

Hawai'i County Office of Aging

Area Plan on Aging

October 1, 2019- September 30, 2023



**HAWAI'I COUNTY
OFFICE OF AGING**

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March 2019

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FOUR-YEAR AREA PLAN

October 1, 2019- September 30, 2023

HAWAI'I COUNTY OFFICE OF AGING

**for the
COUNTY OF HAWAI'I
In the
STATE OF HAWAI'I**

**For the Administration on Aging
Planning Service Area IV**

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Office of the Mayor

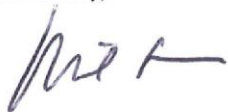
Aloha,

The baby boomer generation has approached the shores and will continue to cross the threshold into retirement age. Although this significant demographic shift poses many challenges, it also brings many new opportunities for advocacy, creativity, leadership, education, healthy aging, and community engagement.

On behalf of the Hawaii County, we would like to extend our appreciation to the Hawaii County Aging Network comprised of county employees, community volunteers, and contract providers. We are committed to our seniors at every point on the continuum of care—for the active seniors who enjoy the programs within our Parks and Recreation Elderly Activities Division and for the vulnerable seniors and individuals with disabilities who receive services through the Aging and Disabilities Resource Center (ADRC) organizationally placed within the Hawaii County Office of Aging.

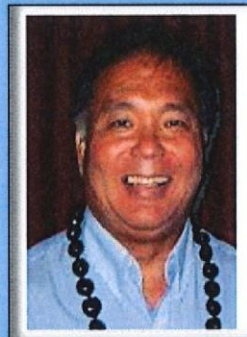
With the implementation of this four-year plan, together we can make Hawaii County a place where all residents can thrive, especially our *kupuna* who deserve the very best we can offer for their contributions and sacrifices made to ensure a better life for future generations.

Sincerely,



Wil Okabe

MANAGING DIRECTOR



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Office of Aging

Executive Summary

Since 1973, the Hawai'i County Office of Aging (HCOA) has been the designated Area Agency on Aging (AAA) in the County of Hawaii serving older adults and their caregivers. As an Area Agency on Aging, the Hawaii County Office of Aging is responsible for assessing the needs of the county's older adult population, determining the kinds and amounts of services required to meet those needs, monitoring the provision of services, and evaluating the efficiency and effectiveness of service delivery. This plan addresses issues and areas of concern of the senior population of Hawaii County and how HCOA plans to meet the needs of our kupuna through the Aging Services Network.

Development of this plan coincides with one of the largest historic periods of growth in the elderly population: the Baby-Boomer generation is coming of age. In the next decade there will be large increases in the senior population requiring housing, transportation, recreation, education, health, and nutrition services, among others. Of the **200,381** current residents in Hawai'i County, an **estimated 26 percent are 60 and older (52,582)**, an increase of roughly 3 percent per year since the drafting of the previous plan. Also the average age of consumers receiving case management services has increased to **82yrs old**. Seniors are not just living longer but staying active thus postponing their frail years until their late 70s, early 80s. Hence, the effects of the **"silver celebration" generation** has approach Hawaii county, which is why it not uncommon for the programs in our **Elderly Activities Division to be filled to its capacity**, and the number of request for services from **our County Office of Aging/Aging and Disability Resource Center (ADRC) has almost tripled in just four years**. This is why it is critical for the County, State, and Federal governments to support the island's public and private agencies along the aging continuum, paying particular attention to those agencies servicing active seniors because these seniors will most likely be **caregivers, which we consider the backbone of the aging network**.

The U.S. Census Bureau released the 2013 State and County population characteristics. As expected, Hawaii is at the top of the diversity index with **77 percent of its population a minority race**. In Hawaii County, **Asians** (alone or in combination) accounted for **45%** of the population. Hawaii County also has the largest share of **Native Hawaiians** and Other Pacific Islanders at **34.4%**, as well as the highest share of people identifying as **White** at **54.6%**. Regarding language diversity, **18.7% of people speak English as a second language**.

These data vulnerabilities gave rise to the Older Americans Act (OAA) reemphasizing the intention of Congress to target services and resources based on the needs of those older individuals identified as having the **greatest economic need, the greatest social need, and those who are low-income minority and older individuals residing in rural areas**, with an additional emphasis on targeting those with **limited English proficiency** and seniors at risk of **institutional placement**. HCOA unduplicated count of persons served for registered services in fiscal year 2018 is **1,980**. Of this, **66% are of a minority race, and 21% are clients that are below the poverty level**.

With these data trends in mind, we will do our best to maintain the range of services along the aging continuum and ensure that our services are consumer-centered and culturally responsive. To

do this, we will rely on collaborative partnerships and on evidence-based models. We will track our progress using nationally-recognized data indicators and we are confident that our seamless system of care will continue to make the Hawaii County a great place to live, work, and play for older adults and people with disabilities.

Based on the Administration on Aging's (AoA) initiatives, the State Executive Office on Aging (EOA), Area Agencies on Aging (AAA), and Hawaii County's unique community and geographical makeup, we are pursuing the following **goals** for this planning period:



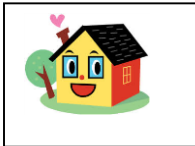
Goal 1. Age Well: Maximizing opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.



Goal 2. Forge Partnerships: Forging partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.



Goal 3. Enhance the ADRC: Developing a statewide ADRC system for older adults and their families to access and receive Long Term Support Services (LTSS) within their respective counties.



Goal 4. Live at Home with Dignity: Enabling people with disabilities and older adults to live in their community through the availability of and access to high-quality Long Term Services and Supports, including supports for families and caregivers.



Goal 5. Keep Kupuna Safe: Optimizing the health, safety, and independence of Hawai'i's older adults.

Planning Process and Priorities

HCOA utilized an inclusive planning process by collecting ideas and input from the Aging Network and community stakeholders. **As part of the planning process, HCOA gathered community input through a series of focus groups and surveys.** Participants were recruited from several target groups to represent a diverse range of stakeholders. They included HCOA staff, Aging Network partners, service providers, community senior groups, and the County of Hawai'i Committee on Aging. Through an analysis of the focus groups, surveys, and prevalence rates, HCOA evaluated how well the current system of services and supports are functioning. We also identified additional services that may be needed to address unmet needs, and considered barriers that may be present for access to services for a growing aging population. Survey results identified **transportation, low-income senior housing, access to in-home services, and work-force capacity as top priorities.** Other issues that were identified included **legal assistance and chronic disease management programs and services.**

2018 estimates show a little over **52,000 adults age 60 and beyond.** Prevalence rates suggest that **80% of these adults over 60 are active and independent (n=41,000); 15% are frail and semi-dependent (n=7,800); and 5% are dependent and in need of 24hr care (n=2,600).** Within the Hawaii County aging continuum, Elderly Activities Division (through their programs and activities) reaches out to about **15,000** participants. HCOA's primary target population are those semi-dependent seniors who don't qualify for other government services (Medicaid) and who may not have enough money to support their own semi-dependent needs. **The 1,600-2,000 seniors we contract for services fall into this category, otherwise known as the "gap group".** Seniors with greater needs are connected to **long term care facilities through HCOA's information, assistance, and referral program.** It is within this framework that agency priorities were established.

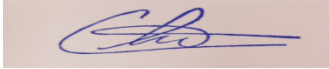
A key outcome of this plan is to reduce the occurrence of individuals at-risk for institutionalization and spending-down to Medicaid eligibility in order to have access to long term care support services. The statewide **Kupuna Care initiative** is a good example of how strategic planning can lead to positive outcomes. Hawaii County Office of Aging (HCOA) receives state funds to contract case management services but these funds are limited and HCOA bears the burden of maximizing its use to benefit seniors with long term care needs. **Of the 500+ seniors receiving case management in 2018, 80 percent** were able to stay in their homes at an average **cost of \$3200 per client** for an average length of stay of 4 months (**\$800 per month**). This is an astonishingly low figure when average monthly costs at skilled nursing facilities costs **over \$12,000 per month, and Foster Home Care or a Care Home costs up to \$5,000 per month.**

In addition, HCOA will continue to participate in the development of the Aging and Disability Resource Center (ADRC) collaborative with the State. Currently, Hawaii County is the only AAA in the state to have a building dedicated to the ADRC concept of a **"one-stop shop/no wrong door"** for senior services. Some of the programs at the East Hawaii site include **Adult Protective Services, Aloha Independent Living, Coordinated Services for the Elderly, Senior Training and Employment Program, and the Hawaii County Nutrition Program** just to name a few. **West Hawaii's Office of Aging** also has an ADRC component which is housed in West Hawaii Civic Center with other important senior services (i.e., Elderly Activities Coordinated Services for the Elderly). Within this

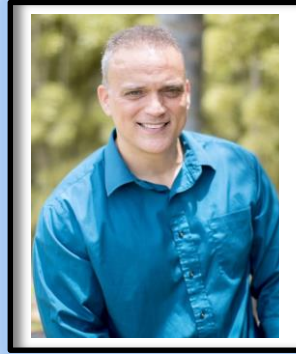
ADRC function, HCOA has developed an **ACCESS Model** for service delivery. This model addresses initial entry into the Aging Network system, provides an assessment of caregiver and/or consumer circumstances, and follows the client through the provision of services and/or supports.

We look forward to hearing from you with your thoughts and suggestions as we strive to provide and promote high-quality services to seniors and people with disabilities.

Mahalo,



C. Kimo Alameda, PhD.
County Executive on Aging
Hawaii County Office of Aging /
Aging and Disability Resource Center



HCOA Core Values
Aloha, Access, & Accountability (AAA)

HCOA Core Objectives

Customer Service: Everybody is a customer and every staff member is responsible for greeting the customer with aloha, assist with solving their problem, following up, and wishing them well.

Building Bridges: Team members work to secure and sustain partnerships with agencies and departments that interface with older adults and people with disabilities.

Team Work: Everyone looks out for each other. Staff members work hard at their job responsibilities while ensuring their role on the team and their contribution to the mission.

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Verification of Intent

This Area Plan on Aging is hereby submitted for the Hawai'i County Office of Aging, Planning and Service Area IV for the period October 1, 2019 through September 30, 2023.

It includes all assurances and plans to be followed by the HAWAI'I COUNTY OFFICE OF AGING under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

The Area Plan has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

9/03/2019
Date

Signed 
Area Agency Director

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

9/03/2019
Date

Signed 
Chairperson
Area Agency Advisory Council

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

9/03/2019
Date

Signed 
Mayor (or Rep) or Chairperson of the County Council

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Introduction

A. Orientation to Area Plan on Aging

The Older Americans Act (OAA) was created by Congress and signed into law by President Lyndon B. Johnson in **1965**. In 1969, OAA amendments provided grants for demonstration projects, like foster grandparents and RSVP. In 1972, OAA authorized a national nutrition program, and in 1973 OAA established Area Agencies on Aging and the Senior Community Service Employment Program. The following year in 1974, transportation was added and by the early 80s, the foundation of OAA titles 1-7 was set.



Title I of the Act establishes the seniors' **Bill of Rights**. **Title II** created the **Administration on Aging (AoA)** now under the **Administration for Community Living (ACL)** that is located in the Department of Health and Human Services and allowed for subsequent creation of state and local units on aging. The Act allocates funds under **Titles III and VII** to State Units on Aging to **plan, develop and coordinate systems of supportive in-home and community-based services** for seniors. These **Title III funds** are intended to pay for majority of the services provided to seniors such as, **supportive services** (Title III B); **meals** (Title III C); **disease prevention and health promotion education** (Title III D); and **caregiver support services** (Title III E), however these funds are limited which is why the State of Hawaii provides matching funds via *Kupuna Care* funding. **Title IV** is earmarked for **training, research**, and discretionary programs. Under **Title V**, the ACL funds **volunteer programs** as well as the **Senior Community Service Employment Program**. Under **Title VI**, the ACL awards funds to tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. For the State of Hawaii, **Alu Like** has been the recipient of these funds targeting Hawaiians. **Title VII** funds the **Statewide Ombudsmen** program which advocates for seniors living in long-term care facilities.

The Older Americans Act of 1965 has been **reauthorized fifteen times** with the most recent amendment occurring in 2006. The Older Americans Act remains the foundation to improve the quality of life for all older Americans for now and the near future. Under the Act, State Agencies on Aging, sometimes called State Units on Aging, are located in every state and territory in the United States. Most states are divided into planning and service areas so that programs can be designed to meet the locally identified needs of older persons residing in those areas.

There are **56** State Units and **629** Area Agencies on Aging (AAA's) in the nation, of which **Hawaii County Office on Aging** is one of four Area Agencies in Hawaii. Federal funding is based on the number of older persons in the State according to the US Census, and funding to local AAA's depends on a variety of factors, including population numbers of elder and minority individuals, geographic isolation (those residing in rural areas), greatest economic need (at or below 125% of

federal poverty level), low-income minority, language barriers, and living alone in poverty. Area Agencies on Aging receive funds from their respective State Units on Aging to plan, develop, coordinate and arrange for services in each planning and service area to **meet locally identified needs**. These funds are used by AAA's to contract with public or private groups for service provision.

AAA's are prohibited from providing some services directly for two reasons, both of which are related to **conflicts of interest**. First, because **advocacy** to represent older consumers is a mandated function, it's a potential conflict to advocate for seniors if members of the staff are also employed by the AAA. Second, there is a **conflict of interest** in awarding a contract to an entity that the AAA's has direct authority over as it would be construed as **"giving oneself the award"**. Yet, there is a waiver option should the AAA and State Office on Aging determines that no other entity can provide the service (*Ch. 5-Uniform Administrative Requirements*).

Currently, HCOA contracts with over 20 providers, one of which is the County of Hawaii's **Elderly Activities Division** which is organizationally placed under the **Department of Parks and Recreation**. The Elderly Activities Division provides a number of programs including staffing the **senior centers** and **recreation programs** that keep our seniors active, healthy, and socially engaged. The specific programs that are monitored by Hawaii County's Office of Aging are those that involve **Information and Assistance, Homebased Services, Outreach, Nutrition, Transportation, and Senior Community Service Employment Program**. Hence, all subcontracted programs are designed to help seniors live independently in their own homes and communities for as long as possible.

Each Area Agency on Aging designated under "section 305 (a) (2) (A) of the Older Americans Act shall, in order to be approved by the State agency, prepare and develop an Area Plan for a planning and service area for a **four-year period**, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a) (1) of the Older Americans Act."

The 2019-2023 Area Plan on Aging is a document submitted by the Hawaii County's Office of Aging (HCOA) to the State Executive Office on Aging (EOA) in compliance with the Older Americans Act (OAA), as amended in 2006, and for the receipt of sub-grants or contracts from the Executive Office on Aging **Title III** grant through the OAA. It contains a detailed statement describing the Area Agency's strategy for the development of a comprehensive and coordinated system in accordance with all federal requirements. The time period covered by this plan is **October 1, 2019 to September 30, 2023**.

This plan is made up of five major parts. **Part I** provides an overview of the **older adult population** of the County of Hawai'i and descriptions of available programs and services. This section also discusses the current issues and trends of the Administration on Aging (AoA) program initiatives and the context in which programs and services are developed. **Part II** summarizes **recommendations** based on analysis of existing services and plans for meeting future program and service directions. **Part III** provides specific **goals, objectives**, and action plans over the next four years. **Part IV** summarizes the plan for allocation of **funds** for access, in-home, legal assistance, and community-based services received under Title III of the Older Americans Act, as amended in 2006, (OAA) and

State Funds. This section also includes the previous year's expenditures of public funds. **Part V** reviews the **evaluation strategy**. **The Appendix** includes assurances made by the Area Agency on Aging, issues and areas of concern, glossary, and other pertinent information.

The Area Plan on Aging, as a planning document, has three major purposes:

- 1) To serve as the planning document that identifies needs, goals, objectives and the activities that will be undertaken by the Area Agency on Aging relative to programs for the older persons in the Planning and Service Area.
- 2) To represent a formal commitment to the State Agency which describes the manner in which the Area Agency on Aging plans to utilize the Older Americans Act funds, including how it will carry out its administrative responsibilities.
- 3) To be the "the blueprint for action" which represents a commitment by the Area Agency on Aging that it will fulfill its role as the planner, catalyst, and advocate on behalf of older persons in the Planning and Service Area.

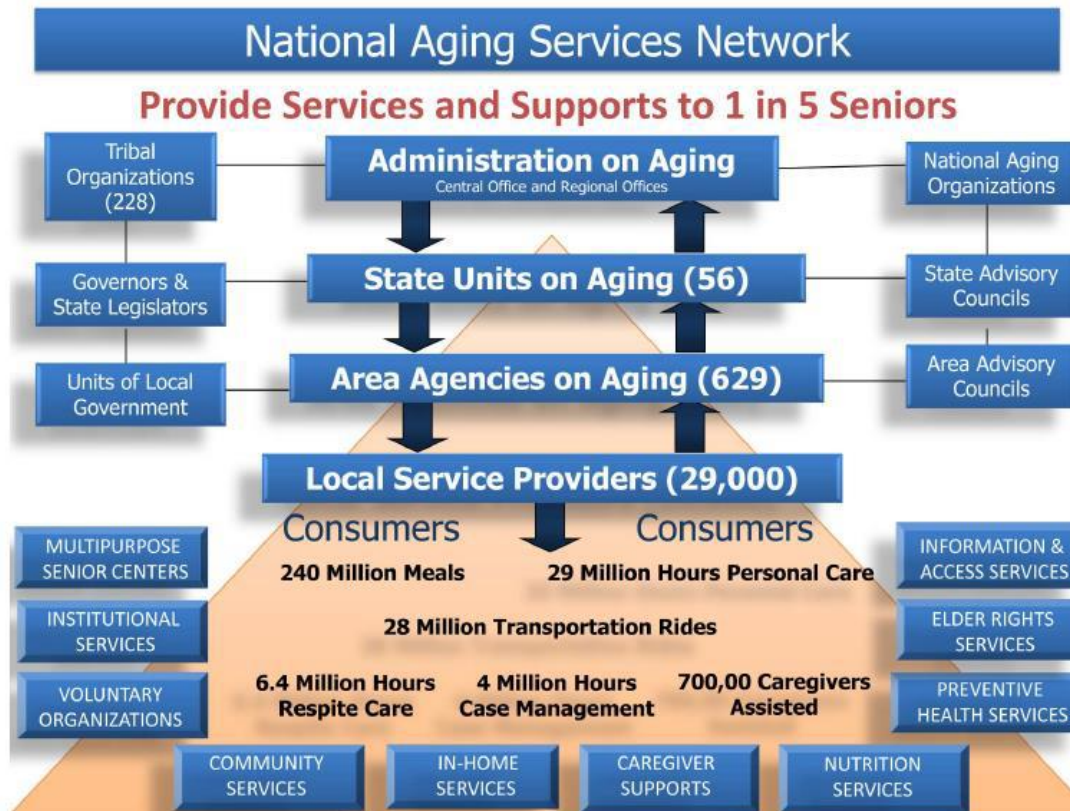


B. An Overview of the Aging Network

The National Aging Network

In 1965, Congress passed the Older Americans Act which established social service and nutrition programs for America’s older adults. The purpose of **Title III** of the Older Americans Act (OAA) is to **aid older adults in maintaining independence in their homes and communities by providing appropriate supportive services and promoting a continuum of care for the vulnerable elderly**. The OAA laid the foundation for the current nationwide aging services network. The National Aging Network is headed by the U.S. Administration on Aging (AoA) under the Administration for Community Living (ACL), a division of the U.S. Department of Health and Human Services. It is dedicated to policy development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers. Directed by the Assistant Secretary on Aging, it is the agency that awards **Title III** funds to the states that monitors and assesses the state agencies which administer these funds. State and Area Agencies on Aging were created thus establishing a nationwide “Aging Network”. This “Network” assists older adults in meeting their physical, social, mental health, and other needs in order to maintain their well-being and independence. The AoA Aging Network includes **56 State Units on Aging (SUA’s), 629 Area Agencies on Aging (AAA’s), 263 Tribal and native organizations including 1 organization serving Native Hawaiians**. (Chart 1) The AAA’s are responsible for the planning, development, and coordination of a wide array of home and community-based services within each state under Title III of the OAA.

Chart 1. National Aging Services Network





Hawaii's Aging Network

The Executive Office on Aging (EOA) is the designated State Unit on Aging (SUA) which serves as the lead agency of the aging network at the State level. The 2006 amendments to the Older Americans Act require the Executive Office on Aging to plan for and to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. **The Executive Office on Aging is responsible for statewide planning, policy and program development, advocacy, research, information and referral, and coordination of services provided by public and private agencies for our seniors and their families in the state of Hawai'i.**

Chapter 349 of the Hawai'i Revised Statutes established the **Policy Advisory Board for Elder Affairs (PABEA)** which assists by advising on the development and administration of the State Plan. EOA receives community input through PABEA. The PABEA membership consists of older adult consumers, service providers, and others in the field of aging. The Governor, with the consent of the State Senate, appoints all members, except ex-officio members. Ex-officio members are selected from various state departments that work closely with EOA on matters pertaining to aging and family caregiving. **The AAA executives from each county are considered ex-officio members.**

The majority of the membership must be age 60 or older, and at least one member must be from each county. PABEA assists with conducting public hearings on the State Plan, representing the interests of older persons, and reviewing and commenting on other State plans, budgets and policies which affect older persons.

