DEPT. COMM. NO. 57

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

December 12, 2017

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Twenty-Ninth 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

Executive Office on Aging Annual Report for FY 2017, §349-5(b)(2) Hawaii Revised Statues (HRS). In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at:

http://health.hawaii.gov/opppd/department-of-health-reports-to-2018-legislature/

Sincerely,

Virginia Pressler

VIRGINIA PRESSLER
Director of Health

Enc.

c: Senate
House
Legislative Reference Bureau
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REPORT TO THE TWENTY-NINTH HAWAII STATE LEGISLATURE 2018 SESSION

Executive Office on Aging Annual Report for SFY2017

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

"E Loa Ke Ola"
May Life Be Long

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

December 2017

EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) is submitting this annual evaluation report on elder programs in accordance with Section 349-5(b) (2), Hawaii Revised Statutes (HRS). The report covers EOA's activities in State Fiscal Year (SFY) 2017.

In June 2017, EOA submitted the 2017 - 2019 Hawaii State Plan on Aging, which covers the period from October 1, 2017 to September 30, 2019, as required by the 2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144). This plan extends the timeline for accomplishing the goals and objectives of the 2015 - 2017 Hawaii State Plan on Aging which were developed with the County Area Agencies on Aging (AAAs) to create a comprehensive and coordinated system of long-term services and supports (LTSS) to meet the needs of the growing population of older adults in Hawaii. The 2017 -2019 State Plan on Aging was approved by the Federal Administration for Community Living on August 2017.

In June 2015, EOA's reorganization plan was approved. This reorganization plan streamlines EOA's staffing capacity to increase staff productivity, improve operational performance, and achieve program outcomes that better meet the needs of older adults in Hawaii. However, there are a few re-described position descriptions that still need to be approved by the State Department of Human Resources Development (DHRD) before recruitment for these positions can proceed. As a result, EOA has been operating as best as possible with current staff shortages.

In SFY 2017, EOA received a total of $17,002,339 in appropriations ($10,479,510 (62%) in appropriations from state funds and $6,522,829 (38%) in appropriations from federal funds) for services to enable older adults to remain in their homes and communities. EOA contracts with each of the county AAAs to procure, manage, and coordinate the delivery of elder and caregiver support services in their respective counties. The AAAs used State funds to support the following Kupuna Care (KC) core services: adult day care, attendant care, case management, chore, homemaker/ housekeeping, personal care, assisted transportation, KC transportation, and home-delivered meals. Title III federal funds were used to supplement KC covered services, as well as other services to provide other home and community-based services for older adults and their caregivers. The State and federally funded services reached an estimated 10,073 older adults and 966 family caregivers.

Over the past five years, EOA and the AAAs have been implementing a Statewide Aging and Disability Resource Center (ADRC) that meets the operational needs of each county AAA. The ADRC, which is funded by the State, helps older adults, individuals with disabilities, and family caregivers find options for long term supports and services available to them in the State of Hawaii. The ADRC is a highly visible and trusted system that people of all incomes and ages can access to obtain information on the full range of long term support programs and benefits. ADRC staff assess the individual's need for services to maintain their independence. The staff will then enroll consumers in the KC and Title III services that meets their needs as well as provide them with options for services that the ADRC may not provide directly. SFY 2017 was the first year that the ADRC has been operating

statewide throughout the State fiscal year. In SFY 2017 the ADRC received 35,007 contacts or calls, nearly half from people who called before. Of the ADRC consumers who returned their satisfaction survey, a large majority (92% statewide) were satisfied with the service they received from the ADRC.

The Long-Term Care Ombudsman Program (LTCOP) provided 1,501 consultations to facilities, 30 community education presentations, and information and consultations to 1,534 individuals. The State Health Insurance Assistance Program (SHIP) counseled nearly 2,000 Medicare beneficiaries, conducted 29 public awareness events that reached over 2,600 beneficiaries, partnered with the University of Hawaii Center on Disability Studies to develop culturally appropriate Medicare training for volunteers, distributed 10,000 SHIP informational brochures and advertised SHIP services and volunteer opportunities on TheBus. The Senior Medicare Patrol provided approximately 5,500 hours of counseling, outreach, and education; counseled 106 individuals; and collaborated on 19 Kupuna Alert Partners presentations on fraud prevention that reached more than 800 people.

EOA is also responsible for several special initiatives that improve older adults' access to services, well-being, independence, and safety. One such initiative is the No Wrong Door (NWD), a three-week grant initiative which seeks to improve the public's access to long-term services and support (LTSS). While still in year two of the No Wrong Door Initiative, EOA expects, that by the end of the third year, Hawaii's older adults and persons with disabilities will be able to use the ADRC to receive person-centered counseling and access all publicly funded LTSS.

The Healthy Aging Partnership (HAP) Initiative, of which EOA is one of the founding partners, continues to offer Chronic Disease Self-Management Education (CDSME) and EnhancedFitness workshops. In SFY 2017, HAP added a new CDSME module, *Cancers: Thrive and Survive*, to the foundation and diabetes modules it has offered since it began in 2006. The 19 CDSME workshops offered in SFY 2017 were attended by 183 individuals, 75 percent of whom completed the workshop. The EnhancedFitness workshops served a total of 373 individuals.

The third initiative EOA pursued in SFY 2017 was the Veteran's Directed Home and Community-Based Service (VD-HCBS), which offers veterans an in-home alternative to nursing home placement. Now in its second year, the VA referred a total of 27 veterans to EOA's VD-HCBS initiative.

In addition, EOA continues to spearhead special initiatives such as the implementation of its Language Access Plan. EOA is working with the County AAAs to ensure that they are implementing the eleven core components of the Language Access Plan.

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Part I. Background Information

A. Statutory Basis, Mission, and Goals

The mission of the 2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144) is to promote the development and implementation of a comprehensive and coordinated state system of long-term services and supports (LTSS) in home or community- based settings to enable older adults and individuals with disabilities to live in their homes and communities if they choose. OAA prescribes that the system of LTSS be developed through collaboration with other agencies and providers, and that services are coordinated and responsive to the needs and preferences of older individuals and their family caregivers.

