP is aware of the need to curtail spending in the state budget and offers the recommendations below in order to foster discussion on caregiving policies and alternative means of funding.

***Finding A:*** The Kupuna Care program is intended to provide a safety net of services for Hawaii's needy elderly and family caregivers. Hawaii has a high proportion of older citizens in its population which will continue to increase as the baby boomer population ages. There is a particular population of these older citizens who do not have access to needed services, mainly due to financial limits, but can remain in their homes with minimal assistance. For this group, the Kupuna Care program is essential to maintain their independence and dignity at relatively little cost. But as the qualified population expands, limited resources become insufficient to adequately meet their most basic needs. Current levels of service have already been impacted and the wait lists will begin to grow larger. Support for family caregivers allows them to continue to work, rather than leave the workforce to care for their loved ones, thus keeping care recipients out of institutions. In addition, elderly grandparents raising grandchildren may also need support services that could be provided by the Kupuna Care program.

***Recommendation A:*** The JLCAIP recommends that the Executive Office on Aging's base budget appropriation in the Executive Budget be increased to maintain the current level of total services provided qualified care recipients and their family caregivers. Additionally the Executive Office on Aging should be requested to work with

the counties to propose a plan to increase voluntary contributions to help fund the Kupuna Care program.

***Finding B:*** The completed respite inventory contains valuable information on what services are available where and with what restrictions. Making this information easily available to consumers would provide an enormous benefit to persons in need of these services especially during emergency situations.

***Recommendation B:*** The JLCAIP recommends that the Executive Office on Aging work with the JLCAIP to identify potential sponsors of a website to distribute the respite care inventory.

***Finding C:*** The Executive Office on Aging plans to continue to gather feedback from the few other states that are beginning to provide consumer directed services to non-Medicaid populations. Specific points in these states' current plans for implementation that will be under discussion in the next year include: (1) whether or not to have limits on income and non-exempt assets (cars, homes etc) essentially targeting the Medicaid "spend down" population; (2) how to accommodate language barriers and cultural values; (3) how best to work with area agencies and local community-service providers including those for the disability community; and (4) whether or not to consider a model where caregivers are allotted a specified dollar amount annually for respite services.

***Recommendation C:*** The JLCAIP recommends introduction of a concurrent resolution requesting the Executive Office on Aging and the University of Hawaii to continue their work to develop a cash and counseling model within available resources, and to continue to look at all possible funding sources.

***Finding D:*** It has already been established that many people who find themselves faced with the demands of providing informal caregiving are also employed in the workforce. Their responsibilities at home can create situations that impact their employment situations. While the benefits of a paid family leave program for the employee are great, the costs financially and in work productivity still need to be successfully addressed.

***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.

***Finding E:*** Grandparents living in senior housing facilities who suddenly find themselves responsible for their grandchildren have received eviction notices with little or no time allotted for them to transition to affordable housing allowing children.

***Recommendation E:*** The JLCAIP recommends introduction of a concurrent resolution to request that all agencies responsible for senior housing, both public and private, make appropriate exemptions in policies and house rules to allow seniors to reside in the unit with the grandchild-in-crisis until more suitable housing is obtained.

***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 services. In 2005, the U.S. Department of Health and Human Services awarded Hawaii with a federal grant to develop Aging and Disability Resource Center programs to help consumers learn about and access long term support ranging from in-home services to nursing facility care.

In November 2008, the first physical Aging and Disability Resource Center site was successfully built in Hilo. It houses nine public and private agencies providing services to seniors and people with disabilities in Hawaii County. Honolulu is developing a virtual site by expanding the City and County of Honolulu Elderly Affairs Division's current Senior Hotline Telephone's information and assistance program and developing, along with the County of Kauai Agency on Elderly Affairs, a comprehensive resource website to enhance current services to provide information access to consumers. The website is targeted to be completed and launched by May 2009.

The ADRC simplifies access to the long term care system for the greatest number of individuals by making the entire entry system available with access gained at any point in a fair and uniform manner. The overall goal is to establish ADRC sites in Kauai and Maui Counties and have statewide access for all.

***Recommendation F:*** The JLCAIP recommends that an appropriation be made to the Executive Office on Aging to support the ADRC project. The funding would be used to provide start up funds for two new pilot sites on Maui and Kauai, continue coordination of Hawaii County and Honolulu ADRC programs, including continuing their plans for additional satellite sites on their respective islands, staff positions for each county pilot site, purchase additional management information system products and expanded telephone system, coordinate and implement the ADRC consumer education and outreach campaigns, and continue the state-level coordination and evaluation activities of the project.

***Finding G:*** Most of Hawaii's housing inventory is currently not suitable for our elders to age in place in their homes. Government regulations and codes should be reviewed to determine changes needed to facilitate aging in place and multigenerational housing. Consumers should be encouraged to plan for renovations necessary to age in place, and professionals should also 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 actions necessary to reduce physical barriers in the home environment and facilitate aging in place.

***Finding H:*** To encourage seniors and facilitate their aging in place at home, they should be assured that the 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 introduction of legislation to require that home care agencies be licensed by the Department of Health. Fees collected for the license 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.

Respectfully submitted on  
behalf of the members of the  
joint Legislative Committee on  
Aging in Place,