PABEA Members Meet at EOA



Area Agencies on Aging

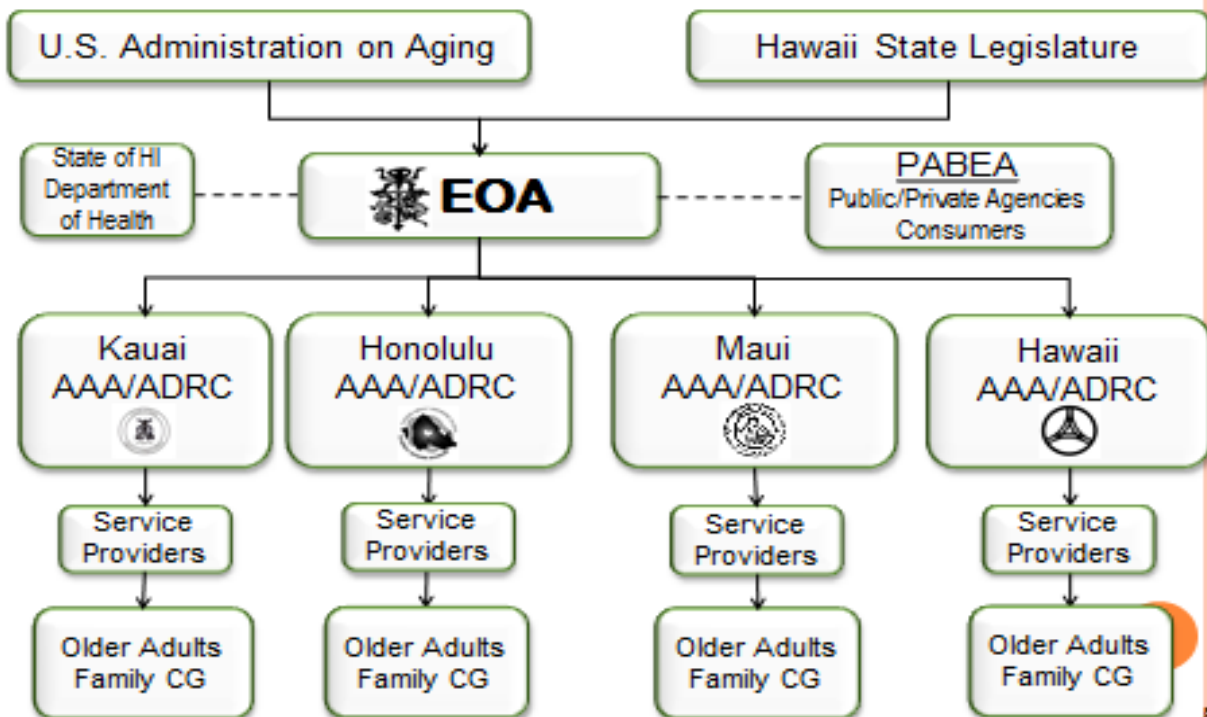
Area Agencies on Aging (AAA's) were established under the **OAA in 1973** to respond to the needs of Americans aged 60 and over in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, **AAA's make it possible for older adults to remain in their homes and communities as long as possible.**

Each county in the State of Hawaii has an Area Agency on Aging which is responsible for the planning, development, delivery, and administration of services to older adults and family caregivers residing in their Planning and Service Area (PSA). The EOA has designated each of the counties of the state as PSA's respectively: PSA-1 Kauai Agency on Elderly Affairs, PSA-2 Elderly Affairs Division, Honolulu, PSA-3 Maui County Office on Aging, and **PSA-4 Hawai'i County Office of Aging.** (Chart 2)

Chart 2. State of Hawai'i Network on Aging

Source: Ashley Muraoka-Mamaclay, State EOA - Caregiver Powerpoint 2015

HAWAII'S AGING NETWORK



The AAA's are the agencies designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for each PSA. The Hawai'i County Office of Aging (HCOA) is the designated AAA for PSA-4 in the State of Hawai'i serving older individuals. Hawai'i County is the largest in physical size of the state covering **4,028 square miles (larger than the combined total of all the other islands in the Hawaiian chain)**. Hawai'i County is also the second most populated county in the state with a **2017 estimated resident population of 200,381**. (U.S. Census Bureau, 2017 Population Estimates Program) Overall, Hawai'i County is considered rural in character and ethnically diverse. Also, the average age of consumers receiving case management services is **82 years old**. Hawai'i, as expected is at the top of the diversity index, with a full **77 percent** of its population a minority race.

Currently (2018), the HCOA operates on a **combined federal (~\$1.2m), state (~\$2.1m), and county (~\$742k) budget of ~\$3.2m** (HCOA Budget, 2018) while managing and administering over **20 contracts** for direct services including: Nutrition, Transportation, Outreach, Case Management, Senior Employment, Healthy Aging, Adult Day Care, Homemaker, Personal Care, Chore, Caregiver Support Services, Legal Services, and Elder Abuse, among others.

Function of the Area Agency

The Older Americans Act, as amended in 2006, designates that the AAA's shall be the leaders relative to all aging issues on behalf of all older persons in their respective PSA's. Under this directive, the AAA's shall proactively carry out, under the leadership and direction of the State agencies, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of comprehensive and coordinated community based systems which will enable older persons to lead independent, meaningful and dignified lives in their own homes and communities as long as possible. (HRS §1321.53)

Activities of the Hawaii County's Area Agency

Specific functions that the Hawai'i County Office of Aging undertakes in fulfilling its' mission of the development and administration of programs on aging for the County of Hawaii include the following:

Assessment and Data Maintenance

- Continuously assessing the needs of older persons in Hawai'i County and developing programs aimed at meeting those needs;
- Maintain data on the profile and needs of older persons and their caregivers in Hawai'i County and to have this information available in this plan for other organizations and the general public to review;

Program Development

- Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons;
- Develop and administer an Area Plan on Aging for a comprehensive and coordinated service delivery system in Hawai'i County;

Contract Development and Monitoring

- Provide technical assistance, monitor, and periodically evaluate the performance of all service providers under the Area Plan;
- Enter into sub-grants or contracts for the provision of services outlined in the Area Plan; and

Advocacy

- Represent the interests of older persons to public officials and public and private agencies;
- Develop and maintain a public awareness program for older persons;
- Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older persons.

Advisory Councils

The Mayor of Hawai'i County and HCOA have established several advisory councils, the **Committee on Aging** and the **Committee on People with Disabilities**. The Committee on Aging serves as an advisory council to advise HCOA on the development and administration of the area plan, conduct public hearings, represent the interests of older persons, and receive and comment on all community policies, programs, and actions which affect older persons of Hawai'i County. The Committee on Aging is **a mandated function by the Older Americans Act and a requirement for this plan to be approved and funding to be released.**

HCOA also spearheads the Mayors' **Committee on People with Disabilities** which purpose is to advise the Mayor on all matters related to persons with disabilities. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities.

Committee on Aging members smile for a photo at the 2016 Older American Luncheon



Committee on Disability Members

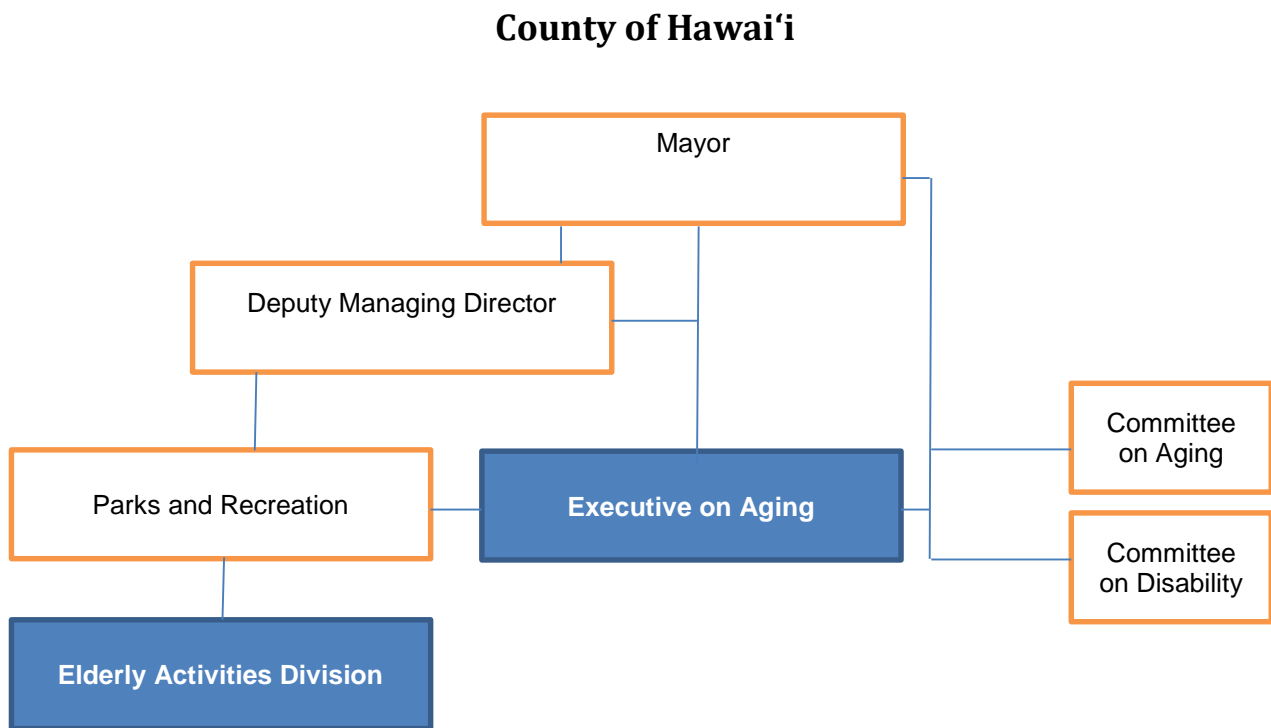




The County of Hawai'i Organizational Structure

The Hawai'i County Office of Aging is one of 19 departments within the County of Hawai'i organization. As an Area Agency on Aging, HCOA operates under the umbrella of the County of Hawai'i with the majority of agency positions funded by the County. The two primary county programs that serve the elderly are the **Parks and Recreation Elderly Activities Division** for active seniors and the **Office of Aging** for seniors who need additional supports to maintain their quality of life. (Chart 3)

Chart 3. Office of Aging and Elderly Activities – Organizational Placement

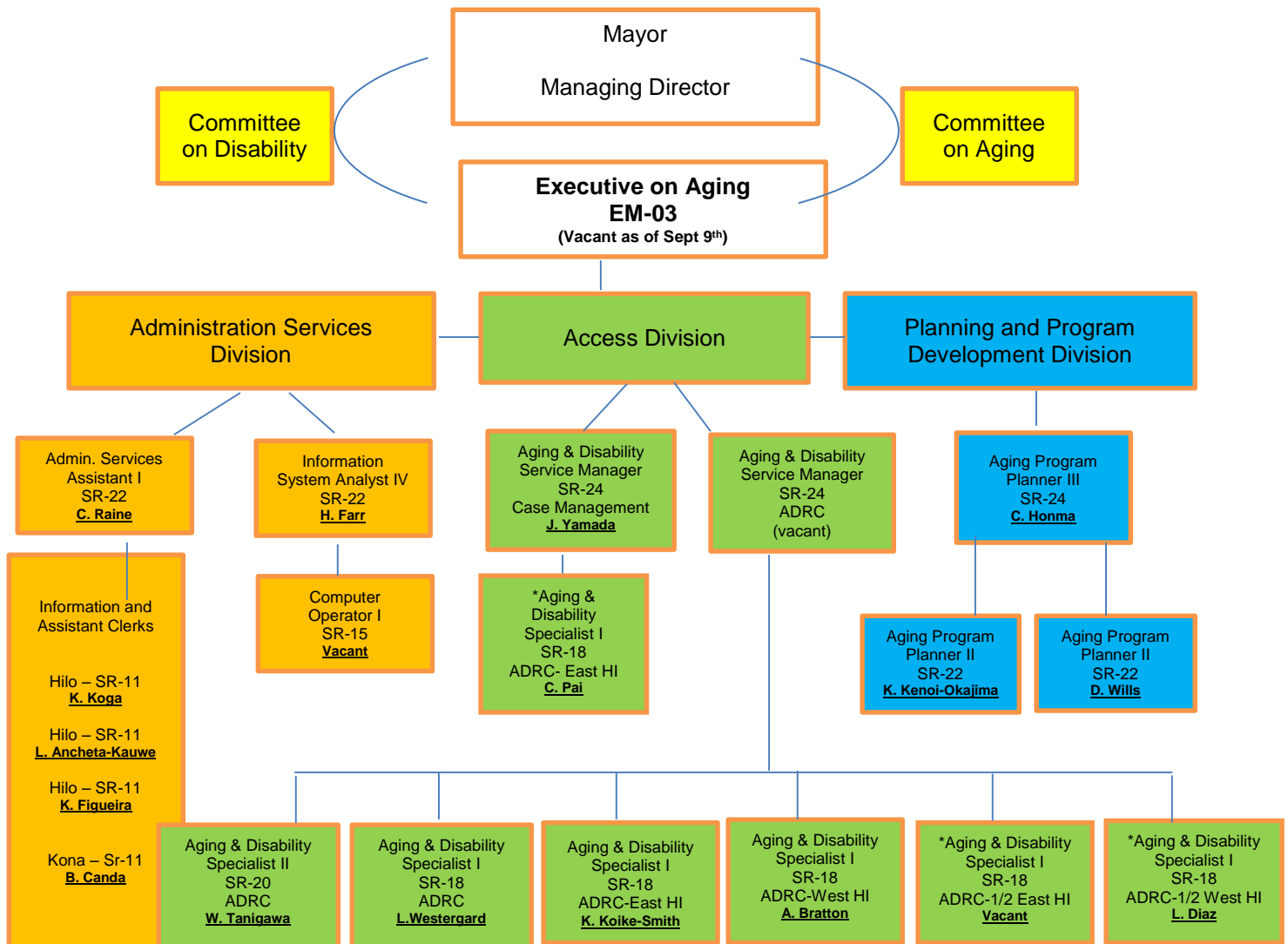




Hawaii County Office of Aging

The Office of Aging falls organizationally under the Mayor's office headed by an Executive on Aging. The HCOA has an East and West Hawai'i office. HCOA is staffed by an Executive on Aging, three Aging Program Planners, two Access Managers, six Aging and Disability Specialists, an Accountant, a Computer Programmer/Analyst, and three Information and Assistance Clerks. (Chart 4)

Chart 4. Office of Aging - Position Organizational Chart - 2019

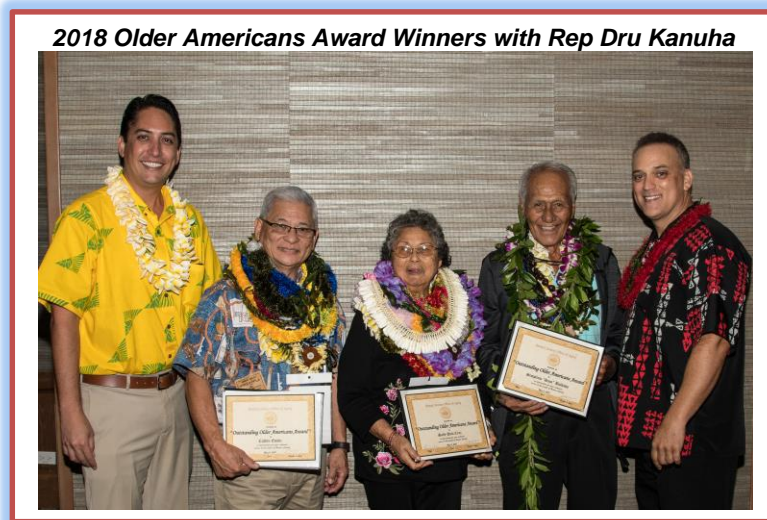
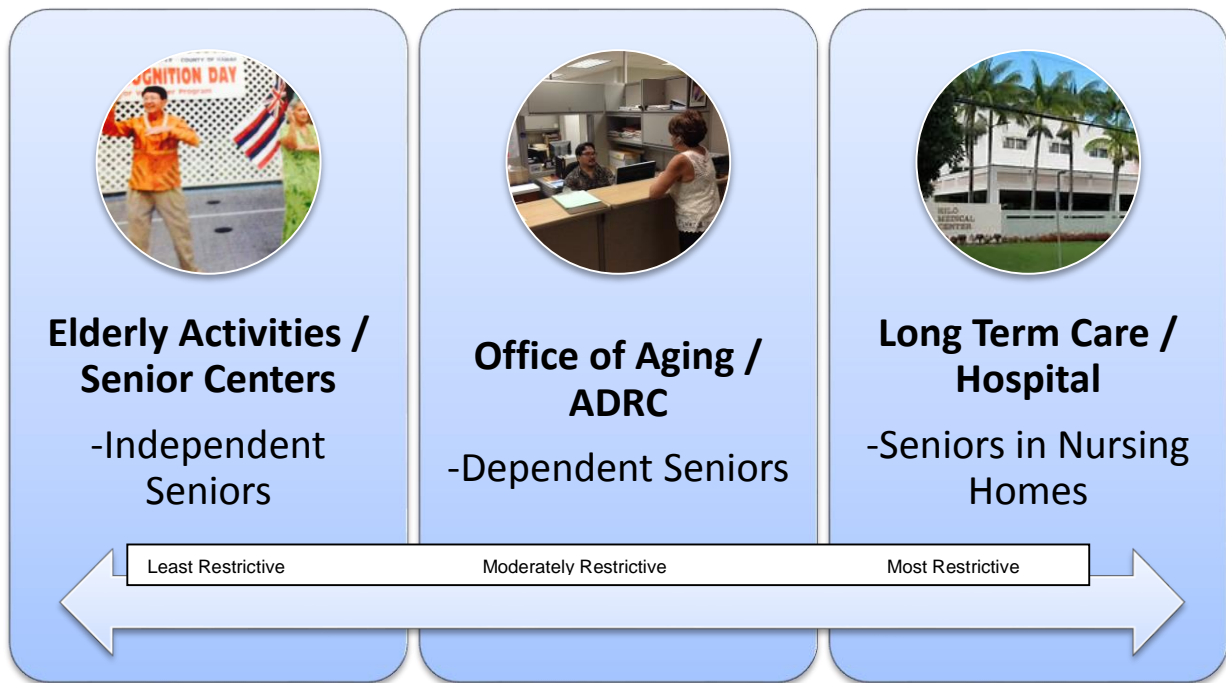


The HCOA Aging Services Network

HCOA through its ADRC has **developed an array of home and community-based services throughout it's' history**. Consumers can access services directly or through agency referrals. After an initial pre-screening, the ADRC intake staff determines the level of care that is most appropriate for the consumer, their caregiver, or the respective contact person making the inquiry. As a result of the determination of level of care, information and assistance is **provided or a referral for services are made to the appropriate program, agency, or service.** (Chart 5)

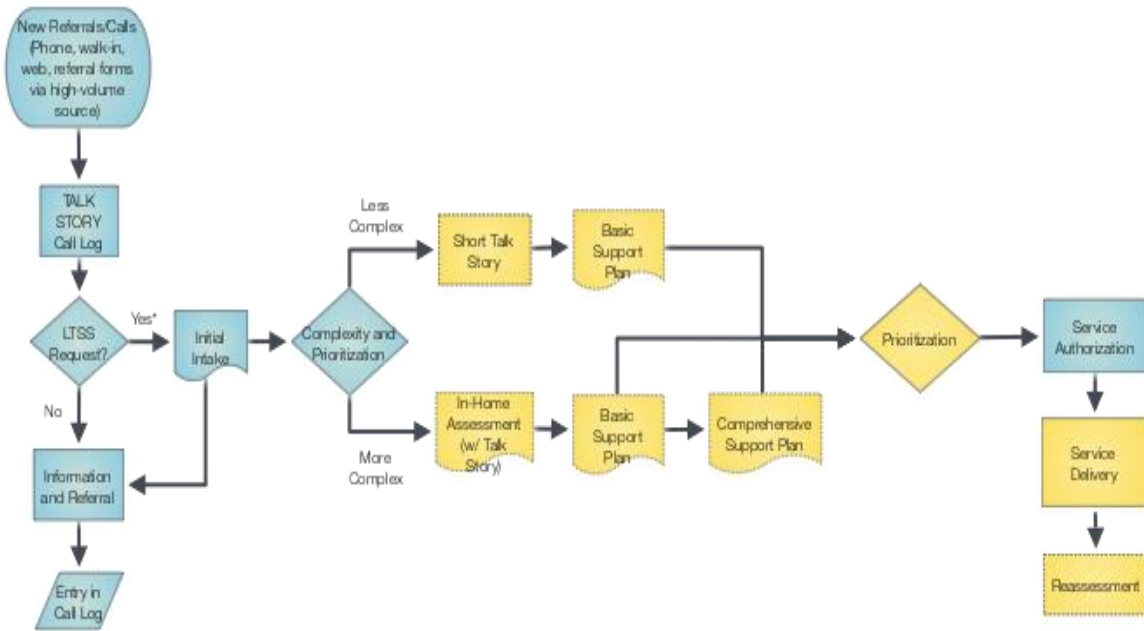
Chart 5. Office of Aging Spectrum of Service

Continuum of Care Conceptual Flow



HCOA-ADRC Operational Flow

Proposed Model for Operating the ADRC in Hawai'i County



Legend

Conducted by HCOA	Conducted by Contracted Agency (SFS)	Conducted by Contracted Agency (SFS) in-person
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* Client with a LTSS requests will be checked for in DMO before initial intake if screened for possible Medicaid eligibility.



C. AAA Planning Process

Purpose

As an Area Agency on Aging, the Hawai'i County Office of Aging (HCOA) is responsible for assessing the needs of the county's older adult population, determining the kinds and amounts of services required to meet those needs, developing and executing contracts with service providers selected through a "request for proposal" or RFP process, monitoring the provision of services, and evaluation of the effectiveness and efficiency of service delivery.