The U.S. Administration on Community Living (ACL) of the U.S. Department of Health and Human Services is charged with implementing the statutory requirements of the OAA. To implement OAA, ACL works with the State Unit on Aging (SUA) of each state. OAA requires the states to designate a SUA to carry out the OAA mission.

Chapter 349, Hawaii Revised Statutes (HRS) created the Executive Office on Aging (EOA) to function as the SUA in the State of Hawaii and carry out the responsibilities of an SUA described in the OAA. Chapter 349, HRS, also created the Policy Advisory Board on Elder Affairs (PABEA) to advise the Director of the EOA.

B. Hawaii State Plan on Aging

At the end of SFY 2017, EOA submitted the 2017 - 2019 Hawaii State Plan on Aging, which covers the period from October 1, 2017 to September 30, 2019, as required by the 2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144). This plan extends the timeline for accomplishing the goals and objectives of the 2015 – 2017 Hawaii State Plan on Aging which were developed with the County Area Agencies on Aging (AAAs) to create a comprehensive and coordinated system of long-term services and supports (LTSS) to meet the needs of the growing population of older adults in Hawaii. The 2017 -2019 State Plan on Aging was approved by ACL on August 2017.

The goals the 2017 – 2019 Hawaii State Plan on Aging seek to enhance Hawaii's LTSS system to enable older adults and persons with disabilities to live a life that is fulfilling in the safety and security of their homes and communities for as long as they find feasibly possible. The goals the plan pursues to accomplish this are:

1. Maximizing opportunities for seniors to age well, remain active, and enjoy quality lives while engaging in their communities,

2. Forging strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population,

3. Developing a statewide Aging and Disability Resource Center (ADRC) system for older adults and their families to access and receive long-term services and support (LTSS) within their respective counties,

4. Enabling people with disabilities and older adults to live in the community through the availability of and access to high-quality LTSS, including supports for families and caregivers, and

5. Optimizing the health, safety, and independence of Hawaii's older adults.

The State Plan on Aging described EOA's plans for using federal and state funds to pursue statewide activities related to aging to accomplish these goals. EOA contracts with the AAAs to implement programs and services for older adults and persons with disabilities, along with their caregivers in their respective counties. Each AAA carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring, and evaluation. These functions are designed to lead to the development of comprehensive and coordinated community-based systems that will enable older individuals to lead independent, meaningful, and dignified lives in their own homes and communities if possible.

C. EOA Reorganization and Staffing

In SFY 2016, EOA's reorganization plan was approved by the Hawaii State Department of Health. The reorganization plan streamlined EOA's staffing capacities and administrative responsibilities by reorganizing EOA's office into several functional units and redefining the functions of some positions. The reorganization plan created the following functional units within the EOA Office: grants development and monitoring, planning and evaluation, and volunteer-based program service and public education.

Although EOA's reorganization plan was approved in SFY 2016, EOA is still waiting for approval from the State Department of Human Resources Development (DHRD) of a few of the re-described position descriptions. As a result, these positions cannot be filled until the position descriptions are approved and has contributed to EOA's staffing shortages. EOA has requested for expedited reviews of some of the more highly critical positions. EOA has also experienced difficulties in filling their currently approved vacant positions as the application and recruitment process for State employment is lengthy and cumbersome.

Part II. State and Federal Funding

In SFY 2017, EOA's total operating budget, consisting of State and federal funds, was $17,002,339. Table 1 shows a comparative breakdown of EOA funding for SFY 2016 and SFY 2017, and Table 2 shows the distribution of state and federal funds to the AAAs in SFY 2017.

Table 1. EOA's State and Federal Funding for SFY 2016 and SFY 2017

SOURCE	SFY 2016	PERCENT	SFY 2017	PERCENT
State	$7,257,509		$10,479,510	
SFY 2016 Act 188 Supplemental	$2,850,000		$0	
State Total[1]	$10,107,509	61%	$10,479,510	62%
Federal	$6,329,556	39%	$6,522,829	38%
Total	$16,437,065	100%	$17,002,339	100%

[1]Sum of rows 1 and 2.

Table 2. Funds Allocated to Area Agencies for SFY 2017

AREA AGENCY	STATE[1]	FEDERAL[2]	TOTAL
Kauai Agency on Elderly Affairs (KAEA)	$879,066	$571,677	$1,450,743
Honolulu Elderly Affairs Division (EAD)	$5,882,238	$3,356,250	$9,238,488
Maui County Office on Aging (MCOA)	$1,608,470	$847,612	$2,456,082
Hawaii County Office on Aging (HCOA)	$1,765,912	$1,099,506	$2,865,418
Total	$10,135,686	$5,875,045	$16,010,731

[1] State funds for Kupuna Care, Elder Abuse, Senior Centers, and Aging and Disability Resource Centers.
[2] Federal funds for Older Americans Act Funds Title III and the Nutrition Service Utilization Program.

Part III: Services and Service Utilization

EOA is responsible for administering State Kupuna Care (KC) and federal OAA Title III funds for services and supports to older adults that enable them to live in their homes and communities if they choose. This section describes the services these funds provide and the level of utilization in SFY 2017.

A. Kupuna Care Services

The Hawaii State Legislature currently appropriates $4,854,305 for KC in EOA's base budget. To qualify for Kupuna Care the individual must be:

- Sixty (60) years of age or older;
- A citizen of the United States or a qualified alien;
- Not covered by any comparable government or private home and community based services;
- Not living in a long-term care facility or institution; and
- Has impairments of at least:
    - Two (2) Activities of Daily Living (ADLs) or
    - Two (2) Instrumental Activities of Daily Living (IADLs) or
    - One (1) ADL and one (1) IADL or
    - Substantive cognitive impairment requiring substantial supervision.

Allocation of KC funds to the AAAs is based on a federally- approved funding formula.