Process

The collection of information documenting the needs and areas of concerns of older individuals for Hawai'i County is conducted on an ongoing basis. This extensive research incorporating multiple benchmarks and comparisons to understand the question: How is Hawaii County doing? Thus, as part of the needs assessment and planning process, HCOA researches data from a variety of sources including, but not limited to:

- *Federal and State Indicators:* Secondary data was analyzed using the U.S. Census population data and projections; State data: Hawai'i Data Book 2015, (www.Hawaiihealthmatters.org); National prevalence rates; the Administration on Aging;
- *HCOA and ADRC Indicators:* WellSky (Harmony) Information System and summaries of current program and service activities;
- *Key Informant Interviews:* Focus groups and individual interviews; and
- *Community Needs Surveys:* Survey Monkey was used to survey a sample of key community stakeholders via online surveys.

Description of the Planning Process:

The following is an outline of the planning process utilized by the Office of Aging in the development of the 2019 – 2023 Area Plan on Aging. Involving community groups in the planning process ensures the needs of the community will be heard and reflected in policies and the development of aging programs and services.

Steps:

1. Assess the Needs of Older Persons

- ◆ Quantitative Data Review:
 - U.S. Census data, studies, reports, proceedings, regulations, and surveys.
- ◆ Qualitative Data Review:
 - Committee (Aging and Disability) Feedback / Concerns
 - Focus Groups
 - Key Informant Surveys

2. Identify Areas of Concern
3. Evaluate Effectiveness of Existing System of Services
4. Develop Area Agency Goals
5. Develop List of Possible Alternative Approaches
6. Investigate Alternatives and Other Funding Sources
7. Establish Priorities
8. Develop Plan

Public Hearings

Public hearings are a requirement and play an essential role in the planning process. Public hearings afford the general public an opportunity to comment and provide needed input to proposed Area Plans. Public hearings were conducted in the first quarter of 2019. For details of public hearings, see Appendix.



**Kupuna Virginia Isbel Opens the Ceremony at HCOA
2018 Older Americans Award Luncheon**



Hawai'i Island Kupuna like to Have A Good Time





HCOA Staff 2019



***HCOA Administrative Division Staff:
Bernie Canda, Christina Raine, Kalen
Koga, Luana Ancheta-Kauwe, Kelli
Figueira***

PART I

Overview of the Older Adult Population and Existing Programs and Services

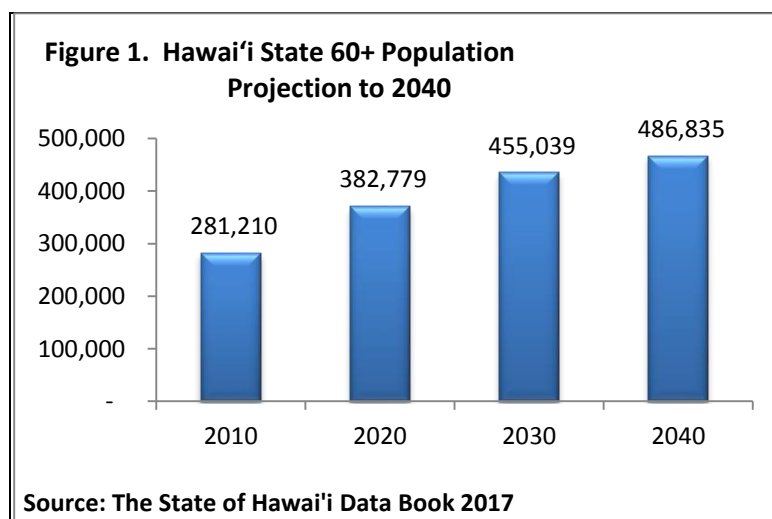
A. Overview of the Older Adult Population

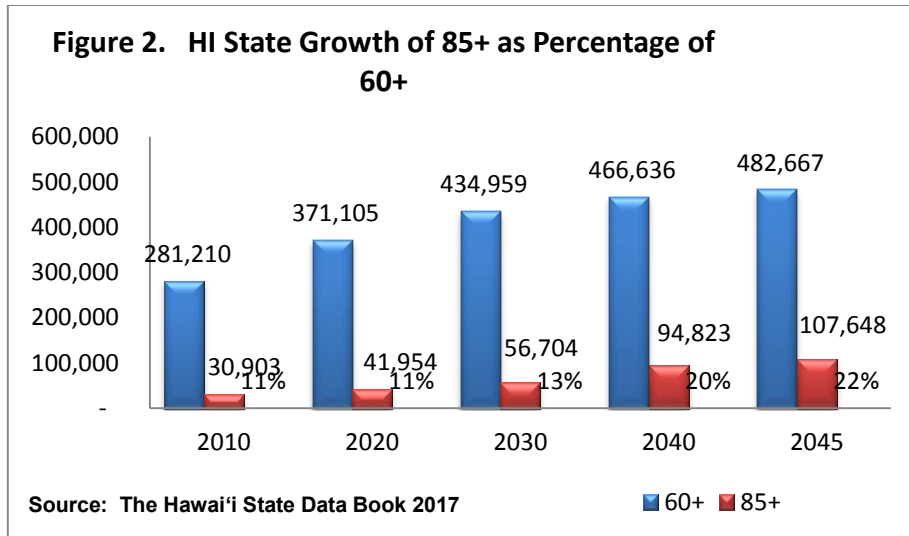


Population Profile

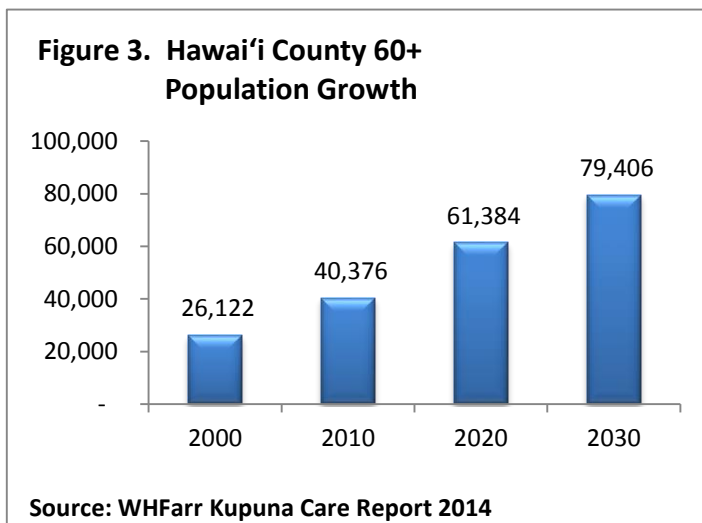
The purpose of the Hawai'i County Office of Aging and its network of providers is to serve the older population supported by the Older Americans Act Title III, State, and local grants and other funding sources. The 60 and over age group is the fastest growing population worldwide. The baby-boom cohort, those born between 1946 and 1964, began to turn 60 in 2006 and 65 in 2011. This **"Silver Celebration"** population will have a great impact on programs and services for the elderly as they enter the aging network of programs and services. According to *A Profile of Older Americans: 2017*, the U.S. population aged 65 and over is projected to be 98 million by 2060, almost double its estimated population of 49.21 million in 2016. (Administration on Aging)

The aging American population will have wide-ranging implications socially and economically for families, business, and health care providers. The projected growth of the older population will present challenges to policy makers and programs, including Social Security, Medicare, and Medicaid. There will also be large increases in the need for elderly housing, transportation, recreation, education, health, and nutrition services, among others. From 2010 to 2040, the elderly population of the State of Hawai'i is expected to grow by **73%**. (Figure 1)





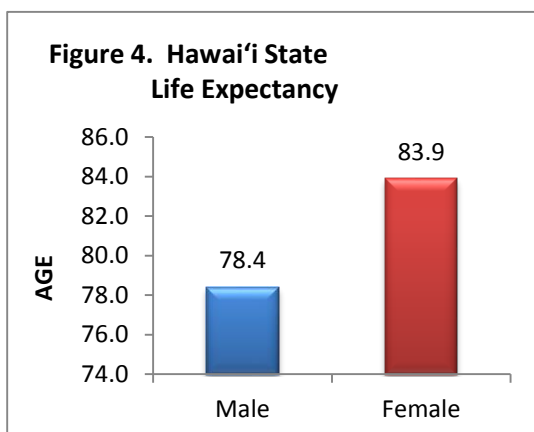
The projected increase in life expectancy will have great impacts to our In-Home and LTC support systems. **From 2020 to 2045, the percentage of older adults 85 and older is expected to double from 11% in 2020 to 22% in 2045 statewide.** (Figure 2)



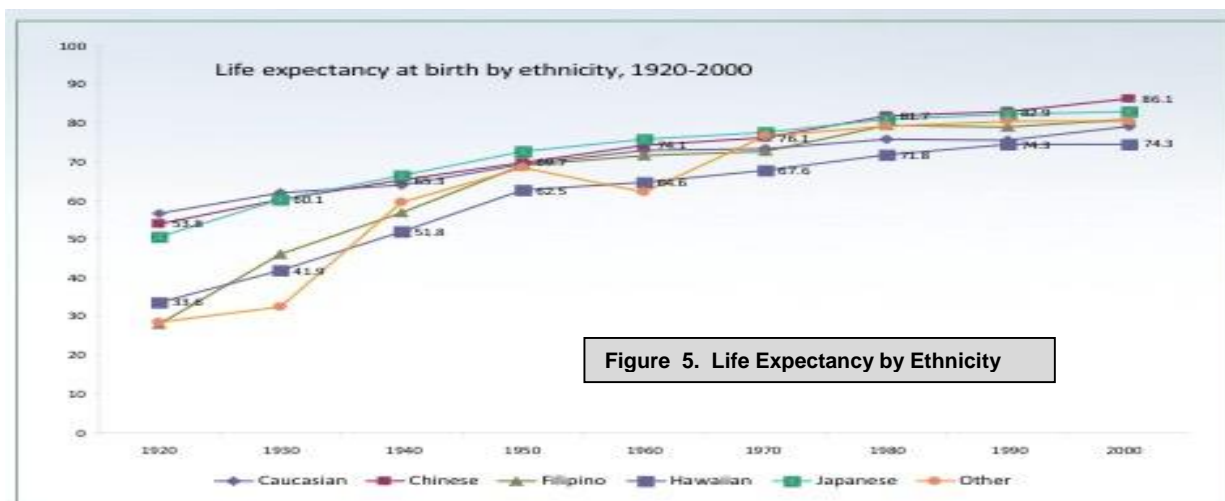
The **population over the age of sixty** in Hawai'i County is expected to **triple** from the years 2000 to 2030 to almost 80,000 older adults (Figure 3). Moreover, people are staying active longer as evidenced by the average age of HCOA's case management consumer being **82yrs old**. This is longer than the life average expectancy for Hawaii county residents at **80yrs**. HCOA estimates that consumers in need of services will grow 3% each year.

Life expectancy in Hawai'i is the highest in the nation, with women outliving men by an

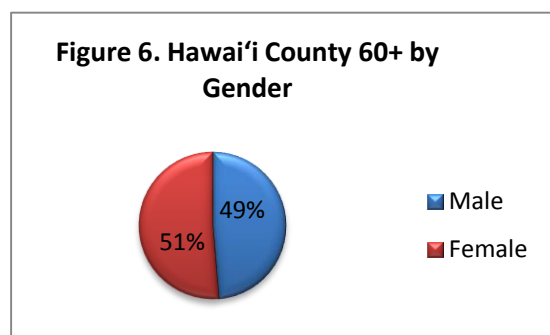
average of six years (Figure 4). Yet, it's important to note that not all ethnic groups are living equally as long. **Native Hawaiians have the lowest life expectancy at 74.3 years** (Figure 5), eight years less than the average age consumer receiving case management services through HCOA.



Source: The Institute for Health Metrics and Evaluation, U.S. County Profile: Honolulu County, Hawai'i. IHME, 2016.



Sources: For data from 1910-1990, Hawai'i DBET; For data from 2000: Park, Braun, Horiuchi, Tottori and Onaka (2009). Longevity Disparities in Multiethnic Hawaii: An Analysis of 2000 Life Tables. Public Health Reports, July-August 2009, Vol. 124, p.580.

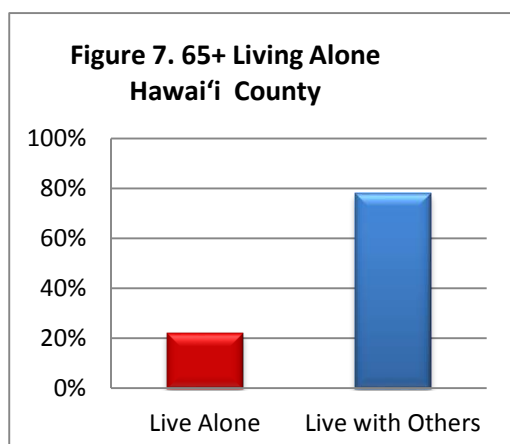


In Hawai'i County, **older women represent 51%** of the older population. As the population grows, women will continue to represent a larger percentage of the general older population. (Figure 6)

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

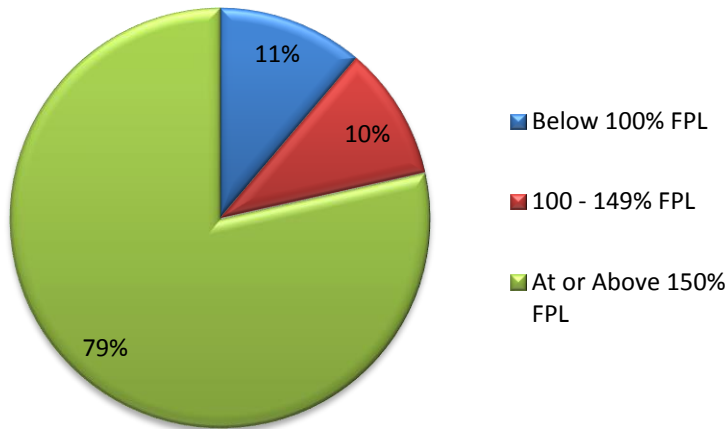
A.1 Older Adult Vulnerable Population

There are several demographic indicators that Area Agencies on Aging use to determine service and program needs in the community. They include: **seniors living alone, income levels** (at or below Federal Poverty Level), **limited English speaking ability, ethnic distribution, disabilities, living with grandchildren, health status and chronic conditions, living in rural areas, social isolation, and family caregivers**, among others. Note: Data for Figures 7, 8, 9, and 10 obtained from U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates.



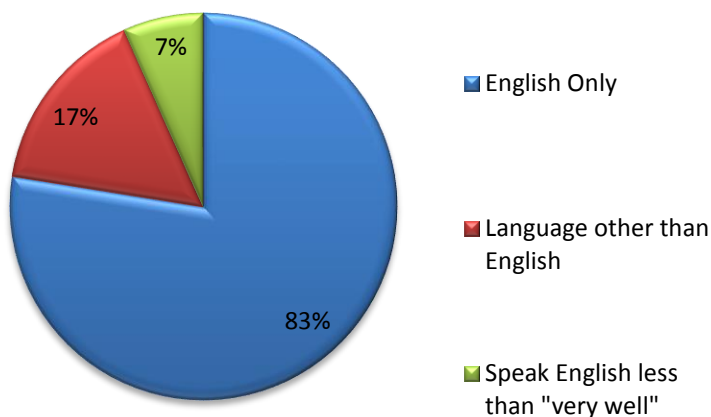
According to a 2011 study by AARP, nearly **90% of people over age 65 wish to remain in their home** for as long as possible. Although studies have shown that the impact of **loneliness and isolation can shorten a persons' life**, staying in familiar surroundings may offer benefits to seniors' emotional well-being. **In HCOA's 2015 data sets, we find 249 out of 726 (34%) seniors receiving cluster 1 services living alone.**

Figure 8. 60+ Poverty Level Status Hawaii County



National studies show that **as people age, the more likely they are to have reduced incomes.** According to a report by the Economic Policy Institute, the average family income of people aged 80 and older is less than half the income of adults between 18 and 64 years of age. Living on a fixed income, increased medical expenditures, and death of a spouse can lead to limited income available for basic needs. The Federal Poverty Level measures sufficient income for the most basic level of subsistence.

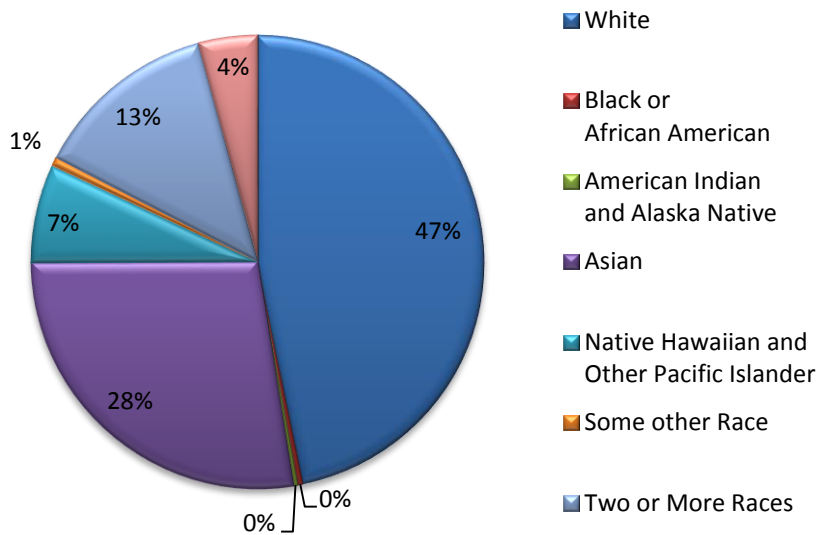
Figure 9. 60+ Limited English Proficiency, Hawai'i County



Older adults who experience **limited English proficiency are at risk for greater economic insecurity and inequality of access to services.** People who do not speak English well face barriers in their ability to access programs and services. Often eligible seniors do not receive benefits and services due to barriers of language and culture. Limited English speaking older adults are twice as likely to fall below the FPL as other older adults. Government programs must make special efforts to ensure that limited English speaking populations have equitable access to services.

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

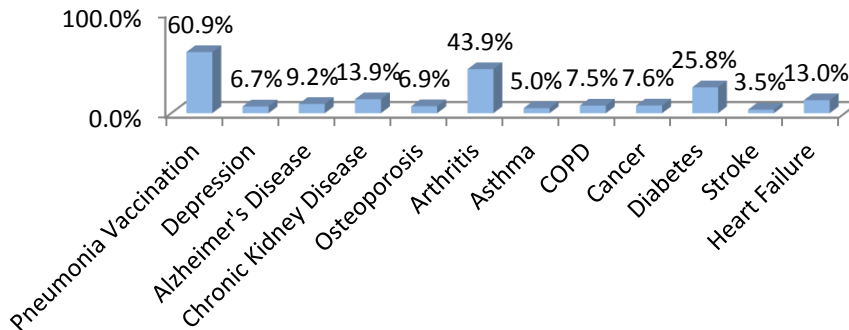
Figure 10: 60+ Population by Race Hawaii County



Race is an important social factor in understanding disparities in the well-being of older adults in many areas of life including: employment, health, income, housing, and criminal justice. Although older adults in general are healthier as a result of technological advances in medicine and broader access to health care, some racial and ethnic groups receive poorer care, are less healthy, and have shorter life expectancy and lowered quality of life.

Many older adults experience challenges in daily living due to **chronic illness or disability**. According to the Center for Disease Control and Prevention (CDC), **about 80% of older adults have one chronic condition, and 50% have at least two**. The CDC also states that infectious diseases (including influenza and pneumococcal disease) and injuries (often due to fall) disproportionately affect older adults. Physical and health related conditions can lead to difficulties that restrict the ability to perform basic self-care, or activities of daily living (ADL's) and Instrumental Activities of Daily Living (IADL's). **ADL's include: eating, dressing, bathing, toileting, transferring, and walking. IADL's include: cooking, housekeeping, shopping, managing money, ability to use transportation, medication management, and using the telephone and/or Internet.**

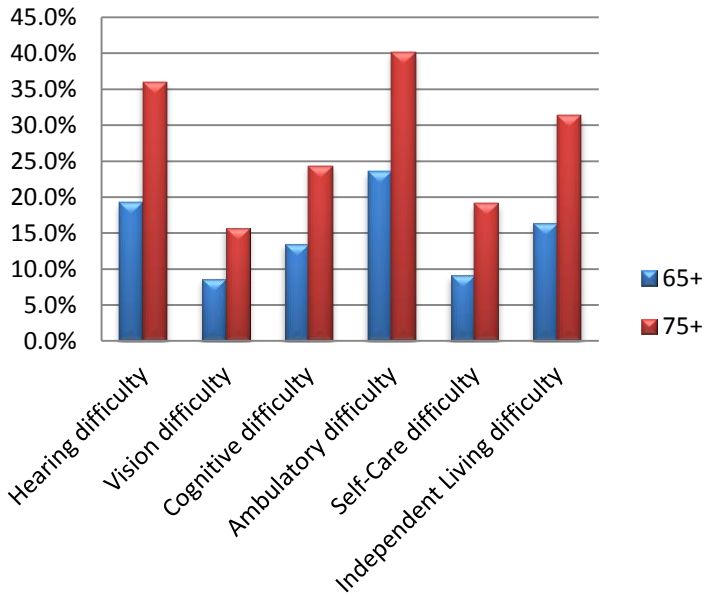
Figure 11. Percent of 65+ with Health Conditions State of Hawaii



Source: BRFSS 2012; Hawaii Health Matters.org

Note regarding Pneumonia Vaccination: Pneumococcal pneumonia is a serious condition characterized by high fever, cough, shortness of breath, and meningitis. Because it's the leading cause of vaccine-preventable death and illness in the United States, it is recommended that older adults over 65 get vaccinated. Hawaii County has a much higher number of older adults over 65 getting vaccinated at **68%** (BRFSS, 2015) but more can be done to increase vaccinations among older adults in Hawaii County.

Figure 12. Percent Living with a Disability Ages 65+ and 75+ Hawaii County



Visual impairment, reduced motor skills, hearing and memory loss are common in the progression of aging. Many elderly adults live with a comorbidity of physical and health related conditions that make self-care more difficult. (Figure 12) Through the Older Americans Act grants and the State’s Kupuna Care Program, funding is available for programs that aid in the promotion of independence for those who may be experiencing difficulties in performing activities of daily living and their caregivers. They include: **supportive home and community-based services, nutrition programs, legal assistance, disease prevention campaigns, health promotion services, and caregiver support programs.**

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



The U.S. Administration on Aging defines “rural” areas as “an area that is not urban”. Urban areas comprise (1) a “central place and its adjacent density settled territories with a combined minimum population of 50,000”, and (2) and “incorporated place or a census designated place with 20,000 or more inhabitants”. According to the AoA criteria, the majority of the County of Hawai‘i is defined as “rural” with the exception of the **Hilo CDP (Census Designated Place)**. (County of Hawai‘i Data Portal, Department of Research and Development. Retrieved 1/9/19.)

District	Percent	Total	55-59	60-84	85+	Total 60+	Percent 60+
S Hilo	26.86%	52,779	3,498	12,046	1,949	13,995	26.62%
Puna	24.1%	47,352	3,785	11,431	943	12,374	23.53%
Kau	4.55%	8,948	621	2,276	164	2,440	4.64%
North Kona	21.1%	41,369	3,610	10,323	278	11,121	22.0%
South Kona	5.7%	11,193	811	3,375	798	3,653	5.6%
S Kohala	10.0%	19,657	1,656	4,332	315	4,647	8.84%
N Kohala	3.2%	6,310	398	1,623	178	1,801	3.43%
Hamakua	3.7%	7,295	518	1,818	168	1,986	3.78%
N Hilo	0.8%	1,617	154	481	84	565	1.07%
	100%	196,520	15,051	47,705	4,877	52,582	26.76%
Percent of Population 60+	~26.25%						
Total Population	~200,381						
<i>Source: U.S. Census Bureau, 2013-2017 American Community Survey</i>							
<i>Note: Population total figures vary due to US Census tract data tabulations.</i>							

Figure 12. Hawai'i County 60+ Population Distribution Map

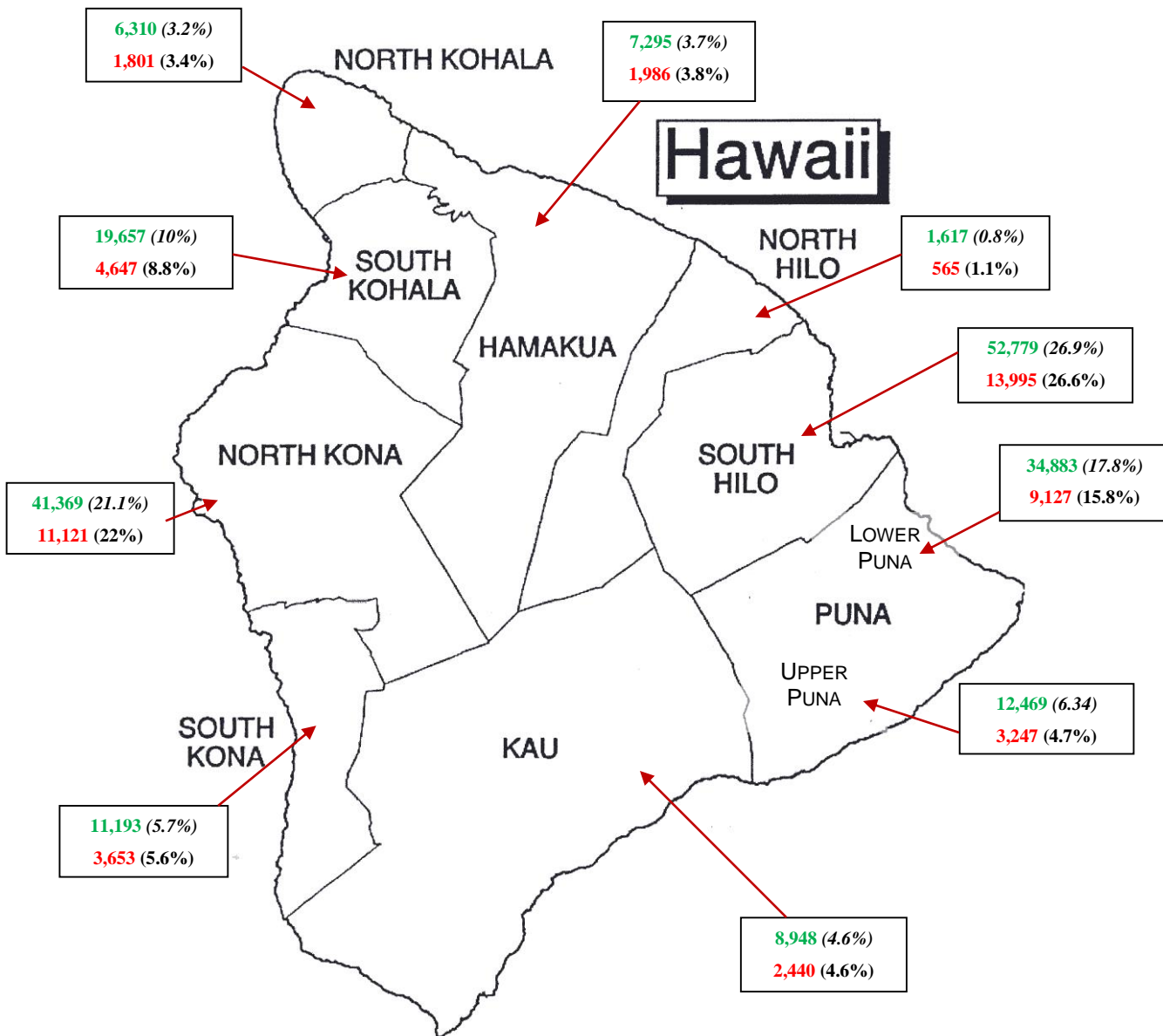
County of Hawaii
Population Distribution by Judicial District

U.S. Census Bureau, 2017 American Community Survey

Total Population (All Ages) – 200,381

and

Total Older Individuals (60+) Population – 52,582 (26.25% of Hawaii County's Total Population)



Prepared by
 Hawaii County Office of Aging
 1218

B. Description of Existing Programs and Services



Aging and Disability Resource Center

The **Aging and Disability Resource Center** Program (ADRC), a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. CMS **originally** provided funding for the ADRC program through the **Real Choice Systems Change Initiative**. ADRC funding is now supported through the **State legislature**. The ADRC program working in conjunction with the AAA's provide an opportunity to effectively integrate the full range of long-term supports and services into a single, "no wrong door", coordinated system. By simplifying access to long-term care systems, ADRC's are serving as the cornerstone for long-term care reform in many states. AoA and CMS envision ADRC's as highly visible and trusted places available in every community across the country where people of **all ages, incomes and disabilities go to get information on the full range of long-term support options**. Nationally, ADRC programs have taken important steps towards meeting AoA and CMS's vision by:

- creating a **person-centered**, community-based environment that promotes independence and dignity for individuals;
- providing easy **access to information** to assist consumers in exploring a full range of long-term support options; and
- providing resources and services that support the range of needs for **family caregivers**.

ADRC targets services or supports to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities. The ultimate goal of the ADRCs is to **serve all individuals with long-term care needs regardless of their age or disability**. ADRC programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act, as amended in 2006, and state revenue programs. (aoa.gov)



HCOA ADRC Staff: Wesley Tanigawa, Alice Bratton, Lisa Diaz, (Previous ADRC Manager, Nic Los Baños), Kori Koike-Smith, Leilani Westergard, and Case Management Manager Jolean Yamada



Older Americans Act (OAA) Title III-B **Supportive Services and Senior Centers Program (OAA Title III-B)**

Home and Community-Based Supportive Services, established in 1973, provides grants to States and Territories using a formula based primarily on their share of the national population aged 60 and over. The grants fund a broad array of services that enable seniors to remain in their homes for as long as possible. These services include but are not limited

to:

- Access services such as transportation, case management, and information and assistance;
- In-home services such as personal care, chore, and homemaker assistance; and
- Community services such as legal services and adult day care.

This program also funds multi-purpose senior centers that coordinate and integrate services for older adults such as congregate meals, community education, health screening, exercise/health promotion programs and transportation. Hawaii County, through its **elderly activities division** has **senior learning centers** that provide much of the services mentioned above (i.e., Kamana Senior Center) while being funded by the county. With regard to each States' federal funding stream, an intrastate funding formula to fairly allocate funds is used by EOA. Area agencies on aging (AAA's) have the flexibility to use their funds to provide the supportive services that best meet the needs of seniors in their planning and service areas (PSA's). With that being said, the **funding formula** used for Hawaii County, **while taking into consideration our population size, will not yield a result that would allow for an allocation to support a full-blown multipurpose senior center.**

Support Services that the funding formula warranted for **FY 2018** included:

- **Transportation Services:** **74,714 trips** to medical appointments, essential shopping, pharmacies, senior centers, meal sites, and other needed activities.
- **Home Modification:** **\$23,977 per year** on home modification equipment.
- **Legal Services:** **2,232 hours** of legal assistance to adults 60 years of age and older.

OAA Title III-C

Nutrition Programs (OAA Title III-C)

According to the Administration on Aging, **Congregate Nutrition Services and Home-Delivered Nutrition Services** were established in **1972 and 1978** respectively. Nutrition Service Programs provide meals and related nutrition services to older individuals in a variety of settings including **congregate facilities such as senior centers or by home-delivery** to older individuals who are homebound due to illness, disability, or geographic isolation. Services are targeted to those in greatest social and economic need with particular attention to low income individuals, minority individuals, those in rural communities, those with limited English proficiency, and those at risk of institutional care placement. Nutrition Service Programs help older adults remain independent in their communities. The purpose of the OAA Nutrition Program is to **reduce hunger, food insecurity, promote socialization, and improve the health and well-being of older adults.** OAA Nutrition programs strive to delay adverse health conditions through access to nutrition, chronic disease prevention, and health promotion services for older adults. Adequate nutrition is necessary for health, functionality, and the ability to remain at home in the community. For seniors, healthy eating can help

increase mental acuteness, resistance to illness and disease, energy levels, immune system strength, recuperation speed, and the effectiveness of chronic health problem management.

The OAA authorizes and provides appropriations to the Administration on Aging (AoA) for **three nutrition programs under Title III: Congregate Nutrition Services** (Title III C1), **Home-Delivered Nutrition Services** (Title III C2), and the **Nutrition Services Incentive Program (NSIP)**. Grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories by a **formula based on their share of the population** aged 60 and over. Nutrition Services Incentive Program grants are an allocation to States, Territories, and eligible Indian Tribal Organizations. These grants are based on the proportional share of the total number of meals served by all States, Territories and Indian Tribal Organizations in the prior Federal fiscal year. Title III C1 authorizes meal provision and related nutrition services in congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. **Services in addition to meals include nutrition assessment, screening, education, and counseling, as appropriate.** The program also presents **opportunities for social engagement and meaningful volunteer roles**, which contribute to overall health and well-being.

In **Fiscal Year 2018**, the Hawai'i County Nutrition Program (HCNP) served **63,632 meals to 1,011** participants at **17 Congregate Nutrition Sites**. Nutrition services are available to individuals who are age 60 or over and the spouse of an older individual regardless of age. Services may be available to a limited number of individuals who are under age 60 if they are: individuals with disabilities who reside with older individuals, volunteers who provide services during meal hours, or individuals with disabilities who reside in elderly housing at which congregate nutrition services are provided.

Title III C2 authorizes provision of meals and related nutrition services to older individuals that are homebound. Home-delivered meals are often the first in-home service that an older adult receives and the program is often a primary access point for other home and community-based services. Services also include nutrition assessment, screening, education, and counseling, as appropriate. Home-delivered meals represent an essential service for many caregivers by helping them to maintain their own health and well-being. **In Fiscal Year 2018, 92,771 home delivered meals (both title III and KC funded) were provided to 606 total participants by the HCNP Home Delivered Meals Program.** Services are available to individuals who are age 60 or over, homebound, and the spouse of an older individual regardless of age. Services may be available individuals who are under age 60 with disabilities if they reside with the homebound older adult or in elderly housing.

The NSIP was established by the OAA (Section 311) in **1974** as the Nutrition Program for the Elderly in United States Department of Agriculture USDA. The NSIP appropriation was transferred to Administration on Aging in 2003. NSIP provides additional funding to States, Territories and eligible Tribal organizations that is used exclusively to purchase food. States may choose to receive the grant as cash, commodities, or a combination of both. Hawaii County participates in the **NSIP program through an automatic reimbursement formula that goes into providing congregate and home meals the following year.**

OAA Title III-D

Evidence-Based Disease Prevention & Healthy Promotion Services (OAA Title III-D)

The Disease Prevention and Health Promotion Services Program (Title III D) provides disease prevention services or health promotion programs. Title III D supports programs to assist older adults prevent illness and manage chronic physical conditions. Although illness and disability rates increase with age, research has demonstrated that health promotion and disease prevention activities can help promote healthy and independent lives for older individuals. Disease Prevention and Health Promotion Services promote benefit

healthy aging and the maintenance of optimal physical, mental, and social well-being in older adults. An active healthy lifestyle can help older adults prolong their independence and improve their quality of life.

- The Aging Network has been moving toward using evidence-based disease prevention and health promotion programs over the past few years. The Fiscal Year (FY) 2012 Congressional appropriations now require that OAA Title IIID funding be used only for program and activities which have been demonstrated to be evidence-based. In this regard, the Hawai'i County Office of Aging has expanded the ***Better Choices, Better Health – Ke Ola Pono (BCBH)***, Chronic Disease Self-Management Program in all areas of the Big Island including the rural areas.
- In 2018, **54 individuals** participated in BCBH workshops conducted by 10 lay leaders. The goal is to provide training to at **least 150 participants and to graduate 6 to 12 lay leaders** prior to September 2023.

OAA Title III-E

National Family Caregiver Support Program (OAA Title III-E)

The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. Families are the major provider of long-term care and research has shown that caregiving exacts a heavy emotional, physical, and financial toll. Many caregivers who work and provide care experience conflicts between these responsibilities. Of caregivers nationwide, 15 % of caregivers are assisting two individuals, while 3 % are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor. A 2015 'Caregiving in the U.S.' study conducted by the National Alliance for Caregiving, in collaboration with AARP, estimated that 34.2 million adults over the age of 18 in the United States serve as unpaid caregivers to people over the age of 50, with an economic value of \$470 billion in 2013. [AARP Public Policy Institute. (2015). Valuing the Invaluable: 2015 Update.] According to the Alzheimer's Association 2015 Alzheimer's disease Facts and Figures, approximately 15.7 million adult family caregivers care for someone who has Alzheimer's disease or other dementia with an estimated economic value of \$217.7 billion in 2014.

The NFCSP offers a range of services to support family caregivers. Under this program, States shall provide five types of services:

- information to caregivers about available services,
- assistance to caregivers in gaining access to the services,
- individual counseling, organization of support groups, and caregiver training,
- respite care
- supplemental services

These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. According to the 2006 Amendments to the OAA, priority for NFCSP services must be given to caregivers who are older individuals with greatest social and economic needs, and who are providing care to individuals with severe disabilities, including children with severe disabilities.

Hawai'i County FY18 output data for the National Family Caregiver Support Program shows that the services caregivers received from this program helped them manage their caregiving responsibilities including:

- Counseling and Training Services: HCOA contracted for over **165 hours** of counseling, peer support groups, and training to help **approximately 71 caregivers** better cope with the stresses of caregiving.
- Respite Care Services: HCOA contracted for the services of **75 caregivers with 7,002 hours of temporary relief** – at home, or in an adult day care or institutional setting – from their caregiving responsibilities.
- Supplemental Services: HCOA contracted for **372 units of support services to 38 caregivers**.

Data from AoA's national surveys of caregivers of elderly clients shows similar patterns of service:

- OAA services provided through the National Family Caregiver Support Program are effective in helping caregivers keep their loved ones at home.
- 77 % of NFCSP caregivers report that services enabled them to provide care longer than otherwise would have been possible and 77 % reported that the services have "helped a lot".
- 89 % of caregivers reported that services helped them to be a better caregiver.
- Nearly half the caregivers of nursing home eligible care recipients indicated that the care recipient would be unable to remain at home without the support services.

OAA Title IV

The Discretionary Funds Program, although no funds are distributed to the AAA (Hawaii County), the Title IV funds constitute the major research, demonstration, training and development effort of the Administration on Aging, led by the Assistant Secretary for Aging. The Title IV mandate is aimed, generally, at building knowledge, developing innovative model programs and training personnel for service in the field of aging and matching these resources to the changing needs of older persons and their families in the coming decades. In particular, AoA's research, demonstrations, training and other discretionary projects are focused on:

- Advancing our knowledge and understanding of current program and policy issues, such as community and in-home long term care service systems and programs, significant to the well-being of the older population.
- Improving the effectiveness of Older Americans Act programs by testing new models, systems and approaches for providing and delivering better services to older persons.
- Providing training, technical assistance and information that will increase our ability to serve older Americans with skill, care and compassion.

OAA Title V: Senior Community Service Employment Program

Under **Title V**, the Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the Older Americans Act title V, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. SCSEP provides both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum

wage. They are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools and hospitals. It is intended that community service training serves as a bridge to unsubsidized employment opportunities; SCSEP's goal is to place 30% of its authorized positions into unsubsidized employment annually.

OAA Title VI: Native Hawaiians

Under **Title VI**, the ACL awards funds to tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. For the State of Hawaii, **Alu Like** has been the recipient of these funds targeting Hawaiians. HCOA is fortunate to have the **Executive, C. Kimo Alameda on the statewide Alu Like Board** to ensure that Hawaii County seniors are well represented.

OAA Title VII-A3

Prevention of Elder Abuse, Neglect, and Exploitation (OAA Title VII-A3)

In 1987 AoA established the Prevention of Elder Abuse, Neglect, and Exploitation program. Through the program, AoA provides federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

Although recognized by OAA, funding for elder abuse has not come to Hawaii County in the form it does with other AAA's. Funds from OAA supports the **Statewide Ombudsman** position that works out of the State Executive Office of Aging. Also, Hawaii County works closely with the **State Department of Health's Adult Protective Services** when concerns of elder abuse, neglect, and exploitation become apparent. If there are housing concerns of exploitation, HCOA works with Hawaii County Housing's Fair Housing Officer.

*President Johnson Signs the
Older Americans Act of 1965*





Other Federal Partners and Programs: Corporation for National and Community Service (CNCS)

Established in 1993, the Corporation for National and Community Service (CNCS) is a federal agency that engages more than 5 million Americans in service through its core programs -- Senior Corps, AmeriCorps, and the Social Innovation Fund -- and leads President Obama's national call to service initiative, "United We Serve". As the nation's largest

grant maker for service and volunteering, CNCS plays a critical role in strengthening America's nonprofit sector and addressing our nation's challenges through service. Three volunteer programs offered in Hawaii County include:

- **Foster Grandparents** serve as role models, mentors, and friends to children with exceptional needs. The program with approximately **20 volunteers** island-wide provides a way for volunteers age 55 and over to stay active by serving children and youth in their communities;
- **Senior Companions** are volunteers age 55 and over who make a difference by providing assistance and friendship to adults who have difficulty with daily living tasks, such as shopping or paying bills. Approximately **18 volunteers** island wide help our kupuna remain independent in their homes instead of having to move to more costly institutional care. Senior Companions also give families or professional caregivers a much needed time off from their duties, run errands, etc;
- **Retired Senior Volunteer Program (RSVP)** is one of the largest volunteer networks in the nation for people 55 and over. Established in 1971 and later moved into the Senior Corps program, RSVP harnesses the skills and talents of kupuna to serve in a variety of volunteer activities within Hawaii County. **In 2018, ~1,232 volunteers** were placed at **220 volunteer stations** accumulating **~102,588 hours of service** – a value of **~1.1 million** given back to the community.



HCOA Planning Staff: Deborah Wills, Clayton Honma, and Keola Kenoi-Okajima

State Programs



Kupuna Care (KC) Program

The Kupuna Care (KC) program was **enacted in 1999** to address the needs of Hawaii's aging population and the issues arising from those needs. The KC program is considered to be an alternative to traditional long-term care options. The **goal of KC parallels the mission of OAA which helps seniors to lead independent, meaningful, and dignified lives in their own homes and communities.** Services offered by the KC program provide a safety net for Kupuna that we would consider part of the "gap group"--those who earn too much to qualify for Medicaid but too

little to help pay for their own long term care costs. By drawing upon both formal and informal supports, these services help older adults live independently in a safe and healthy environment, thus avoiding costly institutionalization for as long as possible. Kupuna Care funds provide services for individuals who meet the following eligibility requirements:

- U.S citizen or legal alien.
- 60 years of age or older.
- Not covered by any comparable government or private home and community–based care services.
- Not residing in an institution, such as an intermediate care facility, skilled nursing facility, foster family, hospital, or adult residential care home.
- Have impairment of at least two ADL's, IADL's, or substantive cognitive impairment and having an unmet need of at least one or more ADL's or IADL's.