KC monies are used to pay for the following nine core home and community-based services (HCBS), with the service unit in parentheses:

- *Adult Day Care* (hour). Personal care for functionally impaired adults in a supervised, protective, and congregate setting during any part of a day, but less than 24 hours. Services offered in conjunction with adult day care might include social and recreational activities, training, counseling, meals, and personal care services.

- *Attendant Care* (hour). Non-professional stand-by companion assistance and watchful oversight for older adults who are unable to perform independently because of frailty or other disabling conditions.

- *Case Management* (hour). Assistance to clients, families, and/or caregivers to engage in a problem-solving process of identifying needs, exploring options and mobilizing informal, as well as, formal supports to achieve the highest possible level of client independence.

- *Chore* (hour). Assistance to persons who are unable to perform heavy housework, yard work, or sidewalk maintenance; or for whom the performance of these chores may present a health or safety problem.

- *Homemaker/Housekeeper* (hour). Assistance to persons unable to perform one or more of the following IADLs: preparing meals, shopping for food and other personal items, managing money, using the telephone, doing housework, traveling, and taking medication.

- *Personal Care* (hour). Personal assistance, stand-by assistance, and watchful oversight for older adults who are unable to perform one or more of the following personal care activities (i.e., ADLs): eating, dressing, bathing, toileting, and transferring in and out of bed/chair and ambulating.

- *Assisted Transportation* (one-way trip). Door-to-door transit service with assistance, including an escort for older persons who have physical or cognitive impairment that prevents them from using regular vehicular transportation services.

- *KC Transportation* (one-way trip). Vehicular transportation with no assistance beyond the helpfulness of the driver. There is no restriction in type of vehicle.

- *Home Delivered Meals* (meal). Nourishing meals for the older adults or the caregivers at home that:

    - Comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture).

    - Each provide a minimum of 33.33% of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

B. Title III Older Americans Act Services

In addition to the HCBS as described in the OAA, Title III and funded through the State's KC program, older adults and caregivers can access other services and supports funded by the federal Title III funds. Below are the types of services OAA funds support.

- *Family Caregiver Support Services.* Support and respite services for family caregivers of older adults, as well as to grandparents and persons age 55 or older, who are caregivers to related children or to related individuals with a disability. These services include counseling, support groups, training, respite care, and supplemental services.

- *Supportive Services.* Wide range of social supports to help older adults remain independent in their own homes and communities. The services funded by Title III include transportation, information and assistance, and outreach.

- *Nutrition Services.* Services to reduce hunger and food insecurity, and to improve the health and well-being of older adults through better nutrition and being physically and socially active.

- *Disease Prevention & Health Promotion Services*. Evidenced based interventions to address health disparities and promote a healthy lifestyle.

C. Service Utilization

This section covers the utilization of KC and OAA funded services in SFY 2017. The tables in this section show the number of persons served and the number of service units by type of service. Because the services funded by KC and OAA are similar, for each service, the table reports their combined utilization numbers.

1. Older Adult Consumers

In SFY 2017, State and federal funds provided services to 10,073 older adults (unduplicated count). Tables 3 to 5 show the service utilization for the different services. Table 3 shows the ADRC having 33,198 information and assistance contacts and reaching 26,001 people in its outreach. The table also shows the two most frequently used services for which there is unduplicated person counts were transportation with 3,418 consumers and case management with 2,013 consumers. However, the most intensely used service was attendant care with each consumer receiving an average of 88 hours of service. The next most intensely used services were transportation and assisted transportation with an average of 45 and 41 trips per consumer, respectively.

Table 3. Utilization of Access Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Information and Assistance[1]	N/A	33,198	Contacts
Outreach[1]	N/A	26,001	Contacts
Case Management[2]	2,013	23,110	Hours
Assisted Transportation[2]	136	5,562	One-way trips
Transportation[3]	3,418	154,712	One-way trips
Attendant Care[2]	376	33,257	Hours

[1] Title III Funded Service

[2] Kupuna Care Funded Service

[3] Title III and Kupuna Care Funded Service

N/A = Not Available

The utilization of Kupuna Care funded HCBS services appear in Table 4. The table shows the two most frequently used services were personal care (974 consumers served that received 61,922 hours of care) and homemaker services (727 consumers that received 23,558 hours of service). However, the most intensely used service was adult day care whose 215 consumers received an average of 274 hours of care.

Table 4. Utilization of Home and Community Based Services

KUPUNA CARE SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Personal Care	974	61,922	Hours
Homemaker	727	23,558	Hours
Adult Day Care	215	58,847	Hours
Chore	96	1,545	Hours

Table 5 shows that while the number of older adults who received home delivered meals was slightly larger than those receiving congregate meals (3,512 versus 3,121), they also received substantially more meals (514,233 versus 208,612). People participating in the home delivery meal program received an average of 146 meals compared to 67 meals for persons receiving congregate meals.

Table 5. Utilization of Nutrition Services

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Home Delivered Meals[1]	3,512	514,233	Meals
Congregate Meals[2]	3,121	208,612	Meals

[1] Title III and Kupuna Care Funded Service
[2] Title III Funded Service

2. Caregivers

In SFY 2017, 890 family caregivers of older adults and 76 older adults (55 years and older) who care for a related minor under 18 years of age or individual with disability under 60 years old received Title III National Family Caregiver Support Program (NFCSP) support.[1] Tables 6 and 7 indicate that 622 (70%) of the family caregivers of older adults and all of the 76 older adult caregivers caring for a related minor child or person with a disability received counseling, support

[1] These numbers are unduplicated counts of caregiver service recipients. Since a caregiver may have received more than one service, the sum of the "persons served" column may be larger than the unduplicated counts.

group, or training. Table 6 also shows the most intensely used services by caregivers of older adults was respite services. The 276 caregivers receiving respite services received a total of 22,404 hours of respite care or an average of 81 hours per caregiver.

Table 6. National Family Caregiver Support Program (NFCSP) – Family Caregivers of Older Adults

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	622	2,518	Sessions
Respite Care	276	22,404	Hours
Supplemental Services[1]	58	351	Requests

[1]Supplemental services may include but are not limited to home modification, assistive technology, emergency response systems, and incontinence supplies.