Activities of Daily Living (ADL's) include eating, bathing, dressing, transferring from bed to chair, controlling bowel and bladder, and moving about the house safely on their own.

Instrumental Activities of Daily Living (IADL's) include preparing meals, shopping for food and essential items, taking medications, managing finances, using the telephone, doing housework, and using public transportation.

The Kupuna Care Case Management program provides assistance to clients, families, and caregivers in identifying needs, exploring options, and mobilizing informal as well as formal supports to achieve the highest possible level of client independence. Case Management assistance includes assessing needs, developing care plans, coordinating provision of services among Kupuna Care (KC) and National Family Caregiver Support Program Vendor Pool providers, monitoring, and providing follow-up and reassessment as needed. The KC Home and Community Based Services program provided the following approved services in **FY 2018:**

- **Assisted Transportation Services:** KC funded services to approximately **81 consumers for 3,657 trips.**
- **Personal Care, Homemaker, and Chore Services:** **provided 23,265 hours of assistance to 312 seniors unable to perform daily activities** (such as bathing, grooming, and dressing,) or instrumental activities of daily living (such as laundry, light housework, and shopping).
- **Adult Day Care/Day Health Services:** **provided 9,822 hours of care for 50 dependent adults** in a supervised, protective group setting during some portion of a twenty-four hour day thus allowing respite for the caregiver(s).
- **Home Delivered Meals:** KC funds **provided 55,599** home delivered meals.

- **Case Management Services**—provided for **470 clients** with **8,001 hours** of assistance by assessing needs, developing care plans, and arranging services for older persons or their caregivers.

HCOA Maximizes Kupuna Care (KC) Funding

Hawaii County Office of Aging (HCOA) expanded the number of seniors receiving Kupuna Care (KC) funding with close monitoring and technical assistance of its case management contracted provider. **In a continual analysis of KC-funded seniors receiving case management about 80 percent were able to stay in their homes at an average cost to HCOA of about \$800 per month.** This is low figure when average monthly costs at Hilo's Life Care Center run \$12,405, Okutsu VA at \$11,200 and Foster Home Care or a Care Home which range from \$5,000 and up. KC case management reduced out of pocket costs through its "least restrictive placement" approach to transition planning that involves the development of lasting informal partnerships for seniors at every level.

After a Kupuna Care consumer **receives 4-7 months (on average)** of case management and vendor pool services (personal care, homemaker, adult day care, assisted trans), case management staff work diligently to replace formal services with community and volunteer supports. These supports are provided by caregivers in the family, friends, faith-based members, and/or community volunteers willing to be a part of the consumer's caregiving team. Transition to informal supports reduces the use of Kupuna Care funds which then allows for other eligible seniors to participate in the program. This system also reduces the number of consumers on a wait list allowing HCOA and its contracted provider to help more deserving elders age in place with dignity.

What's also unique to Hawaii Island is the **vendor pool services** used as part of case management. In the vendor pool, the funding is in the "pool" and not tied to a specific provider. Hence, this prevents providers from "running out of money" and allows consumers the freedom to select (or terminate) the provider since there are several providers providing the service.

HCOA Maximizes 2019 Kupuna Caregiver (KC Caregiver) Funding

Hawaii County Office of Aging (HCOA) expanded the number of seniors receiving Kupuna Care (KC) funding with the inception of the **new Kupuna Caregiver (KCG) program** which provides respite for caregivers by providing more services, like day care or in-home care, to eligible care recipients. HCOA will continue to advocate for these funds in **2019-2023** as it adds to the overall funding for services.



B.1 Differences in the Types of Supports and Providers of Service based On “Ability” Status: *An Example of the need to Coordinate Care*

Independent	Elderly Activities Division	Hawaii County Office on Aging	Other County	State/Fed	Private
Housing	-	-	Dept. of Housing	State Housing Authority	Big Island Housing Foundation
Transportation	EAD Trans	-	Hele-on/Share a Ride	Medicaid	HCEOC Taxi Cabs
Meals	Congregate Home delivered	Congregate Home delivered	-	-	Hope Services / Salvation Army
Work/Finances	STEP	-	-	DHS Welfare, Medicaid, Med Quest, SAGE Plus	Work finders Hawaii
Help at Home	Chore, Personal Care	-	-	-	Mastercare, Metrocare, Aloha Maiden, Care Resources, etc.
Legal Supports	-	Legal Aide Hawaii	-	-	Legal Aide Hawaii
Rec/Healthy Aging	Senior Centers, Recreation Activities	BCBH Education	Health Fairs, Blue Zones, Swimming, Biking, Running	-	HMSA, Kaiser, etc. Programs
Volunteerism	RSVP, Senior Companion, Foster Grandp.	At the East/West Office	-	-	
Education/Info	Kupuna News	Silver Bulletin, Na Leo Ch. 54, Caregiver Flyers	Holomua Newsletter	-	Generations Magazine
Caregiver Support	Fun Activities	Education, Respite, and Counseling,	-	-	Alzheimer’s Association
Dependent	Elderly Activities Division	Hawaii County Office on Aging	Other County	State/Fed	Private
Housing	-	-	-	If Qualify for Medicaid	Life Care, Hale Anuenue, Regency, Legacy
Transportation	Trans for Doctor, Meals, Shopping..	Trans for Doctor, Meals, Shopping..	-	-	-
Meals	Congregate/Home	Congregate/Home	-	-	Hope Services
Work/Finances	-	Options Coun.			
Help at Home	-	Home assessment, Chore, Homemaker, Personal Care, Case Management	-	-	Mastercare, Metrocare, Aloha Maiden, Mastercare, Care Resources, etc.
Legal Supports	-	Legal Aide HI / Brochures	-	DCCA, SMP HI, State Ombudsman	Attorney
Rec/Healthy Aging	-	EBP Tai Chi / BCBH	-	-	-
Volunteerism	-	-	-	Senior Companion	Project Dana
Education/Info	Kupuna News	Silver Bulletin, Na Leo Ch. 54, Caregiver Flyers	Holomua Newsletter	-	Generations Magazine
Caregiver Support	Fun Activities	Education, Respite, and Counseling,	-	-	Alzheimer’s Association

B2. List of Existing Programs and Services

HCOA Contracted Services		
Programs and Services	Provider Agency	Area Served
Access		
Assisted Transportation	Hawai'i Island Adult Care, Inc.	East Hawai'i
	Ho'oNani Place	Waimea
	Kona Adult Day Center	N/S Kona
	Helping Hands	Island-wide
	HCEOC – KC Trans	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare	East Hawai'i
	Seniors Helping Seniors	Island-wide
	Ultimacare	Island-wide
Caregiver Access Services	Services for Seniors	Island-wide
Caregiver Counseling	Alzheimer's Association	Island-wide
Case Management	Services for Seniors	Island-wide
Outreach	EAD – Coordinated Services	Island-wide
Transportation	EAD - Coordinated Services	Island-wide
	EAD - Nutrition Program	Island-wide
	HI Economic Opportunity Council	Island-wide
In-Home		
Chore	Helping Hands	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Seniors Helping Seniors	Island-wide
	Ultimacare	Island-wide
Home Delivered Meals	EAD – Nutrition Program	Island-wide

Programs and Services	Provider Agency	Area Served
In-Home con't		
Homemaker	Helping Hands	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Seniors Helping Seniors	Island-wide
	Ultimacare	Island-wide
Personal Care	Helping Hands	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Seniors Helping Seniors	Island-wide
	Ultimacare	Island-wide
Community Based		
Adult Day Care	Kona Adult Day Care	N/S Kona
	Hawaii Island Adult Care Inc.	East Hawaii
	Ho'o Nani Place	Waimea
Legal	Legal Aid Society of Hawai'i	Island-wide
Nutrition – Congregate	EAD – Nutrition Program	Island-wide
Nutrition Education	EAD – Nutrition Program	Island-wide
Respite	Helping Hands	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Seniors Helping Seniors	Island-wide
	Ultimacare	Island-wide
Senior Employment	EAD – Senior Training & Employment Program	Island-wide

Community Public, Private, & Non-Profit Programs and Services		
Programs and Services	Provider Agency	Area Served
Adult Foster Care	DHS – Adult and Community Services Section, Adult Protective Services	East Hawai'i West Hawai'i
Assisted Transportation	Alu Like, Inc.	Island-wide
	EAD – Coordinated Services	Island-wide
	HI Economic Opportunity Council	Island-wide
Caregiver Information	Aging & Disability Resource Center	Island-wide
	Alu Like, Inc.	Island-wide
	Alzheimer's Association	Island-wide
	Hawai'i Community Caregiver Network	West Hawai'i
Case Management	PHN Case Management Coordination Project	Island-wide
	DHS Adult Protective Services	Island-wide
Chore & Homemaker	DHS – Adult & Community Care Services	Island-wide
	EAD – Coordinated Services	Island-wide
Community Health Centers	Bay Clinic Mobile Dental Van	Pahoa & Ka'u
	Hamakua Health Center	Island-wide
	Hilo Family Health Center	East Hawai'i
	Hilo Family Dental Center	East Hawai'i
	Ka'u Family Health Center	Ka'u
	Kea'au Family Health Center	Puna
	Kohala Family Health Center	Island-wide
	Pahoa Family Health Center	Pahoa
	West Hawai'i Community Health Center	West Hawai'i
Elder Abuse and Neglect	West Hawai'i Community Health Center - Kealakekua	West Hawai'i
	West Hawai'i Community Health Center – Dental Van	West Hawai'i
	DHS – Adult Protective Services	Island-wide

Programs and Services	Provider Agency	Area Served
Employment	Alu Like Inc.	Island-wide
	State Workforce Development Division	Island-wide
Home Health	Care Resource Hawaii	Island-wide
	Department of Human Services	Island-wide
	Health Resources	Island-wide
	Kohala Home Health North Hawai'i Hospital	N/S Kohala Hamakua
	Kokua Nurses	East Hawai'i
	Mastercare	Island-wide
	Metrocare Hawai'i Plus	Island-wide
	Ultimacare	Island-wide
	West Hawai'i Home Health	West Hawai'i
	Hospice	Hawai'i Care Choices
Hospice of Kona		N/S Kona
North Hawai'i Hospice		N/S Kohala
Housing	Big Island Housing Foundation	East Hawai'i & Waimea
	Bob Tanaka Realty	West Hawai'i
	Cambridge Management	East Hawai'i
	Day Lum Property Management	Island-wide
	Hale Hoaloha	East Hawaii
	Hawai'i Affordable Properties	Island-wide
	Hawai'i Island Community Development Corporation	Island-wide
	Hawai'i Public Housing Authority	Island-wide
	Office of Housing and Community Development	Island-wide
	The Michaels Development Corporation	West Hawaii

Programs and Services	Provider Agency	Area Served
Congregate Meals	Alu Like, Inc.	Island-wide
Home Delivered Meals	Alu Like, Inc.	Island-wide
Nutrition Education	Alu Like Inc.	Island-wide
Recreation	Adult Day Care	Hilo, Kona, Waimea
	Alu Like Inc.	Island-wide
	EAD – Elderly Recreation Services	Island-wide
	EAD – Congregate Nutrition Program	Island-wide
Shopping Assistance	Alu Like, Inc.	East Hawai'i
	EAD – Coordinated Services	Island-wide
	Hawai'i County Economic Opportunity Council	Island-wide
Transportation	Hui Malama Ola Na'Oiwi	Island-wide
	Alu Like, Inc.	Island-wide
	Mass Transit, County of Hawaii	Island-wide
Volunteer Services	Alu Like, Inc.	Island-wide
	Foster Grandparent Program	East Hawaii
	Retired Senior & Volunteer Program	Island-wide
	Senior Companion Program	Island-wide

B.3 Community Focal Points and Multi-Purpose Centers

Community Focal Points and Multi-Purpose Centers	Location
Aging and Disability Resource Center	1055 Kino'ole St., Suite 101, Hilo, HI. 96720
Honoka'a Senior Center	45-540 Koniaka Place, Honoka'a, HI. 96727
Kamana Senior Center	127 Kamana Street, Hilo, HI. 96720
Kohala Court House	54-3900 Akoni-Pule Hwy., Kapaau, HI. 96755
Lily Yoshimatsu Center	67-1199 Mamalahoa Hwy. Kamuela, HI. 96743
Na'alehu Community Center	95-5635 Mamalahoa Hwy. Na'alehu, HI. 96772
Pāhala Senior Center	96-1169 Holei Street, Pāhala, HI. 96777
Pāhoa Community Center	3016 Kauhala Road, Pāhoa, HI. 96778
West Hawai'i Civic Center	75-5044 Ane Keohokalole Hwy., Bldg. B Kailua-Kona, HI. 96740

B.4 Congregate Nutrition Sites and Home Delivered Meal Distribution Centers

Congregate Nutrition Site	Area Served	Congregate Units FY18	Schedule
Aunty Sally's Luau Hale 799 Pi'ilani St., Hilo, HI 96720	South Hilo	9,552	M-F 8:00a – 12:00p
*Panaewa Park 100 Ohuohu St., Hilo, HI. 96720	South Hilo	95	F 8:30a – 12:30p
*Pomaikai Senior Center 929 Ululani St., Hilo, HI. 96720	South Hilo	736	M-Th 8:30a – 12:30p
Kula'imano Elderly Housing 28-2947 Kumula St., Pepe'ekeō, HI 96783	South Hilo	6,204	M-F 8:30a – 12:30p
Pāpa'aloa Gym Annex 35-1994 Govt. Main Rd., Pāpa'aloa, HI 96780	North Hilo	2,434	M-Th 8:00a-12:00p
Hale Ho'okipa Elderly Housing 81-1038 Nani Kupuna St., Kealakekua, HI 96750	South Kona	4,016	M-F 8:30a – 12:30p
Yano Hall Senior Center 82-6145 Mamalahoa Hwy., Captain Cook, HI. 96704	South Kona	288	T 8:30-12:30
Hōlualoa Imin Center 76-5877 N. Kona Belt Rd., Keauhou, HI 96739	North Kona	1,678	MWF 8:00a-12:00p
Ocean View Estates (HOVE) 799 Pi'ilani St., Ocean View, HI 96737	Ka'ū	4,584	MWF 8:00a-12:00p
Pa'auilo Community Center 43-977 Gym Rd., Pa'auilo, HI 96776	Hamakua	2,537	M-F 8:00a-12:00p
Hale Haouli Elderly Housing 45-540 Konaika Place, Honoka'a, HI 96720	Hamakua	4,683	M-F 8:30a – 12:30p
Kea'au Elderly Housing 16-189 Pilimuai St., Keaau, HI 96749	Puna	1,802	M-F 8:00a-12:00p
Pāhoa Neighborhood Center 15-2910 Puna Road, Pāhoa, HI 96778	Puna	4,479	M-F 8:00a-12:00p
Lily Yoshimatsu Senior Center 67-1199 Māmalahoa Hwy., Kamuela, HI 96743	South Kohala	2,765	M-F 8:00a-12:00p
Kohala Senior Center 54-3900 Akoni-Pule Place, Kapāau, HI 96755	North Kohala	5,584	M-F 8:00a-12:00p
Nā'ālehu Community Center 95-5635 Mamalahoa Hwy., Na'ālehu, HI 96772	Ka'ū	3,456	M-F 8:00a – 12:00p
Pāhala Elderly Housing 96-1183 Holei St., Pāhala, HI 96777	Ka'ū	6,710	M-F 8:30a – 12:30p
Home Delivered Meal Distribution Centers			
Meals on Wheels – Hilo	South Hilo	56,790	M-S 9:00a-12:00p
Meals on Wheels - Kona	North Kona	33,650	M-S 9:00a-12:00p

*Satellite/Expansion Meal Site- not staffed by the County Nutrition Program but staffed by volunteers or another entity.

B.5 Senior Learning Centers

Center	Address	Contact Number
Imin Center	76-5877 N. Kona Belt Rd., Holualoa, HI. 96725	961-8710
St. Benedict's Church	84-5140 Painted Church Rd., Honaunau, HI. 96726	961-8710
Hale Hau'oli Senior Center	45-540 Koniaka Pl., Honokaa, HI. 96727	961-8710
Honomu Gym	28-1641 Government Main Rd., Honomu,, HI. 96728	963-5302
Hale Halewai	75-5760 Alii Dr., Kailua-Kona, HI. 96740	323-4340
Kamana Senior Center	127 Kamana St., Hilo, HI. 96720	961-8777
Keaau Community Center	16-186 Pili Mua St., Kea'au, HI. 96749	966-5801
Kohala Court House	54-3900 Akoni Pule Hwy., Kapa'au, HI. 96755	887-2011
Yano Hall Senior Center	82-6156 Mamalahoa Hwy., Captain Cook, HI. 96704	323-2439
Laupahoehoe Pt. Gym	36-1041 Laupahoehoe Pt. Rd., Laupahoehoe, HI, 96764	961-8310
St. Theresa Parish Hall	18-1355 Volcano Rd., Mt. View, HI. 96771	959-7083
Na'alehu Community Center	95-5635 Mamalahoa Hwy., Na'alehu, HI. 96772	929-9047
HOVE Community Center	92-8607 Paradise Circle Mauka, Ocean View, HI. 96737	939-8553
Pa'auilo Gym	43-977 Pau'uilo Hui Rd. Pa'auilo, HI. 96776	776-7600
Pahala Senior Center	96-1169 Holei St., Pahala, HI. 96777	928-3101
Pahoa Community Center	15-3016 Kauhale St, Pahoa, HI. 96778	965-2705
Papa'ikou Community Center	27-228 Maluna PL., Papa'ikou, HI. 96781	964-3300
Kulaimano Community Center	28-2892 Alia St., Pepe'ekeo, HI. 96783	964-3305
Pomaika'I Senior Center	929 Uilani St., Hilo, HI. 96720	961-8714
Seniors of Paradise	Hawaiian Paradise Park Community Center, Paradise Park, HI. 96749	982-6987
Cooper Center Sen Club	19-4030 Wright Road, Volcano, HI. 96785	985-7561
Lily Yoshimatsu Center	67-1199 Mamalahoa Hwy., Kamuela, HI. 96743	887-2011
Waikoloa Village Assoc. Community Rm	Melia St., Waikoloa, HI. 96738	883-8547

Regency at Hualalai , The Only Assisted Living facility in Hawai'i County



Life Care Center of Hilo – One of a few Long-Term Care Homes in Hawaii County



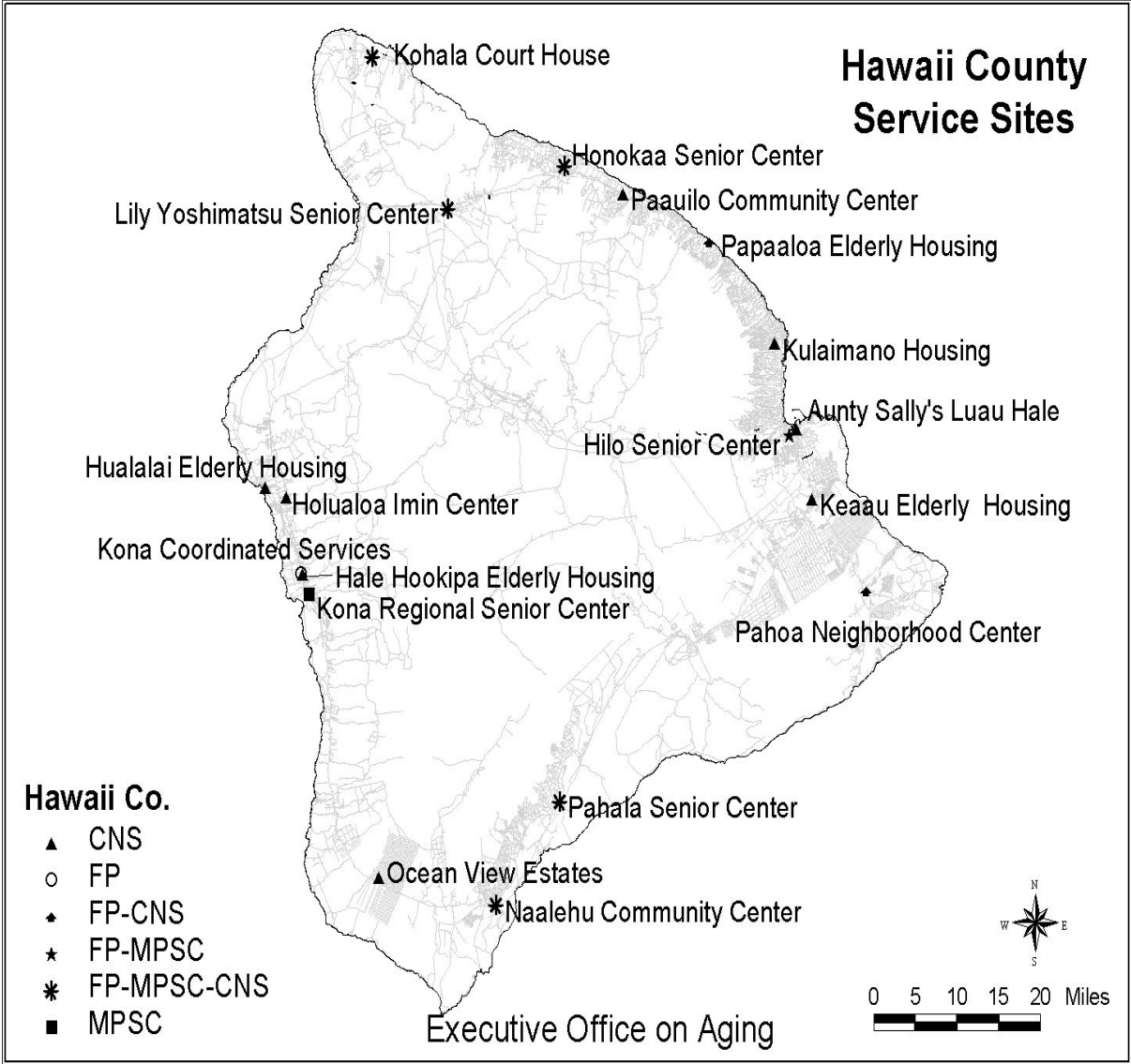
B.6 Acute, Long-Term Care Institutional, Nursing Facility Care, and Assisted Living

Facility	Type	Number of Beds
Hale Anuenue Restorative Care Center 1333 Waianuenue Ave., Hilo, HI. 96720	SNF/NF/ICF	120
Hale Ho'ola Hamakua 45-547 Plumeria St. Honokaa, HI. 96727	SNF/NF/ICF	66
Hilo Medical Center 1190 Waianuenue Ave. Hilo, HI. 96720	SNF/ICF	119
Ka'u Hospital 1 Kamani St. Pahala, HI. 96777	SNF/ICF Adult Day Health	16
Kohala Hospital 54-383 Hospital Rd. Kapa'au, HI. 96755	SNF/ICF	24
Kona Community Hospital 79-1019 Haukapila St. Kealahou, HI. 96750	Acute Care	18
Legacy Hilo Rehabilitation & Nursing Center 563 Kaumana Drive, Hilo, HI. 96720	SNF/NF/ICF	100
Life Care Center of Hilo 944 W. Kawaihewa St. Hilo, HI. 96720	SNF/NF/ICF	252
Life Care of Kona 78-6957 Kamehameha III Rd. Kailua-Kona, HI. 96740	SNF/NF/ICF	94
North Hawai'i Community Hospital 67-1125 Mamalahoa Hwy. Kamuela, HI. 96743	Acute Care	33
Yukio Okutsu State Veterans Home 1180 Waianuenue Ave. Hilo, HI. 96720	SNF/NF/ICF Adult Day Health	95
Hawai'i Care Choices Pohai Malama Care Center 590 Kapiolani St. Hilo, HI. 96720	Hospice	12
Nakamaru Hale Hospice of Kona 76-6008 Mamalahoa Hwy. Kailua-Kona, HI. 96740	Hospice	5
Regency at Hualalai 75-181 Hualalai Road Kailua-Kona, HI. 96740	Assisted Living	220

Note: Service capacity subject to change due to availability of funding and/or unforeseen circumstances.

Sources: Hawai'i State Department of Health, Office of Health Care Assurance at: www.health.hawaii.gov/ohca/medicare-facilities/skillednursingintermediate-care-facilities/ retrieved on 12/14/18.





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PART II Framework and Recommendations

A. Framework

The Area Agency on Aging's recommendations adhere to the general guidelines for program and service delivery for older adults developed throughout the State by the Executive Office on Aging, including directives and initiatives of the Administration on Aging. This framework is drawn from the Older Americans Act (as amended, 2006), and Chapter 349, Hawai'i Revised Statutes. Recent trends in AoA and EOA initiatives and grants lean towards the concept that the needs of dependent elderly can be met through the provision of home and community-based care for institutional nursing home care and family, friends, and neighbors as caregivers for private caregivers.

The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended in 2006, states that in keeping with the traditional American concept of the **inherent dignity** of the individual in our democratic society, the older people of our Nation are entitled to the full and free enjoyment of the following objectives:

1. An adequate retirement income in accordance with the American standard of living;
2. The best possible physical and mental health which science can make available without regard to economic status;
3. Obtaining and maintaining suitable affordable housing, independently selected, designed and located with reference to older citizens special needs;
4. Full restorative services for those who require institutional care, and a comprehensive **array of community-based, long-term care services** adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
5. Employment opportunities with no age discriminatory personnel practices;
6. Retirement with health, honor, and dignity;
7. Participating in and contributing to meaningful activity within the **widest range of civic, cultural, educational, training, and recreational opportunities**;
8. Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a **continuum of care** for the vulnerable older individuals;
9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
10. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Targeting of Services

The Older Americans Act, as amended in 2006, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, and those who are low-income minority and older individuals residing in rural areas with additional emphasis on targeting older individuals with limited English proficiency and older individuals at risk of institutional placement. Special emphasis has been placed on using outreach methods to target services to:

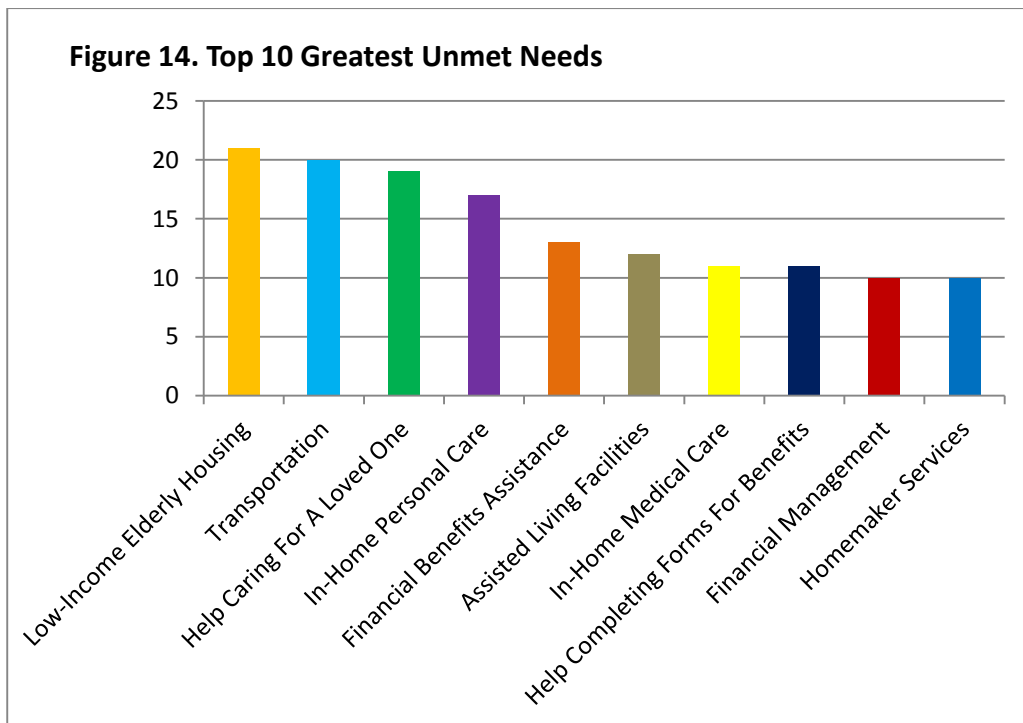
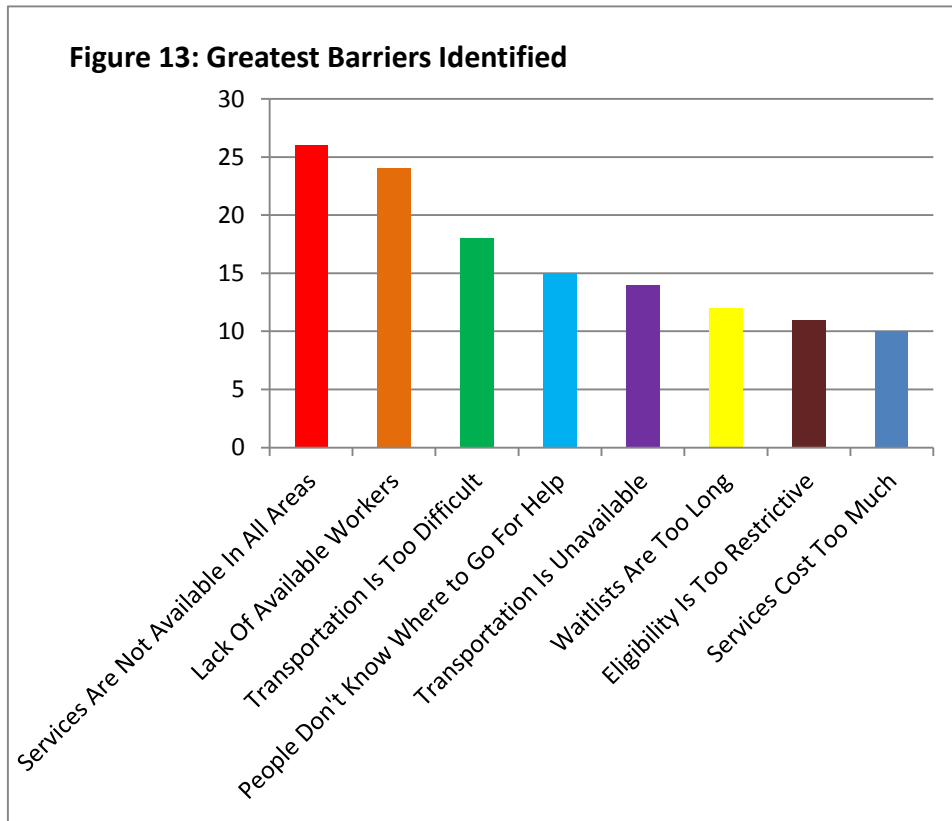
- ◆ older individuals residing in rural areas;
- ◆ older individuals with greatest economic needs (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ◆ older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ◆ older individuals with severe disabilities;
- ◆ older individuals with limited English proficiency;
- ◆ older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and informing these individuals and the caregivers of such individuals, of the availability of assistance; and
- ◆ older individuals at risk of institutional placement.

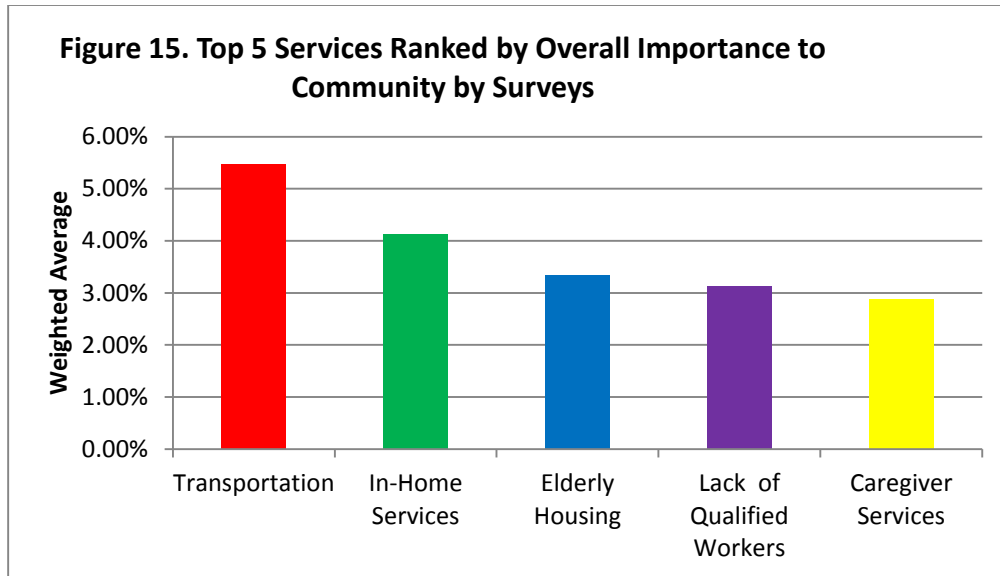
B. Prioritization of Issues and Needs

In order to identify issues and areas of need for the population 60 years and over of Hawai’i County and their caregivers, **HCOA conducted community focus groups and surveys of key informants and caregivers.** The utilization of various data collection methods yielded a good cross-section of community viewpoints and identification of needs. Aging Network Partners and the Hawai’i County Committee on Aging were surveyed via an on-line survey and community focus groups were held at the **West Hawai’i Civic Center on November 30, 2018** and at the **ADRC in East Hawai’i on December 7, 2018.**

The on-line survey participants included a variety of key stakeholders in the community ranging from government, public, and private service agencies, and representatives involved in community development and policy-making. The following issues and areas of concern for older adults and their caregivers were identified based on Barriers to Accessing Services, the Top 10 Ranked Unmet Needs, and the Top 5 Services Ranked by Overall Importance to their Community. *(Figures 13, 14, and 15) Details of the Needs Assessment methodology can be found in Appendix J.*

Results of on-line surveys:





Overall Top 5 Issues identified by the Aging Network Stakeholder on-line survey:

- 1. Transportation**
- 2. In-Home Services**
- 3. Elderly Housing**
- 4. Lack of Qualified Workers**
- 5. Caregiver Services**

Analysis of the West Hawaii focus group qualitative data identified the following common themes ranked by frequency of occurrence:

- 1. Tie for top issue:**
 - a. Low-Income Elderly Housing**
 - b. Long Term Care & Skilled Nursing Facility Capacity**
- 2. Home & Community-Based Services (In-Home Services and Adult Day Care)**
- 3. Transportation (including across island for medical appointments & procedures)**
- 4. Activity Centers, Recreation, Socialization, Isolation**
5. Shortage of Caregivers (workers)
6. Medical Specialty Care Shortage
7. Resources and Services (including Memory Care Resources)
8. Benefits and Legal Supports
9. Lack of Funding
10. Access to Healthier Foods

Analysis of the East Hawaii focus group qualitative data identified the following common themes ranked by frequency of occurrence:

1. **Tie for most important:**
 - a. **Access to Resources**
 - b. **Transportation**
2. **Caregiver Shortage/ Workforce Development**
3. **Low-Income Elderly Housing, Assisted Living Facilities**
4. **Policy Change (including elderly issues in County District Plans)**
5. Medical Access Care Shortage (including Specialty Care)
6. Home & Community-Based Services (In-Home Services and Adult Day Care)
7. Activity Centers, Recreation, Socialization, Isolation
8. LTC Planning
9. Legal Supports
10. Chronic Disease Management
11. Home Maintenance
12. Nutrition /Healthier Foods

Evaluation of Community Needs Assessment

Discussions held in both focus groups raised similar concerns and issues, although the ranking of importance varied between the groups. Housing and LTC capacity issues ranked highest in West Hawai'i, whereas access to resources and transportation ranked highest in East Hawai'i. The East Hawai'i group felt that the majority of the issues, areas of concern, and unmet needs stemmed from systemic issues that need to be addressed at the policy making level in order to have any impact on the issues our network is currently facing. The West Hawai'i group identified gaps in services and how they impact the populations we serve. **Both groups, as well as the on-line survey results, identified access to resources, housing, in-home service shortages, transportation, and lack of medical care as common issues and greatest areas of need.**

East Hawaii ADRC – “Na Kupuna from Puna”



HCOA Prioritization of Services for Funding

HCOA also utilized predetermined criteria to determine funding priorities based on several indicators:

A) Title III-B Priority

Title III-B of the Older Americans Act, as amended in 2006, contains service priorities in the areas of Access, In-Home, Community Based, and Legal services. Following the OAA prioritization guidelines, Adult Day Care, Caregiver Support, Case Management, Chore, Elder Abuse Prevention and Awareness, Health Promotion and Disease prevention, Home Modification, Homemaker, Information and Assistance, Legal Assistance, Congregate Meals, Home Delivered Meals, Nutrition Education, Outreach, Personal Care, Transportation, Hospital Discharge, and Consumer Directed HCBS programs ranked highest among III-B services, receiving 3 points each for falling into Title III-B priority services.

B) Greatest Economic/Social Need and Low Income Minority

Older individuals with the Greatest Economic Need (GEN), individuals with Greatest Social Need (GSN), and Low-Income Minority (LIM) individuals are mandated to be given preference by Title III-B regulations. Measurements are based on the extent to which services address isolation, physical or mental limitations, racial or cultural barriers, or inadequate income.

C) Instrumental Activities of Daily Living

National standards to determine the extent of disability based on ability to perform Activities of Daily Living (ADL's) without assistance including: bathing, dressing, toileting, eating, transferring, and walking and Instrumental Activities of Daily Living (IADL's) which include: essential shopping, meal preparation, laundry, light and/or heavy housework, money management, medication management, telephone use, and ability to utilize transportation, all without assistance.

D) Gap Filling Services

The planning process employed by the HCOA seeks to identify gaps in the service delivery system and to seek solutions either through advocacy, coordination, or funding. Services identified that promote filling gaps in vital in-home and community based services which delay or prevent institutionalization ranked highest.

E) Documented Needs

Various needs assessments have been utilized by HCOA see section II. B. The community recommendations were taken into consideration during the prioritization process based on various factors including available resources, feasibility, and sustainability, among others.

F) Assignment of Strategic Modes

Strategic Modes refer to the methods the HCOA uses in meeting priority service needs.

After having arrived at service priorities, the HCOA must:

1. Advocate for the elderly, encouraging the redirection of community resources to service priorities (**advocacy mode**);
2. Coordinate these resources to make them more accessible to the elderly (**coordination mode**); and
3. Issue Title III grants and contracts to supplement community resources, or as "seed money" to attract additional community resources (**funding mode**).
4. Approach all services through the eyes of the consumer and their families or support network (**Person-centered approach**).

Strategic modes are assigned to each service according to the approach HCOA plans to take in meeting service needs. More than one mode may be assigned to each service.

Although there are many factors to consider in the distribution of limited Title III funds, including capabilities of service providers and level of service requirements, the HCOA utilizes the following basic factors in determining funding priorities:

1. Whether the service is determined to fill a priority gap. In order for a service to be considered a funding priority, it must first be a service priority.
2. Whether there are funding sources other than Title III that are adequate.
3. Whether service utilizes existing community resources to the fullest extent possible. Are there adequate volunteer resources to support the service (as an alternative to Title III funding?).

4. Whether the service is cost effective.
5. Whether the service addresses the HCOA target group. Whether the service is needed by that target group.
6. Whether other support services are in place to complement this service.
7. Whether there are enough Title III funds to support this service.
8. Whether funds are for “seed money” or permanent funding.

In the planning for the period 2019-2023, HCOA conducted an expert panel prioritization of services by assigning number values (0-3) to each service based on the criteria above. These results are used in conjunction with the findings from the focus groups and surveys. In Table 3 below, rankings were given to indicate the services that HCOA should keep in mind as plans are being made and funding allocated. See Table 2: **The Prioritization of Services for Funding- HCOA below.**

HCOA takes the lead in the Kilauea Volcanic Eruption by Helping to Create the Disaster Assistant and Recovery Team



Table 2. The Prioritization of Services for Funding- HCOA

List of Programs & Services	Criteria					Total Score Points	Strategic Mode Assignment			
	Title III Priority	GEN, GSN, LIM OIRA	Priority Needs Survey	Service Gap	Lower Risk of Institutionalization		Funding	Advocacy	Coordination	Ranking
CORE PROGRAMS:										
Adult Day Care	3	3	3	3	3	15	X	X	X	1
Caregiver Support	3	3	3	3	3	15	X	X	X	1
Case Management	3	3	3	3	3	15	X	X	X	1
Elder Abuse Prevention & Awareness	3	3	2	2	3	13	X	X	X	3
Health Promotion /Disease Prevention	3	3	2	2	3	13	X	X	X	3
Heavy Chore	3	3	3	2	3	14	X	X	X	2
Home Modification	3	3	3	2	3	14	X	X	X	2
Homemaker	3	3	3	3	3	15	X	X	X	1
Information & Assistance	3	3	3	2	3	14	X	n/a	X	2
Legal Assistance	3	3	2	2	2	12	X	X	X	4
Meals-Congregate	3	3	3	1	3	13	X	X	X	3
Meals-Home Delivered	3	3	3	2	3	14	X	X	X	2
Nutrition Education	3	3	1	1	3	11	X	X	X	5
Outreach	3	3	2	2	2	12	X	n/a	X	3
Personal Care	3	3	3	3	3	15	X	X	X	1
Transportation	3	3	3	3	3	15	X	X	X	1

List of Programs & Services	Criteria					Total Score Points	Strategic Mode Assignment			
	Title III Priority	GEN, GSN, LIM OIRA	Priority Needs Survey	Service Gap	Lower Risk of Institutionalization		Funding	Advocacy	Coordination	Ranking
DISCRETIONARY GRANTS:										
Hospital Discharge	3	3	1	3	3	13	X	X	X	3
Alzheimer's Grants	2	3	1	2	3	11	X	X	X	5
Community Development	2	2	2	2	2	10	X	X	X	6
Consumer Directed HCBS	3	3	2	2	3	13	X	X	X	3
Financial Management	1	3	2	2	3	11	X	X	X	5
Housing	1	3	3	3	3	13	N/A	X	X	3
Interpreting Translating	1	3	1	1	1	7	X	X	X	9
Senior Training & Employment	1	3	1	1	1	7	X	X	X	9
Wandering Locator System	2	2	2	2	3	11	X	X	X	5
OTHER:										
Network Education & Training	2	2	2	2	2	10	X	X	X	6
Public Education	2	2	2	2	3	11	X	X	X	5
Senior Companion Program	1	2	1	2	2	8	N/A	X	X	8
Volunteer Opportunities	1	2	1	1	1	6	X	N/A	X	10

Priority Measures: 3 = Highest
2 = Moderate
1 = Slight
0 = Lowest

Ranking: Lower number indicates higher priority with 1 as highest ranking.

C. Addressing the Unmet Needs

Addressing Outreach Needs via the Use of Prevalence Rates

Prevalence in epidemiology is the proportion of a population found to have a condition (typically a disease or a risk factor such as having an illness). It is arrived at by comparing the number of people found to have the condition with the total number of people studied, and is usually expressed as a fraction, as a percentage or as the number of cases per 10,000 or 100,000 people. According to the U.S. Bureau of the Census, slightly over 5 percent of the 60+ population occupy nursing homes, congregate care, assisted living, and board-and-care homes, and about 4.2 percent are in nursing homes at any given time. About 15 percent of adults 60+ are semi-dependent and 80 percent of adults over 60 are active, mobile, and independent.