Table 7. NFCSP - Grandparents or Relative Caregiver Age 55+ Service Utilization

SERVICES	PERSONS SERVED (Unduplicated Count)	UNITS OF SERVICE	MEASURE
Counseling, Support Groups, Training	76	1,641	Sessions
Respite Care	0	0	Hours
Supplemental Services	0	0	Requests

Part IV: Programs and Special Initiatives

EOA offered several programs and undertook several special initiatives to enhance the health, independence, safety, and well-being of older adults in Hawaii by improving access to and coordination of services. This section describes these programs and initiatives and their performance in SFY 2017.

A. Programs

1. Aging and Disability Resource Centers (ADRC)

The vision of the ADRC is to be widely known in every community in Hawaii and serve as a trusted system that consumers can access to obtain information on the full range of long-term support programs and benefits. ADRC staff will gather information on the consumer's functional level, assist in developing individual support plans to maintain the consumer's independence, determine their eligibility for KC and Title III services and supports needed by the consumer and make referrals to other support programs the consume may need. SFY 2017 was the first year that the ADRC has been operating statewide throughout the State fiscal year. EOA continues to work with the ADRC sites to ensure that they are responsive to the needs of the community.

a. ADRC Consumer Contacts and Outcomes

In SFY 2017, the ADRC received 35,007 contacts or calls. The characteristics and outcomes of the ADRC consumer contacts are reported in Tables 8 and 9.

Table 8 shows that 62% of all contacts to the ADRC were initiated by the person requesting for or needing services (care recipient). The next most frequent contact was by the care recipient's daughter or daughter-in-law. Almost half of the persons contacting the ADRC had called the ADRC before. The table also shows that the age range of the people contacting the ADRC was equally distributed among three age groups ranging from 60 – 99 years of age. The top three reasons that consumers contacted the ADRC were for assistance and information on nutrition related issues, home and community-based services (HCBS), and transportation issues.

Table 9 reflects the outcomes of the all consumer contacts that were made to the ADRC in SFY 2017. In SFY 2017 out of the 35,007 contacts received from the ADRC, 11,039 individuals received services, of which 3,392 individuals needed long-term services and supports (LTSS). Since the support plan results from an assessment, the number of initial assessments (4,777) and support plans (4,889) are about the same.[2]

[2] The number of support plans is slightly higher than initial assessments because some support plans may have followed an in-home reassessment, which is not included in-home assessment count.

Table 8. Characteristics of Consumer Contacts with the ADRC in State Fiscal Year 2017

Characteristics of Contact	Top Three Responses (Percent)			Total
	First	Second	Third	
Person/Agency	Self (62%)	Daughter/ Daughter-in-law (9%)	Agency/Facility (7%)	35,007
Referred by	Called before (45%)	Service provider (22%)	Family (11%)	11,769
Consumer age	85 to 99 years (35%)	75 to 84 years (32%)	60 to 74 years (30%)	24,612
Reason for the contact	Nutrition (31%)	Home and Community Based Services (30%)	Transportation (24%)	20,440

Table 9. Outcomes of Consumer Contacts with the ADRC in State Fiscal Year 2017

Outcomes	Number
Total contacts/incoming calls to the ADRC	35,007[a]
Received a support plan	4,889[b,c]
Received an initial assessment	4,777[d]
Found to have a LTSS need	3,392[a]
Referred to other agencies	818[a]
Received services	11,039[b]

[a] Based on incoming calls only
[b] Unduplicated count
[c] Includes new support plans produced from reassessments
[d] Includes reassessments

b. Satisfaction with the ADRC

In SFY 2017, EOA with the assistance of the University of Hawaii Center on Disability Studies administered a satisfaction survey of consumers who were new to Kupuna Care services. This survey asked consumers in each county to evaluate their satisfaction with their county ADRC and the contractor staff's performance in nine areas. Consumers were asked to indicate their level of agreement with statements on staff's performance in each area by choosing from the following response choices: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree, and (6) not applicable. Since the statements to the consumers all affirmed good practices (see Table 11), responses agreeing or strongly agreeing with the statements were considered to be indications of satisfaction with the service. The survey results for the period of August 2016 to October 2017 was included in a consumer tracking report EOA submitted to the 2017 State Legislature. (EOA, 2016). This section reports on the results of this survey.

Table 10 indicates that a majority of the ADRC consumers were satisfied with their county ADRC and the contractor's staff performance.

Table 10. Consumer Satisfaction with the ADRC by County

County	Respondents	Overall Satisfaction
Kauai	34	94%
Honolulu	712	88%
Maui	134	93%
Hawaii	33	89%
Total	913	92%

The ADRC consumers indicated a higher level of satisfaction with the treatment they received from the ADRC and contractor staff, and their level of knowledge of LTSS. (See Table 11.) More than 90% of the respondents agreed with the statements in those performance areas. The consumers were slightly less satisfied with the ADRC "products" or "deliverables". This may be due to the shortage of service providers and resources in certain counties which result in consumers being placed on waitlists for services and thus, resulting in lower consumer satisfaction.

Table 11. ADRC Consumers' Assessment of ADRC and Contractor Staff Performance by County

ADRC and/or Contractor Staff…	Percent in Agreement			
	Kauai	Honolulu	Maui	Hawaii
Listened carefully	97%	91%	97%	97%
Understood my needs	97%	91%	94%	98%
Explained in a way I understood	97%	91%	94%	96%
Are courteous and respectful	94%	92%	97%	98%
Are knowledgeable about LTSS	93%	91%	96%	91%
Cared about me	97%	92%	96%	97%
Assisted me in taking care of my needs[1]	88%	86%	93%	75%
Gave me a support plan that was helpful[2]	94%	82%	87%	79%
Gave me referrals and connections[3]	88%	80%	89%	74%

[1] EOA is unsure why the results for "assisted me in taking care of my needs" were so low. The lack of provider capacity and being put on a waitlist for services may have resulted in lower percentages.
[2] The ADRC Operations Workgroup may want to look at the purpose and function of a support plan.
[3] Many factors may be attributed to the low percentage of referral and connection made. Possibly the needs were addressed by the ADRC and there was not a need to make referrals.

EOA established an ADRC Operations Workgroup (AOW) to review the ADRC system operations to improve the intake and assessment process through improved data collection and

evaluation. The workgroup is made up of the four county AAAs and EOA. The AOW is now reviewing the current intake and assessment data that is collected and determining what essential information is needed to develop a support plan that addresses the consumer's needs, eliminate the collection unessential information, and improve consumer outcomes. The work on this project is projected to be completed and the changes implemented in SFY 2018.

2. Long-Term Care Ombudsman Program (LTCOP)

The Hawaii LTCOP was established in the State of Hawaii in 1975 as part of a federal demonstration project under the OAA of 1965. Because of its success here and in other states, Congress, in its 1978 re-authorization of the OAA, mandated that every state have a LTCOP. The Hawaii Legislature responded by amending HRS Chapter 349 in 1979 authorizing the EOA to carry out the duties and responsibilities of this program. In 2007, the Legislature passed a bill that created the Office of the Long-Term Care Ombudsman within EOA.

Until recently, the LTCOP consisted of a State Long Term Care Ombudsman and a Volunteer Coordinator. In 2017 the State Legislature approved monies to fund a full time Ombudsman Specialist position and an additional $75,000 in funds to contract part time, long term care ombudsman services for Kauai, Maui and Hawaii counties.

To accomplish its mission, the LTCOP relies upon volunteers in the Long-Term Care Ombudsman Volunteer Representative Program. This program utilizes trained, certified volunteers under the guidelines of HRS Title 7, Chapter 90, Section 2 and the OAA. The volunteers function as "representatives" of the LTCOP and make weekly, friendly visits to seniors and disabled persons residing in state-wide licensed or certified long-term care settings to improve the resident's quality of care and life.[3] The volunteers provide advocacy services; respond to, investigate and resolve resident complaints; and educate residents on their rights and protection from abuse and neglect. In SFY 2017, the 10 LTCOP volunteers were responsible for covering 17 facilities.

Today there are approximately 12,340 long term care residents residing in Hawaii's 1,702 licensed long-term care nursing homes, adult residential care homes (ARCHs), expanded ARCHs, assisted living facilities (AL), and community care foster family homes (CCFFHs). These facilities fall under the jurisdiction of the LTCOP. The program opened 71 cases with 215 complaints in SFY 2017. More than half of the complainants were relatives or friends of the resident.

The Administration on Aging/Administration on Community Living strongly recommends that residents in long-term care facilities receive, at a minimum, quarterly visits by the LTCOP. With limited program staff, this is very difficult to accomplish, hence the volunteers play a vital role in the LTCOP. Quarterly visits to 1,702 facilities amounts to 28 a day, spread over 6 islands. Even just an annual visit would require visiting 7 facilities a day.
In SFY 2017, the LTCOP:

[3] Long-term care facilities have seniors and non-senior residents who are disabled. The LTCOP staff and volunteers will meet with these residents when asked and make referrals to the Hawaii Disability Rights Center for follow-up.

- Held monthly 3-hour volunteer meetings
- Provided 28 hours of training to certify new volunteer Ombudsmen
- Provided 6 in-services to facility staff
- Provided information and consultation to 1,534 individuals
- Provided 1,501 consultations to facilities
- Conducted 30 community education presentations.

3. Hawaii State Health Insurance Assistance Program (SHIP)

The Hawaii State Health Insurance Assistance Program (SHIP) is funded by a grant from the ACL. The SHIP staff, and its statewide network of volunteer counselors and partners, provide free information and assistance to Medicare beneficiaries, their families, caregivers, and soon to be retirees, to help them make more informed decisions on their Medicare, prescription drug, and other health plan choices.

Hawaii SHIP staff and volunteers provide the public with information and assistance for original Medicare, Medicare Advantage, Medigap, prescription drug plans, low-income subsidy programs, long-term care services, and preventive health screening and services. Options prepared by certified SHIP counselors are unbiased, and based on the client's preferred doctors, specialists, hospitals, pharmacy's, and medications. Hawaii SHIP counselors also provide assistance with enrollment, claims, appeals, and when appropriate, referrals to other agencies.

In SFY 2017, the Hawaii SHIP's accomplishments include the following:

- *Service Excellence*
    - Received over 1,300 volunteer and in-kind hours to support SHIP services.
    - Participated in 29 public awareness events in rural and urban communities across the State, reaching over 2,600 individuals.
    - Provided Medicare counseling to almost 2,000 beneficiaries statewide.
    - Improved access to services through the Hawaii SHIP website (www.hawaiiship.org) with educational resources, links to partner sites, volunteer recruitment information, and a Contact Us submission link that allows community agencies and organizations to request for group presentations.
- *Capacity Building*
    - Partnered with the Kauai Agency on Elderly Affairs as a pilot site to develop and implement a SHIP program on the island of Kauai.

- Signed formal agreements with the Retired Senior Volunteer Program (RSVP) on Oahu, Maui, Kauai, and the Big Island, to recruit and train SHIP volunteer counselors.

- Contracted with the University of Hawaii, Center on Disability Studies to develop a culturally enhanced Medicare training curriculum based on the CMS-approved (Centers for Medicare and Medicaid Services) online certification, to be provided through an interactive classroom format. The goal is to provide Medicare basics training to staff and volunteers on all islands.

- Participated in the SHIP-Senior Medicare Patrol (SMP) Joint National Conference held in Milwaukee, WI and the annual Center for Medicare and Medicaid Services National Training Program in Seattle, WA.

- *Operational Excellence*

  - Developed a marketing plan to launch a new brand image for Hawaii SHIP in Spring 2017. A new logo was developed in partnership with the University of Hawaii, School of Graphic Design which is used on all brochures, flyers, advertising, signage, and resource materials to brand Hawaii SHIP services. In the first six months of the marketing campaign, the Hawaii SHIP distributed over 10,000 brochures through partnerships with the County Area Agencies on Aging, Social Security Administration, and other partner sites statewide.