If we take these prevalence estimates, we find the following calculations. Out of the **52,000** seniors 60+ in Hawaii county (2017 estimate), about **41,000 are active** and not in need of HCOA's semi-independent services. These seniors are most likely engaged with the services and supports provided by our Elderly Activities Division, which currently reports an unduplicated participant amount of 12-15,000 seniors. We can assume that the other 18,000 active island seniors are either a) still in the work force, b) don't want the services provided by Elderly Activities, or c) engaged in their own active lifestyle.

If we look at the 15 percent of seniors who are possibly semi-dependent, this translates to **7,800 seniors that could be eligible for HCOA services**. HCOA registers as high as 2,000 participants. This leaves about **4,300 seniors that are in need of semi-dependent** care. Of the 4,300 seniors, up to 25 percent (1,075) are eligible for **Medicaid** which would make them ineligible for on-going services from HCOA. This leaves **3,255** possible semi-dependent seniors in Hawaii County needing some type of service to keep them in their homes. The question remains, where are the 3,225 seniors who could use our services? We have a few hypotheses. One, is that half (**1,612**) **are being cared for by family members or have the means to pay for their own care**. The rest of the seniors (**1,612**) are those that HCOA are targeting with outreach and marketing efforts. Again, these are estimates based on the use of the statistical procedure of prevalence rates. And, it is a very conservative estimate based on a national percentage since we have found the percentage of frail seniors in Hawaii County is around 15-17%.

Addressing Unmet Needs

The following is a summary of how HCOA and the Aging Network seeks to address the reported unmet needs utilizing existing programs, services, and initiatives.

1. **Access to Information:** Providing information regarding the Aging Network is a strength of the HCOA, Aging and Disability Resource Center (ADRC), Coordinated Services for the Elderly (CSE), Case Management (CM), Public Health Nursing (PHN), and Hawaii County Nutrition Program (HCNP) programs, among others. The HCOA ADRC maintains a comprehensive data base of existing programs and services available to assist persons seeking information assistance. The HCOA website offers a wealth of information as well as including the HCOA Information and Service Directory on-line (also available in hard-copy). HCOA maintains an Aging and Disability Resource Center in East Hawai'i and in West Hawai'i. Strengthening the

ADRC's is a priority of the EOA. HCOA is currently incorporating Information, Assistance, Referral, and Options Counseling services as part of its operations. HCOA will be participating in future opportunities with the State and County that will enable HCOA to continue be designated as a "fully functioning ADRC".

2. **Elderly Housing:** Availability of public elderly housing that is intended for low-income seniors is available island-wide, although limited and all have long waitlists. There is general consensus among the Network that supply does not meet demand for affordable elderly housing on the island, and that in West Hawai'i affordable housing has reached crisis level. Although HCOA works together with interested parties in providing data and resource information pertaining to elderly housing, limited Title III-B funding prohibits HCOA from utilizing OAA funds directly for housing.
3. **Financial Management:** This unmet need reflects the harsh reality that a significant portion of seniors that are in serious financial need. Most Network providers are aware of various public benefits and assistance programs that can assist seniors (Soc Sec, SSI, Food Stamps, Financial, LIHEAP, LIS, MSP's, QMB, SLMB, Medicare Part D, etc.). HCOA provides an "Emergency Housing Assistance" program that provides assistance for emergency needs that cannot be met through other sources, including personal safety. This unmet need reflects a very real concern for the AAA's and the Network as a whole. The community needs assessment identified benefits enrollment and legal assistance for low income seniors as unmet needs. In order to address these needs, HCOA continues to contract with Legal Aid to assist those in need of benefits counseling, assistance with applications, and addressing legal issues.
4. **In-Home Services:** Through the Kupuna Care Program, HCOA has the authority to authorize Home and Community-Based Services for eligible seniors. However, there is general consensus among Case Managers and HCOA staff that the amount of funding available to purchase services for **Kupuna Care** clients is limited. However, the goal of Kupuna Care funding, which is usually 3-6 months, is to help the individual in need build their circle of informal supports. The **Quest Expanded Access program** is required to provide Home and Community Based services to all Medicaid eligible seniors.
5. **Outreach:** The HCOA ADRC has developed a multi-marketing strategy approach which includes a monthly publication, a website, coordination with Elderly Activities Division regarding their outreach efforts via their quarterly publication senior centers activities, and senior ID program. **These outreach efforts are designed to increase HCOA's and ADRC's visibility in the community.**
6. **Senior Centers:** All 26 senior educational centers around the island offer some form of socialization or recreational activity. As the survey data indicated, there is a great disparity among which services are available in each district. Although there are senior centers located throughout the island, the programs and services offered in some areas are more limited than others. The vast rural landscape of the Big Island makes this reality inevitable.

The Elderly Recreation Services program under the Elderly Activities Division of the County Parks & Recreation Department has expanded many of the senior center activities around the island in recent years.

- 7. Transportation:** HCOA views transportation as one of the most critical and primary needs for seniors throughout the island. As such, Title III funding is allocated to fund several transportation programs. Transportation services are available in every district through the Coordinated Services for the Elderly (CSE) program, which is funded in part by OAA funds administered by HCOA. HCOA also contracts with the Hawai'i Economic Opportunity Council to provide transportation for various services. Public transit services are also available on the island through County of Hawai'i Mass Transit Agency. Although HCOA supports transportation services through available funding opportunities, HCOA is well aware of the deficit in transportation services island-wide, as the survey data confirms. Limited funding restricts the HCOA's ability to expand transportation services in order to fully meet the growing demand.



*From left to right:
Maile David, County Council S. Kona & Kau;
Debbie Wills, HCOA;
Pam Punihaole & Joshua Pratt –Past
Members of the Mayor's Disability Committee
Karen Eoff, County Council N. Kona*

D. Strategies to Meet Issues

In an effort to meet future challenges of the Aging Services Network, the Administration on Aging develops initiatives and discretionary grants to meet federally established goals and objectives. One of the primary focus areas of the AoA directives includes strengthening the Aging and Disability Networks.

As health care and human services in the U.S. undergo rapid change, aging and disability community-based organizations are facing the need to change in order to meet the needs of these populations while managing limited resources. (acl.gov/programs/strengthening-aging-and-disability-networks. Retrieved 1/14/19.)

ACL's programs help with grants, technical assistance, and resources to strengthen community-based organizations in the aging and disability networks. One of the latest ACL initiatives, the No Wrong Door (NWD) System is a collaborative effort of the ACL, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA). (*ACL.gov*) The NWD System initiative builds upon the Aging and Disability Resource center (ADRC) program and CMS' Balancing Incentive Program No Wrong Door requirements that support state efforts to streamline access to long term services and supports (LTSS) options for older adults and individuals with disabilities. NWD Systems strive to simplify access to LTSS and are a key component of LTSS systems reform. (*ACL.gov*) NWD systems provide information and assistance not only to individuals needing either public or private resources, but also to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. NWD systems also serve as the entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act, Veterans Health Administration, and state revenue programs. (*ACL.gov*)

The State Executive Office on Aging has adopted NWD initiatives and is working towards meeting these goals.

After an extensive review of the Kupuna Care program statewide, the following priorities were determined for the 2019 Area Plan timeframe:

1. Develop and implement KC Services through a consumer-directed model.
2. Research and define which services actually delay or prevent entry into nursing homes.
3. Implement KC and other services through a fully functioning ADRC sites available to every community, using volunteerism.
4. Utilize Management Information System (MIS) to prevent duplication of services.
5. Finalize EOA's Kupuna Care Manual.
6. Coordinate services through the Aging and Disability Resource Center.
7. Evaluate Kupuna Care with impact measures.

Of the 2019 Area Plan Kupuna Care program priorities, the following have been accomplished at the HCOA level:

1. Develop and implement KC Services through a consumer-directed model. (pilot project completed)
2. Research and define which services actually delay or prevent entry into nursing homes. (on-going)
3. Implement KC and other services through a fully functioning ADRC sites available to every community, using volunteerism. (on-going)
4. Utilize Management Information System (MIS) to prevent duplication of services. (on-going)
5. Coordinate services through the Aging and Disability Resource Center. (on-going)
6. Evaluate Kupuna Care with impact measures. (on-going)

Within the Systems Change Development framework, HCBS Inc. established additional focus areas required for the fully functional ADRC model, which include: standardization of ADRC Intake and

Assessment protocols, development of fully functioning ADRC's statewide, development of comprehensive set of State-specific standards for Options Counseling, accessibility to Medicaid Administrative Federal Financial Participation funds, bringing Case Management in-house, development of a Participant Direction option, providing Hospital Discharge Planning Systems Operations, building the Veteran's Administration Participant Directed Program, restructuring Service Contracts, centralization of the MIS system, and development of a statewide budget for ADRC implementation. **All of the components are incorporated into the 5 Year ADRC Plan, which were slated for completion by the end of 2015.** However, part of the current State plan incorporates some of the action items in the 5 year plan that were left uncompleted.

State Proposed Initiatives

Much of the proposed initiatives were embraced by Hawaii County's Office of Aging and ADRC. Hawaii County has moved towards the **consolidation of Hawaii County's data base into the statewide database.** Hawaii County is also implemented the standardized intake, in-home assessment, and support planning tools. These initiatives go hand-and-hand and will be a key outcome in the months to come.

To date, all four Hawaii Area Agencies on Aging have adapted standardized tools and protocols included in the Five Year Systems Change Plan, the Hawaii State Executive Office on Aging has implemented a consolidated statewide database. Current statewide initiatives spearheaded by the Governor's office include the expansion of the ADRC system to increase active collaboration with state agencies such as the Department of Human Services MedQuest and Vocational Rehabilitation Divisions; the Department of Health Executive Office on Aging, Adult Mental Health Division, Developmental Disabilities Division, Disability and Communication Access Board, Hawaii State Council on Developmental Disabilities, and the Language Access Advisory Council; the Hawaii Department of Defense Office of Veterans Services; and with community organizations and councils such as Centers for Independent Living.

The goal of this collaborative effort is to build upon the ADRC Systems Change to create a No Wrong Door (NWD) System in the state. The NWD Initiative will enhance existing ADRC processes to expand assistance to all populations and payers in accessing long term services and supports, thereby making it easier for people of all ages, disabilities, and income levels to learn about and obtain the help they need. A reasonable expected outcome of the NWD Initiative also includes the removal of silos and the increase of integrated efforts among various State and local agencies that serve these populations.

A promising accomplishment is HCOA's designation as a fully functioning ADRC. Based on EOA and SCD standards, HCOA has been identified as meeting or exceeding long and short term goals for implementation of this project. Several factors were taken into consideration in accomplishment of these goals including: existing service delivery structures, availability of resources, and feasibility of implementation within the given timeframe. Each AAA has varying degrees of Information and assistance (I & A), Case Management, and service contract structures. HCOA has a fully-operational in-house I & A, as well as a referral and options counseling service.

With regard to 5 year ADRC plan recommendation in bringing Case Management “in-house”, **HCOA is in the process of restructuring its’ Case Management system to best meet the needs of the community and align with EOA recommendations.** This system might include an in-house model, a vendor-pool arrangement, or a mixed model of both in-house and private contracts.

Our service model is 4-7 months with an average of 5-6 month of service provision, which we consider “short-term”. Providing service longer than 6-9 months would be construed more of a long-term program, which we can do if the caregivers need more time with our formal supports. This “stabilization-family empowerment” model helps to reduce our client wait-list for our case management service package. It is client-centered and based on "need" and we work caregivers to reduce the burden by helping to provide stabilization and a sense of normalcy. We encourage informal supports and private pay if possible, we refer caregivers to caregiver training, and empower clients and caregivers to do for themselves.

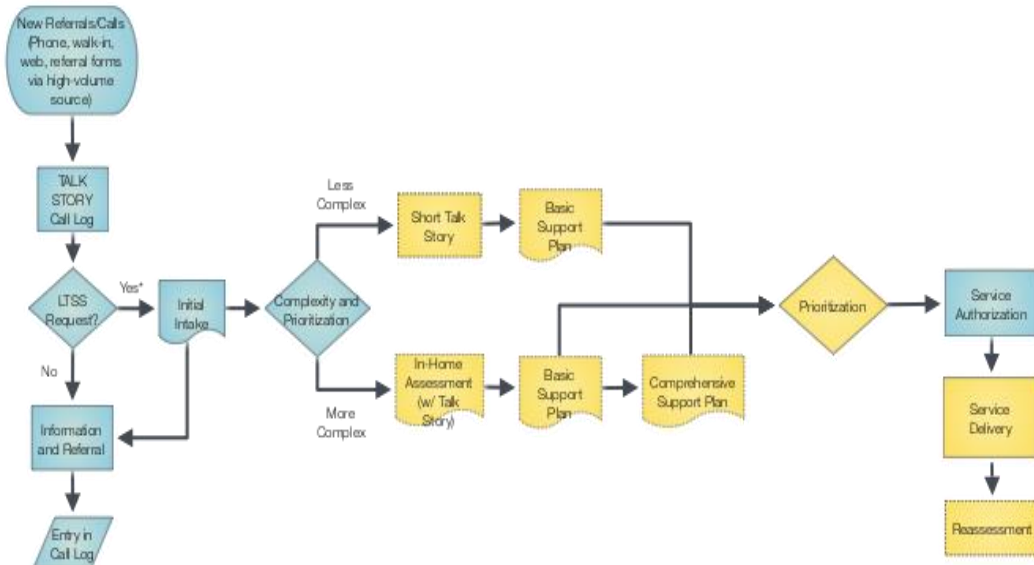
I&A/Outreach services are provided by HCOA and Coordinated Services for the Elderly, which is a County of Hawai’i agency with some OAA funding from HCOA. HCOA has also developed an ACCESS Model for service delivery. This model addresses initial entry into the Aging Network system, assessment of caregiver and/or consumer circumstances, and follows the client through to the efficient provision of services and/or supports (see figure 14- HCOA – ADRC operational flow below).

State Monitor Aaron Arakaki, ADRC Manager Jolene Yamada, Ka’u Advocate Aunty Jesse & Nic Los Banos at the Ka’u Community Conference



Figure 16--HCOA-ADRC Operational Flow

Proposed Model for Operating the ADRC in Hawai'i County



Legend

Conducted by HCOA	Conducted by Contracted Agency (SFS)	Conducted by Contracted Agency (SFS) in-person
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* Client with a LTSS requests will be checked for in DMO before initial intake if screened for possible Medicaid eligibility.



After review of current issues, trends, and needs in the community, HCOA has determined the following **short term and mid-range goals** and priorities for this planning period:

1. Increase awareness of Hawaii County's **"aging continuum of care"** and **preserve the intent of the Older American's Act** by connecting stakeholders at each point of the aging continuum utilizing programs and supports that will enhance healthy independent aging for all.
2. Continue to implement a **fully functional access to services** model through the ADRC information, referral, and options counseling system.
3. Strengthen HCOA **case management services** through restructuring its' business model and processes. Quality assurance measures including monitoring, providing technical assistance, outcome measure tracking, and an increased informal support network will assist in the transition period as HCOA embarks upon its' own systems change for Case Management service delivery.
4. Update previous **memorandums of agreements** with partnering agencies to better serve seniors at all points of the continuum of care.
5. Enhance the **design and function** of the Hawaii County **ADRC website** to include items such as an improved intake application, updated resource directory, video introduction of services and video provider interviews, on-line provider training, translation materials, and important documents and reports.

The Hawaii County Aging Network is committed to the need for more uniformity state-wide while ensuring that the delivery of services within the aging network remain constant.

HCOA Executive Kimo Alameda with Planners Debbie Wills, Clayton Honma, and Keola Kenoi-Okajima



State Older American Recognition with Gov. Ige



E. Targeting Services

E.1 The Next Four Years (2020, '21, '22, '23)

The Hawaii Revised Statutes Section 349-1 declares that older adults are entitled to secure equal opportunity to the full and free enjoyment of the following:

- ◆ an adequate income in retirement in accordance with the American standard of living;
- ◆ the best possible physical and mental health which science can make available, without regard to economic status;
- ◆ suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- ◆ full restorative services for those who require institutional care;
- ◆ opportunity for employment with no discriminatory personnel practices because of age;
- ◆ retirement in health, honor, and dignity;
- ◆ pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- ◆ efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- ◆ immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- ◆ freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

In support of the declaration mentioned above, it is the policy of the State and its counties to:

- ◆ make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- ◆ give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to the elderly with the greatest economic and social needs;
- ◆ provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community; and
- ◆ insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

With respect to targeting services to older individuals:

- ◆ with the greatest economic or social needs;
- ◆ who are from rural areas;
- ◆ who are low income minority;
- ◆ who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)
- ◆ at risk for institutional placement;
- ◆ with limited English proficiency;

The following methods for assuring service preference will apply:

I. Methods for Assuring Service Preference to Older Individuals with the Greatest Economic or Social Needs

A. Declaration of Compliance

With respect to older individuals with the greatest economic or social needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies

on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

B. Definitions

1. **Greatest Economic Need** means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. [OAA, Sec. 302(20)]
2. **Greatest Social Need** means the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently. [OAA, Sec. 302(21)] ("Greatest social need" has the same meaning as "socially disadvantaged.")
3. **Both Greatest Social Need and Low-Income** should be self-explanatory from the definitions provided above. This refers to older persons who are in both greatest social and greatest economic need. (This group of persons is commonly referred to as the most vulnerable.)

C. Methods for Assuring Service Preference

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals with the greatest economic or social needs, with special emphasis on meeting the service needs of the most vulnerable older adults. Such plans will also include proposed methods for implementing the preference requirements which are consistent with methods contained herein.
2. Each Area Agency on Aging will develop and publish methods by which priority of services is determined. Such methods will include factors and weights which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social needs and the most vulnerable older adults.
3. Area Agencies on Aging will divide their respective geographic area into distinct sub-areas considering among others the following: the distribution of older individuals having greatest economic need; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
4. Area Agencies on Aging, upon review and analysis of information described in item C.3 above, will determine which locations within the area will need service assistance under area plans due to high concentration or high proportion of older individuals with greatest economic or social need, and specialize in the types of services most needed by these preference groups.

5. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals in greatest economic or social need.
6. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.
7. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provision of such services.
8. Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of vulnerable older persons, such as Easter Seals, rehabilitation units, boarding homes, sheltered workshops, post office, police department, utilities, etc., toward gaining their assistance in identifying problems, and inform such agencies and organizations of the availability of service under area plans.
9. Area Agencies on Aging will use outreach efforts that will identify individuals eligible for assistance under area plans, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
10. Area Agencies on Aging will maintain, as reasonably feasible, elderly minority participation rates in Title III funded programs at or above the %age distribution of older minorities in their planning and service areas, as determined by the most reliable and satisfactory data available.

II. Method for Assuring Service Preference to Older Individuals from Rural Areas

A. Declaration of Compliance

With respect to older individuals residing in rural areas, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner so as to ensure that this target group will be served.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enables our older people to secure equal opportunity to the full and free enjoyment of the following, which apply to rural older adults:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
3. Efficient community services which provide social assistance in coordinated manner which are readily available when needed.
4. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.
5. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.

B. Definitions

Rural seniors are persons age 60+ residing in any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories

with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. For PSA IV, Hilo is the only census designated place that would qualify as urban.

C. Methods for Assuring Service Preferences

1. Each area plan submitted by the Area Agencies on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals living in rural areas.
2. Area Agencies on Aging will use outreach efforts (such as intake and referral, newsletters, community forums and public hearings) to identify individuals eligible for assistance as well as to inform the rural seniors of the availability of services.
3. Area Agencies on Aging will provide a variety of services for the rural area such as: comprehensive services, case management, information and referral, personal care, senior identification, and transportation.
4. Area Agencies will inform the isolated rural older adults about the services and programs available by using a variety of means available and feasible which may include brochures, newsletters, radio programs and/or television programs.
5. The Area Agencies will work with community council representatives in an effort to inform them of programs and services existing in the rural community.
6. Federal funds awarded to Area Agencies on Aging will take into consideration the numbers of older individuals residing in rural areas.



III. Method for Assuring Service Preference to Low-Income Minority Older Individuals

A. Declaration of Compliance

With respect to low-income minority older individuals service needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner as to ensure that this target group will be met.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following, which apply to low-income minority older individuals:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Ensure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

B. Definitions

1. **Low Income** means having an income at or below the federal poverty level. It is the same as “greatest economic need.”
2. **Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic.
3. **Low-Income Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

C. Methods for Assuring Service Preferences

1. The Area Agencies on Aging will provide assurance that preference will be given to providing services to low-income older individuals with special emphasis on meeting the service needs of the most vulnerable seniors. The Area Plan will include proposed methods for implementing the preference requirements which are consistent with methods contained herein.