  - Contracted with "TheBus" to create and place over 500 placards on its buses to promote the Hawaii SHIP and recruit volunteers. TheBus services the entire island of Oahu transporting over 84 million riders per year who spend an average of 35 minutes per ride on the bus. TheBus sells more than 600,000 bus passes annually, of which over 28,000 are purchased by businesses for their employees. The placards have been displayed since March 2017.

  - Complied with grant guidelines by initiating the implementation of the Volunteer Risk and Program Management (VRPM) policies and procedures in June 2017. VRPM are guidelines, based on best practices, for ensuring the safety of the volunteers while mitigating risk and liability for the host agency. Implementation began with readiness assessments with partner sites to identify tools and strategies for the successful implementation of the VRPM at each site.

4. Senior Medicare Patrol (SMP)

SMP Hawaii is one (1) of 54 SMP Programs established by Congress in 1997 to prevent Medicare scams, fraud, waste, and abuse. The program recruits, trains, and certifies volunteers to educate seniors, family members, and caregivers on Medicare scams, fraud, waste, and abuse. SMP Hawaii volunteers and staff conduct educational outreach statewide through community events, group presentations, exhibits at fairs, social media and information on its website. Volunteers and staff also conduct basic and complex interactions, the latter which may involve investigations for potential billing errors and fraud.

SMP Hawaii's accomplishments for SFY 2017 include the following:

- *Expand Community Educational Outreach*

    - Provided 5,572 hours of individual interactions and community group outreach and education. In 2016, most Independent Sector (N.d.) estimated the value of volunteer time in Hawaii was $23.60 per hour. Based upon that estimate, the 68 SMP volunteers provided $132,614 of services to the SMP program.

    - Participated in 113 community group outreach and educational events, reaching 10,238 people statewide.[4]

    - Produced a quarterly SMP newsletter with valuable information and updates for Medicare beneficiaries. An important article in the 2017 Summer edition highlighted the new Medicare cards coming in April 2018. Other news included current financial scams, upcoming community events, and editorial contributions from members of the SMP statewide network of partners. Over 2,000 newsletters are delivered every quarter to elderly clients through the Lanakila Meals on Wheels program and the Hawaii Meals on Wheels program.

    - Provided 106 individual interactions and counseling with or on behalf of a beneficiary.

    - Provided $947.85 of cost avoidance on behalf of Medicare beneficiaries and a total of $1,424.43 in actual Medicare savings from investigations by staff and volunteers on the complex issue team.

    - Displayed SMP Hawaii bus posters on 54 Kauai, Maui, and Hawaii County mass transit buses on the neighbor islands and LOOKING OUT FOR YOU bulletins on 85 buses on Kauai and Hawaii Counties.

[4] Does not including Kupuna Alert Partners (KAP) presentations.

- *Social Media*

    - Continued to enhance the SMP Hawaii website, http://smphawaii.org/ to make it more accessible. SMP Hawaii expanded their website to include SMP educational resources for Medicare beneficiaries and persons with disabilities and limited English proficiency; and to streamline volunteer application, training, and communication. In 2017, SMP Hawaii added to its website revised training modules, newsletters, fraud guides, and PowerPoint presentations in Korean, Japanese, and Ilocano.

    - Continued to develop and expand the SMP Hawaii E-Newsletter circulation list. The current email distribution list now stands at 600. During 2017, SMP published a Spring and Summer E-Newsletter, and is currently working on the Fall edition.

    - Expanded awareness of the SMP Facebook page. Beginning June 13, 2017, SMP began tracking visits to the SMP Facebook page. As of July 31, 2017, 344 people have engaged directly on the page.

    - Continued the social media campaign with Raycom Digital and KHNL Hawaii News Now to promote the SMPHawaii.org website. Between May 19 and August 31, 2017, there were 2,168,817 times the SMP icon was viewable on the KHNL website. Of those, 4,075 people clicked onto the icon to view the video or banner that linked them directly into the SMP website. Of those who were engaged to click on the impression, 67% completed watching the video and 22% re-visited the website. These results exceeded the national average for overall engagement and revisits to the website.

- *Partners and Collaborations:*

    - Collaborated on 19 Kupuna Alert Partners (KAP) presentations on fraud prevention that reached 803 people, nine (9) of which took place on the neighbor islands. KAP is a partnership that includes representatives from include the Narcotics Enforcement Division/ Department of Public Safety, the Department of the Attorney General, and the Department of Commerce and Consumer Affairs.

    - Collaborated with the Attorney General, and the Department of Commerce and Consumer Affairs to print and disseminate the revised 2nd edition Fraud Guides. The fraud guides can also be printed from the SMP Hawaii website.

    - Continued to meet with a multidisciplinary 22-member advisory group consisting of a broad spectrum of law enforcement, insurance, and other agencies and organizations serving older adults from all four counties in the State. The Council met twice during 2017.

- *Volunteer Recruitment and Retention*

    - Trained 12 new SMP volunteers during 2017 (two (2) on the neighbor islands and 10 on Oahu).

    - Revised and implemented the Volunteer Risk and Program Management Policies developed by ACL to better manage risks in the Hawaii SMP Program through orientation, monthly meetings, individual role training, and annual evaluations.

    - Provided support and hands-on training at 40 meetings throughout the year to volunteers on the neighbor islands.

    - Administered a program evaluation survey to obtain feedback from SMP volunteers on their experience with the SMP program. Nearly three-quarters (72%) of the volunteers responded to the survey. A majority of the volunteers had positive feelings about their experience and provided constructive suggestions that will be used to improve the SMP program.

    - Held the annual SMP Hawaii volunteer recognition and training conference to recognize the contributions of the volunteers and the vital role they play in empowering seniors, family members, and caregivers to recognize and prevent health care fraud (HRS Chapter 90 State Policy Concerning the Utilization of Volunteer Services).

B. Special Initiatives

1. Healthy Aging Partnership

Established in 2006, the Hawaii Healthy Aging Partnership (HAP) is a statewide public-private partnership committed to improving the health and well-being of older adults in the State of Hawaii. The partnership offers evidence-based (programs proven effective in peer reviewed empirical studies) health promotion and disease prevention programs. This jointly-led partnership includes EOA, the Department of Health's Diabetes Prevention and Control Program (DOH-DPCP), and the University of Hawaii - Office of Public Health Studies (UH-OPHS) and relies upon its Steering Committee for advice on decisions and program direction. HAP includes representatives from DOH-DPCP, UH-OPHS, the AAAs, Alu Like, and the National Kidney Foundation of Hawaii.

HAP established the following workgroups to provide guidance and expertise:

- **HAP Fidelity Workgroup** to assure the fidelity of CDSME workshops and review the evaluation outcomes. The workgroup is led by CDSME's statewide evaluator, UH-OPHS, and includes county representatives and key T-Trainers and Master Trainers.[5]

[5] T-Trainers are persons certified to train Master Trainers. Master Trainers are persons certified to train leaders. Both T-Trainers and Master Trainers facilitate workshops.

- **HAP Advocacy Workgroup** to improve policies and develop strategies to educate legislators. This workgroup consists of county representatives and the statewide coordinator.

- **HAP Community Clinical Linkage (CCL) Workgroup** to strengthen the partnership and the coordination between clinical providers, community organizations, and public agencies. Members include EOA, UH-OPHS, DOH-DPCP, Hawaii Primary Care Association (HPCA), and the National Kidney Foundation of Hawaii.

In SFY 2017, the HAP promoted two evidenced-based interventions: 1) Chronic Disease Self-Management Education (CDSME) and 2) EnhanceFitness®. HAP manages and evaluates the interventions to ensure their fidelity and quality. Although management has been centralized, the counties are allowed to make minor modifications to their programs to better meet the needs of the communities they as long as the modifications do not affect the program's integrity.

a. *Chronic Disease Self-Management Education (CDSME)*:

CDSME empowers people who suffer from chronic diseases, such as diabetes, arthritis, and hypertension, to take control of their health. Developed by Stanford University, CDSME workshops provide participants with effective practical tips and tools to use for a healthier lifestyle, improve their quality of life, and reduce their health costs. Workshop participants attend six weekly sessions facilitated by two trained leaders, one of whom is a lay (peer) leader. HAP has partnered with National Kidney Foundation of Hawaii to offer workshops in the City and County of Honolulu.

Since 2007, HAP has offered workshops on *Chronic Disease Self-Management* (CDSM) and *Diabetes Self-Management* (DSM) and, in SFY 2017, added the *Cancers: Thriving and Surviving* (CTS) workshop. A total of 19 workshops were offered by the HAP which were attended by 183 participants in the last State fiscal year, 75% of whom completed their workshop (Tables 12 and 13).

Table 12. Number of Chronic Disease Self-Management Education Workshops State Fiscal Year 2017

Type of Workshop	Number
Chronic Disease Self-Management Program	7
Diabetes Self-Management Program	8
Cancer Thrive and Survive	4
Total	19

Table 13. Number of Participants and Completion Rate by Type of Workshop
State Fiscal Year 2017

Type of Workshop	Number of Participants	Completion Rate (In Percent)
Chronic Disease Self-Management Program	61	85
Diabetes Self-Management Program	73	75
Cancer Thrive and Survive	49	61
Total	183	75

The UH-OPHS has been the CDSME statewide evaluator since the workshops were first offered in 2007 and is also responsible for ensuring quality assurance. All CDSME providers are required to administer HAP's standardized evaluation forms which are available on a HAP-only website. This evaluation form, which is a slightly modified version of the Stanford questionnaire, collects information on the participant's health, health behavior, and health care utilization before participation in the CDSME workshop and 6-months after participation in the CDMSE workshop. The HAP added a one-year follow-up to collect health care utilization data to better estimate cost savings. The aggregate results are then reported to HAP partners.

b. EnhanceFitness®:

EnhanceFitness is an evidence-based exercise program that improves health and reduces health care costs. The program accomplishes this by improving cardiovascular fitness, strength, flexibility, and balance. The program builds relationships among the participants and creates an exercise environment that is fun and friendly.

In SFY 2017, EnhanceFitness was available in the counties of Kauai and Maui. The programs drew a total of 373 participants, of which 39 percent suffered from arthritis, 38 percent from hypertension, and 22 percent from diabetes.

2. Participant Direction

Participant-direction (PD) is a service model that puts older adults and their families in charge of their plan for the long-term services and supports (LTSS) they need and want to be able to live at home by expanding their choices, control, and management of their own care. PD differs from the traditional LTSS service model, such as Kupuna Care, in that the participants are responsible for securing and managing their LTSS services and, thereby, perhaps opening other options to address the problematic LTSS workforce issue in Hawaii. As such, the participant must be willing to self-direct his/her LTSS services. EOA and the ADRCs offer two types of PD service options. One option is available to older adults using publicly funded programs and the other is for veterans using funds provided by the Veteran's Administration.

a. Participant Directed Public Funded Support Services

EOA offers older adults the option to self-direct the use of public funds for the long-term services and supports (PD-LTSS) they need. In SFY 2017, a total of 41 qualified individuals were enrolled

in the PD-LTSS option in Hawaii, Kauai and Maui Counties.

In the PD-LTSS program using public funds, EOA screens prospective participants for eligibility, especially those with high needs, low support, at risk of institutional placement, and able and willing to self-direct. A prospective participant goes through the same intake, assessment and support plan process as an individual who seeks traditional services. Once the support plan is developed, the participant is offered a coach and financial management services (FMS).

The coach helps the participant develop a plan to expend allotted public funds for LTSS services the participant needs. In addition, the coach assists the participant in completing all required enrollment, employer, employee and vendor paperwork that is needed before the plan can deemed active. The FMS representative assists the participant, or their authorized representative, by paying for the supports in the spending plan each month, including but not limited to paying employees and vendors, reimbursing for approved purchases and insurance premiums, filing all required reports to state and federal taxing authorities, and collecting and paying required taxes.

b. Veteran-Directed Home and Community-Based Service (VD-HCBS)

The VD-HCBS is a participant-directed program for eligible veterans of all ages. VD-HCBS is designed to allow veterans, whose functional level makes them eligible for nursing home placement, to receive the same level of care in their homes under their own, or an authorized representative's direction. VD-HCBS allows veterans to prioritize their own care needs, select their own care providers, and act as their employer.

The program provides a budget based on the veterans' level of care. The budget allows veterans to hire the care providers they need to remain at home. In some cases, family members of the veteran can be paid to provide care.

The Hawaii VD-HCBS program received its first referral in August 2015. By the end of the SFY 2017, a total of 27 veterans were referred and receiving VD-HCBS services.

3. No Wrong Door Initiative

In September 2015, EOA was one of five states to receive a three-year implementation grant from ACL to incorporate a "No Wrong Door" (NWD) system into their ADRCs. The grant is to be used by states to develop a coordinated, streamlined system that improves access to LTSS for all populations and payers. Under the NWD system, State and County agencies (Doors) collaborate and coordinate with each other to streamline access to LTSS options needed by older adults and persons with disabilities through a single, standardized entry process that is administered and overseen by the coordinating entity.

EOA formed an Advisory Committee to help guide the implementation of the NWD system. The committee has representatives from 12 Doors, 7 referral partners, and 9 stakeholders. The committee has active participation from older adults, people with disabilities, including self-advocates and individuals with physical and sensory impairments.

The goals of the Hawaii three-year project are to: (1) expand the ADRC effort into a NWD network that enables older adults and persons with a disability to access to all publicly-funded LTSS and (2) build an infrastructure to offer all individuals Person-Centered (PC) counseling.

In building the infrastructure, EOA established an Infrastructure Team consisting of representatives from EOA, the University of Hawaii Center on Disability Studies, Hilopa'a, and HCBS Strategies. The team manages the NWD project through its web-enabled bi-weekly meetings.

The objectives to accomplish these goals are to: 1) weave existing publicly-funded LTSS access points into an integrated network, 2) expand capacity to support all populations with disabilities, 3) ensure that NWD Network provides PC counseling, and 4) create multiple funding sources to sustain the NWD Network with an emphasis on Medicaid administrative federal financial participation (FFP) claims.

In SFY 2017, the major accomplishments of the NWD Initiative include:

- Development of an automated referral tool and feedback form to streamline referrals between the Doors. This referral tool was piloted on Kauai and is currently being piloted on Oahu.

- Development of a common consent form that was approved by the Attorney General's office in November 2017.

- Developed a plan to establish a disability specialist position for the ADRC, which will be piloted at the Maui County Office on Aging if funds become available.

- Began training participating agency staff in Windward and Central Oahu, and Kauai on PC practices.

- Developed a Training Hui (a training collaborative) with the Developmental Disabilities Division (DDD), Med-QUEST Division (MQD) and the No Wrong Door Initiative (NWD) to coordinate PC practice, PC Organizational, and Community of Practice trainings.

- Established PC Organizational training for five agencies. Trainings will begin in November 2017 and run for one year.

- Met with MQD Finance Officer and the MQD finance staff to review draft documents for submittal to CMS for Medicaid Federal Financial Participation (FFP) administrative claims. This included: 1) proposed time study codes; 2) method for calculating total dollar expenditures; 3) cost pool spreadsheet; 4) estimated annual administrative claiming FFP claims for ADRC related activities; 5) draft Memorandum of Understanding (MOU) between EOA and MQD; and 6) Cost Allocation Plan (CAP) amendment.

In the third year of the grant, EOA will: (1) continue to work with the Doors to implement an automated referral tool and common consent form; (2) complete training of staff from the Doors on PC counseling and systems referral; (3) complete the PC Organizational training with 5 agencies; (4) continue efforts to file Medicaid FFP administrative claims; and (5) develop a plan to sustain the NWD initiative for the next three years.

4. EOA Language Access Plan

The 2015 Executive Office on Aging's (EOA) Language Access Plan is EOA's continuing commitment to providing access to Limited English Proficient (LEP) individuals by removing barriers which could prevent them from participating in EOA's programs and activities because of their language needs. A consumer is considered LEP when his/her primary language is not English and has a limited ability to speak, read, write or understand the English language.

The 2015 EOA Language Access Plan is in compliance with Title VI of the 1964 Civil Rights Act and 45 CFR, Pat 80 and Chapter 371, Sections 31-37 of the Hawaii Revised Statues (HRS), as amended.

The goal of the EOA's Language Access Plan is to ensure that LEP consumers receive language and culturally-appropriate assistance and the Plan consists of several essential elements that identify specific steps to be taken to implement the Plan at the program level. In FFY 2018, EOA will seek to implement the plan in the ADRC. EOA's Long-Term Care Disability Specialist will work with the AAAs to coordinate the implementation of the EOA's Language Access Plan.

Part V: Next Steps

During the next SFY, EOA will focus on the following activities:

- Improve the operation of the ADRC by working collaboratively with the AAAs to identify and address issues impede their functioning.

- Continue to partner with other agencies that provide services for older adults and persons with disabilities to live independently and safely in the community longer. This includes the integration of the NWD system into the operation of the ADRC, as well as the expansion of evidence-based health promotion programs.

- Start planning the FFY 2020 to 2024 State Plan on Aging for Title III and IV services. The plan will describe EOA's use of OAA Title III and IV funds for LTSS to older adults and persons with disabilities to enable them to live independently and safely in their homes. In developing the state plan, EOA will work with the AAAs to develop the statewide goals and objectives, and will coordinate with and advise the AAAs on their respective FFY 2020 to 2014 County Plan on Aging.

- Develop and implement the Kupuna Caregivers program. To achieve this, EOA will work with the AAAs and stakeholders to develop program rules and applicable contracts that cover the distribution of funding among the four counties, the enrollment process, screening for initial and on-going eligibility, the appeals process, and record keeping.

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