2. The Area Agencies on Aging will include a condition in all contracts with its service providers that:
 - a. If there is a wait list, the provider will give preference to low-income and/or minority older adults.
 - b. Service providers will attempt to serve low-income minority elderly individuals in at least the same proportion as the population of low-income minority older individuals' bear to the population of older individuals of the area served by such providers.
3. The Area Agencies on Aging will develop and publish methods by which priority services are determined. Such methods will include factors which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social need and the most vulnerable seniors.
4. The Area Agencies on Aging will divide the County into distinct sub-areas considering, among others, the following: the distribution of low income; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
5. The Area Agencies on Aging, upon review and analysis of information described in item 4 above, will determine which locations within the area will need service assistance under its Area Plan due to high concentration or high proportion of low-income minority older individuals, and specialize in the type of services most needed by this group.
6. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older low-income individuals in need of community or home-based support services.
7. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
8. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of low-income minorities older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
9. The Area Agencies on Aging will use information and referral, and outreach efforts will identify individuals eligible for assistance under its Area Plan, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
10. The Area Agencies on Aging will encourage service providers to make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly. Lastly, the Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.
11. The Area Agencies on Aging will maintain, as reasonably feasible, low-income minority older adult participation rates in Title III funded programs at or above the percentage distribution of elderly minorities in the State as determined by the most reliable and satisfactory data available.
12. The Area Agencies on Aging will give preference to the promotion and publicity of programs and services with a high indication for the low-income and/or the

- minority seniors.
13. The Area Agencies on Aging will continue to advocate for expansion and implementation of services with a high indication for the low-income and/or minority seniors.
 14. The Area Agencies on Aging will encourage service clubs and private enterprises to conduct service projects and/or funding to the low-income, minority, or frail older individual whenever the opportunity arises.
 15. The Area Agencies on Aging will encourage service providers to plan ethnic activities as a means of attracting minority elderly to participate or utilize the services and programs in the County.

IV. Method for Assuring Activities to Increase Access to Title III Services by Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)

A. Declaration of Compliance

With respect to Native Older Americans, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended in 2006, in such a manner so as to ensure that this group will be served.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following which apply to older individuals of native ancestry:

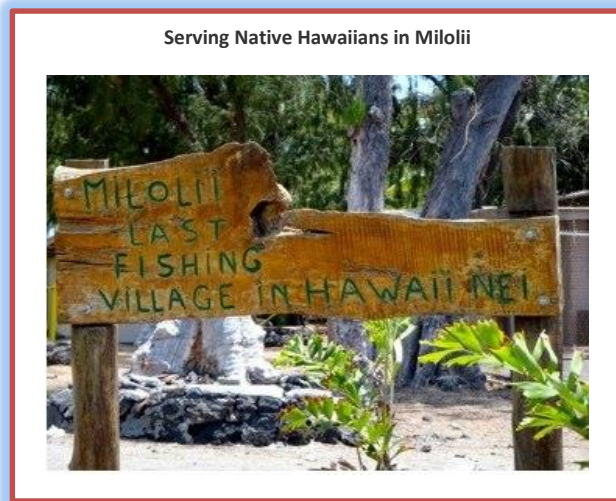
1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

B. Definitions

Native Americans - Title VI of the Older Americans Act, as amended in 2006, Grants for Native Americans Sec. 601 states: It is the purpose of this title to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III.

C. Methods for Assuring Service Preferences

1. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older Native American individuals in need of community or home-based support services.
2. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older Native American individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.



V. **Methods for Assuring Service Preference to Older Individuals at Risk for Institutional Placement**

A. **Declaration of Compliance**

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

B. **Definition**

At risk for Institutional Placement means, with respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. [OAA, Sec. 101(45)]

C. **Methods for Assuring Service Preference**

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals at risk for institutional placement, with special emphasis on meeting the service needs of the most vulnerable older adults.
2. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals at risk for institutional placement.
3. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.



VI. Methods for Assuring Service Preference to Older Individuals with Limited English Proficiency

A. Declaration of Compliance

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

B. Definition

Limited English Proficiency – individuals who do not speak English as their primary language and/or have a limited ability to read, write, speak, or understand English [Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency].

C. Methods for Assuring Service Preferences

1. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older individuals with limited English proficiency in need of community or home-based support services.
2. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will continue working relationships with other public and private agencies and organizations working on behalf of limited English proficient older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
4. The Area Agencies on Aging will use information and referral, and outreach efforts to identify limited English proficient older individuals.
5. The Area Agencies on Aging will encourage service providers to make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly.
6. The Area Agencies on Aging will utilize tools and resources, as needed and allowed by fiscal resources, offered through the Federal Interagency Working Group on Limited English Proficiency, comprised of representatives from over 35 federal

agencies. This group created the Web site LEP.gov, which supports implementation of Executive Order 13166 (defined above), Title VI and Title VI regulations regarding language access. It is a clearinghouse, providing and linking to information, tools and technical assistance regarding Limited English Proficiency and language services for federal agencies, recipients of federal funds, users of federal programs and federally assisted programs, and other stakeholders.

7. The Area Agencies on Aging will utilize resources, as needed and allowed by fiscal resources, training, technical assistance, translation and interpretation services by organizations such as the Hawaii Interpreters and Translators Association, the National Council on Interpreting in Health Care, the Society of Medical Interpreters, Diversity RX, and the Cross Cultural Health Care Program.
8. The Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.



E.2 Targeting Services – The Previous Year, 2018

Table 3. Previous Year’s Targeting Outputs (FY 2018: Oct. 2017-Sept. 2018)

*The "Greatest Social Need" and "Limited English Proficient" data fields were taken out this planning cycle because the calculations were too inconsistent to draw meaningful conclusions.

Program & Services	Total Fund Budgeted	FY 18 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Limited English Proficient	At Risk for Institutionalization	Native American	Resource Allocation
Access			Number of Persons Served							
Transportation	\$261,993	\$282,541	378	321	231	980	154	174	230	NB
I & A	\$0	\$0	**	**	**	**	**	**	**	
Outreach	\$33,592	\$36,456	560	324	304	1,241	50	297	69	NB
Case Mgmt	\$320,000	\$507,216	58	132	37	273	55	297	69	A
Asst Transp	\$42,000	\$130,392	14	24	10	58	9	52	16	A, NE
In-Home			Number of Persons Served							
Personal Care		\$414,444	26	71	19	137	19	182	43	A
Homemaker		\$231,962	21	58	11	128	19	133	35	A
Chore		\$20,962	6	7	2	20	3	25	5	A
Home Del. Meals	\$294,000	\$441,696	108	141	63	321	83	277	100	A, NC-2
Legal	\$93,660	\$133,932	**	**	**	**	**	**	**	NB, A
Community Based Services			Number of Persons Served							
Adult Day Care		\$147,326	8	19	3	32	6	40	8	A
Caregiver Support		\$162,155	8	4	6	67	2	3	31	NE
Cong. Meals	\$304,000	\$301,896	275	236	172	825	160	79	199	NC-1
Title III & KC Funding Total	\$1,307,245	\$2,810,978								

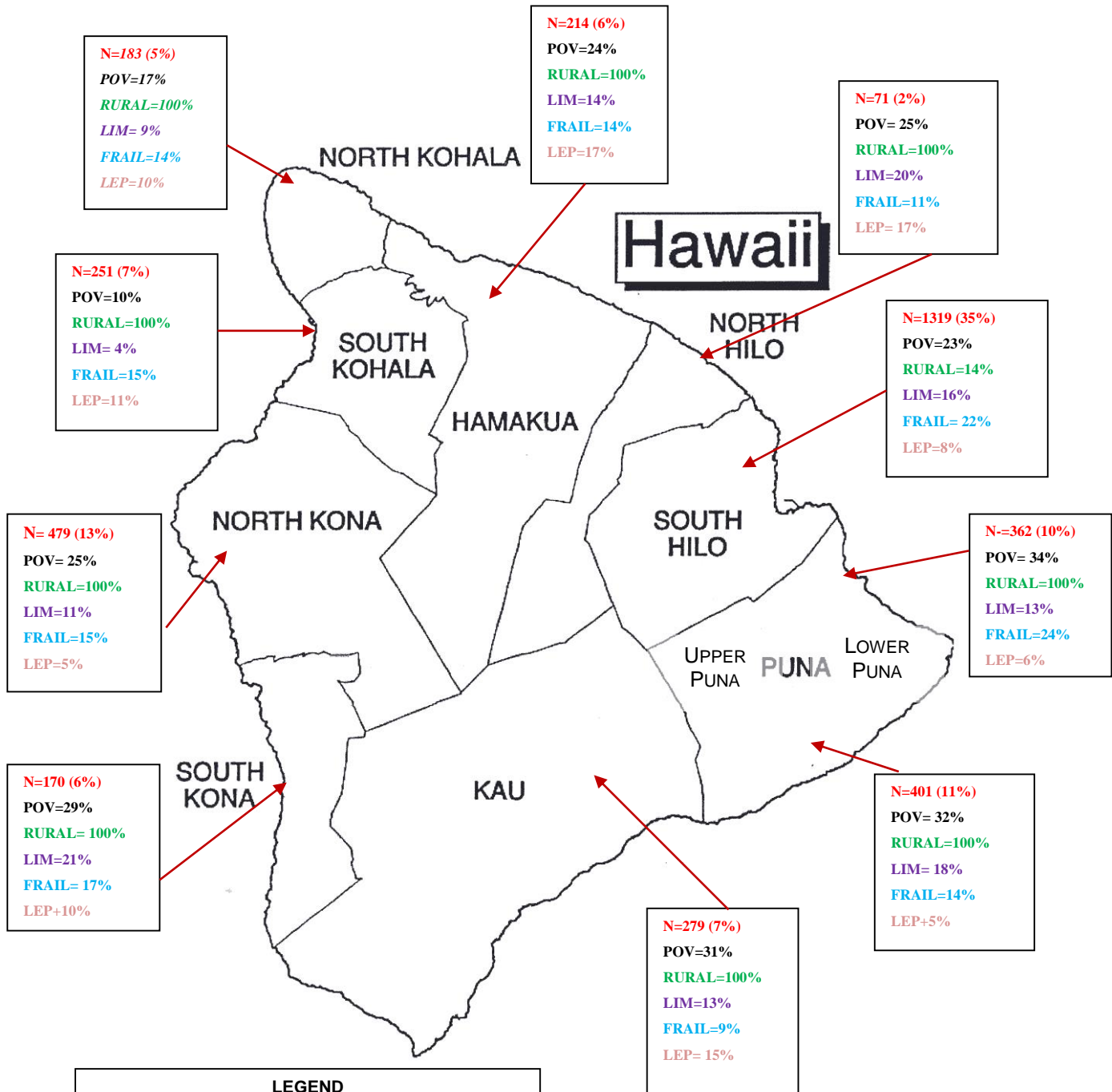
** No data to support field.

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- A = State General Funds (General Funds)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
- O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
- XS = County In-kind
- XO = Other In-kind

Figure 15. Hawai'i County Targeting Performance Indicators

County of Hawaii
Population Distribution by District FY18
 WellSky database run 1/17/19

Total Older Individuals Served (Unduplicated) – 3779



LEGEND
 N- Older individuals served = 3779
 POV- Poverty= 25%*
 RURAL- Rural Residence = 69%*
 LIM- Low income minority = 21%*
 FRAIL- Unable to perform 2 ADLs or more= 17%*
 LEP- Limited English Proficiency = 10%*
 *(25%) - Targeting Performance for Indicator

Prepared by
 Hawaii County Office of Aging

F. Waivers

Note: Not Applicable but shown here as a reference.

F.1 Waiver to Provide Direct Service

The State of Hawai'i Executive Office on Aging will be issuing a statement that will allow all AAA's in Hawai'i to provide direct services without requiring Waivers to Provide Service.

(Area Agency)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning _____ through _____

Service

Title III Reference

Funding Source

Title III

State

County

Other

Total

Justification

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

F.2 Waiver of Priority Categories of Services

(Area Agency)

JUSTIFICATION FOR WAIVER PRIORITY CATEGORIES OF SERVICES For the duration of the Area Plan (2015-2019)

The Area Agency on Aging is required to spend at least 40 % of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 % of its Title III-B annual allocation for the remaining priority categories of services.

Priority Service

Check Category Affected

Access (Transportation, Outreach, and Information and Assistance, and Case Management Services)

In Home Services (including supportive Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).

Legal Assistance

Justification

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PART III Goals and Objectives

HCOA 2019 -2023 Goals, Objectives, and Strategies

A. Summary of Goals & Objectives

The State Executive Office on Aging (EOA) and the Area Agencies on Aging (AAA) are pursuing the following statewide goals for the planning period **2019-2023**:



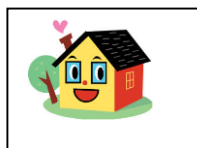
Goal 1. Age Well: Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.



Goal 2. Forge Partnerships: Forge partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.





Goal 3. Enhance the ADRC: Strengthen the statewide ADRC system for persons with disabilities, older adults, and their families.



Goal 4. Live at Home with Dignity: Enable older adults to live in their communities through the availability of and access to high quality long term services and supports (LTSS), including supports for their families and caregivers.



Goal 5. Keep Kupuna Safe: Optimize the health, safety, and independence of Hawai'i's older adults.

Goal	Objective
<p><u>Goal 1. Age Well:</u> <i>Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.</i></p> 	<ul style="list-style-type: none"> • 1.1: <u>Support Elderly Activities Division</u> in their efforts to maintain, develop, and/or enhance programs that keep seniors active and socially engaged. • 1.2: Explore innovative strategies to <u>maintain senior participation in congregate meal sites.</u> • 1.3: Ensure that the <u>Better Choices, Better Health Programs are available</u> to older adults throughout Hawaii County, which includes training of Lay Leaders.
<p><u>Goal 2. Forge Partnerships:</u> <i>Forge partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.</i></p> 	<ul style="list-style-type: none"> • 2.1: <u>Establish and update MOU's</u> with government, health care, social services, financial institutions, and faith-based organizations, Hawaiian organizations such as Hui Malama, and the Alzheimer's Association just to name a few. • 2.2: Provide training to staff, agency partners, and community volunteers <u>serving older adults on Alzheimer's disease and related dementias</u> and the tools available to use to screen individuals for possible dementia. • 2.3: Partner with private and public agencies to <u>organize educational opportunities for grandparents raising grandchildren.</u>

Goal 3. Strengthen the ADRC:

Strengthen the statewide ADRC system for persons with disabilities, older adults, and their families.




- 3.1: Maintain ADRC Federal and State Compliance.
- 3.2: Provide relevant person-centered information, assistance, referrals, and options counseling to consumers requesting services through the ADRC.
- 3.3: Ensure that each year of the planning period that the resource directory will be updated and available on the HCOA website/ADRC.
- 3.4: Use marketing strategies to promote community awareness of the ADRC.
- 3.5: Strengthen the disability placard program.

Goal 4. Live at Home with Dignity:

Enable older adults to live in their communities through the availability of and access to high quality Long Term Services and Supports (LTSS), including supports for their families and caregivers.



- 4.1: Provide effective home-based services via case management.
- 4.2: Provide active support for family caregivers through training, annual conferences, respite, counseling, and informational materials.

<p><u>Goal 5. Keep Kupuna Safe:</u> <i>Optimize the health, safety, and independence of Hawai'i's older adults.</i></p> 	<ul style="list-style-type: none"> • 5.1: <u>Partner with civil defense</u> to ensure annual updates of a county-wide emergency disaster plan and protocol for older adults and people with disabilities. • 5.2: Work with partnering agencies to <u>promote awareness and address elder neglect, abuse, and fraud protection.</u> • 5.3: <u>Enhance legal assistance services for kupuna.</u>
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B. Goals and Objectives

In accordance with the goals developed by EOA for the State of Hawai'i, HCOA's research and focus groups, and feedback from the public hearings, HCOA developed the following objectives for program development and service delivery for this planning period. Following each **objective**, there is a **rationale, baseline, outcomes, major action steps, and proposed evaluation measures.**



Goal 1 -- Age Well:
Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.

Keep Seniors Active

Objective 1.1: Support Elderly Activities Division in their efforts to maintain, develop, and/or enhance programs that keep seniors active and socially engaged.

Rationale 1.1: Keeping seniors active and healthy is the cornerstone of the Hawaii County Aging Network for a number of reasons. First, active seniors spend less time in the hospital which helps to limit the rising costs of healthcare. Second, active seniors give back to the community through volunteerism which translates to huge cost savings in salary and wages. Lastly, a large percentage of active seniors are caregivers who provide care to loved-ones that would otherwise be dependent on private or state funded services.

Baseline 1.1:
HCOA supports EAD through contractual arrangements for services such as STEP, nutrition, and transportation services.

Outcomes 1.1:

1. 80% of seniors who participate in HCOA county contracted programs will have favorable opinions regarding their experiences.
2. Participation in EAD programs will be sustained over time and possibly increase in this planning cycle despite fluctuations in funding.

Major Action Steps 1.1:

1. Work closely with Elderly Activities Division (EAD) by monitoring the various contracts and supporting their mission to keep seniors active and engaged.
2. Partner on county-wide initiatives that promote active health and disease prevention.
3. Advocate for continual county, state, and federal funding that support the activities and programs that keep seniors active and healthy.
4. Increase cross-training opportunities that address active and frail senior issues.

Effectiveness Measures 1.1:

1. Participant surveys assessing satisfaction.
2. Annual monitoring results

Enhance Nutrition Program



Objective 1.2: Explore innovative strategies to maintain senior participation in the congregate meal sites.

Rationale 1.2:

Participation in the OAA Nutrition Congregate Meal program offers opportunities for seniors to engage in their community, connect socially, participate in fun activities, go shopping, and go on excursions. Congregate dining programs also provide educational activities pertaining to food nutritional values, health, chronic disease management, fall prevention, the benefits of exercise, among others. The national trend of declining congregate participation can be attributed to the aging of the current participants from the traditionalist or silent generation transitioning to Home Delivered meals or other LTC options. Addressing the needs and wants of the Baby Boomer generation presents a challenge to nutrition program providers. This generation is generally more health-conscious, well-educated, higher income, and have varied interests from previous congregate site participant cohorts of the Big Island. They tend to prefer café environments with varied meal options and other Multi-purpose Senior Center activities and services including exercise, computer labs, child care for grandchildren, for example. HCOA’s objective is to assist the Hawaii County Nutrition Program in looking at innovative ways to increase and/or sustain participation at the congregate meal sites.

Baseline 1.2:

In 2018, there were 1012 congregate meal participants.

Outcomes 1.2:

1. Participation will be sustained at 1000 individuals or increased.
2. Number of congregate meals will be sustained at 50,000 or increased.
3. Over 70 percent of participants will report being satisfied with the menu.
4. Over 70 percent of participants will report being satisfied with the program.

Major Action Steps 1.2:

1. Collaborate with the Hawaii County Nutrition Program, Elderly Activities Division (EAD), and other partnering agencies to plan for the enhancement of nutrition sites through providing healthier meals, offering meaningful activities, and expanding marketing strategies.
2. Research alternate models, conduct cost benefit analysis, and make viable recommendations.
3. Work with EAD to consider enhancing potential or current sites with additional services such as medication management, health status monitoring, intergenerational activities, chronic disease self-management, and enhanced fitness, among others.

Effectiveness Measures:

1. # of participants will be maintained or increased.
2. # of meal sites will be maintained or expanded.
3. % of participants satisfied with the congregate meal menu served.
4. % of participants satisfied with the congregate meal program and activities.

Sustain Healthy Aging Program



Objective 1.3: As funding permits, ensure that the Better Choices, Better Health Program are available to older adults throughout Hawaii County, which includes training of Lay Leaders as needed to provide services.

Rationale 1.3:

Nutrition awareness is key to sustained health for all seniors. This Stanford Patient Education Research Center is now Self-Management resource Center SMRC an Evidenced Based Program that aims to provide participants with information, motivation, inspiration, and group bonding experiences that help them make better lifestyle choices around nutrition and exercise to enhance self-efficacy.

Baseline 1.3: In 2018, there was a total of **73 enrolled and 52 participants completed classes** and a total of **10 Lay Leaders**.

Outcomes 1.3:

1. By 2023, HCOA will have trained at least **60 participants** and 70% (7 out of 10) of these participants will be surveyed with results showing an improvement or maintenance of their physical health status 6 months and 12 months after the end of each workshop.
2. Maintain Lay Leaders to a minimum of 6 on up to 12 in 2023.
3. Comparison of pre-post data will show a decrease number of visits to physicians' offices and the emergency room.
4. At 6-month follow-up, participants will report exercising more and having fewer negative health symptoms.

****Note: Funding streams are questionable and unstable at this time and adjustments to goals may need to be made.***

Major Action Steps 1.3:

1. Conduct a minimum of 6 workshops per year.
2. Identify and secure potential sites to conduct workshops and new areas in the community where workshops have not been offered.
3. Schedule workshops and coordinate training for trainers and lay leaders.
4. Evaluate each workshop with an "outside" evaluator or Master Trainer.
5. Maintain "Better Choices, Better Health" license.
6. Conduct one Lay Leader training each year as needed to maintain a pool at minimum of 5- 6 Lay Leader participants.
7. Increase visibility and outreach of program through the development and implementation of an expanded public relations effort.
8. Increase outreach efforts to Native Hawaiians.

Effectiveness Measures:

1. 4 of workshops and 20 of graduates each year.
2. 70% of participants showing improvement in managing their health.
3. Better Choices, Better Health –Ke Ola Pono Outcome Data



Goal 2 – Forge Partnerships

Forge partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.

Update Memorandum's of Agreements (MOUs)



Objective 2.1: Establish and update MOU's with government, health care, social services, financial institutions, faith-based organizations, Hawaiian organizations such as Hui Malama, and the Alzheimer's Association just to name a few.

Rationale 2.1:

Services and supports for kupuna would not be possible without collaboration with partnering agencies within the aging network. In order to sustain these services, partnerships and on-going cross-agency information sharing are critical.

Baseline 2.1:

In 2018 HCOA had MOU's with 15 partnering agencies.

The ADRC has provided over 12 presentations and in-service training to partner organizations.

Outcomes 2.1:

1. The **ADRC and/or the Aging Network** will utilize the ADRC training room to conduct at least **two** in-service presentations **each month**.
2. The ADRC will revise and execute MOU's with key partner agencies.

Major Action Steps 2.1:

1. Identify appropriate partners, government agencies, including public and private entities.
2. Draft and execute Memoranda of Understanding.
3. Revise and implement ADRC resource inclusion/exclusion policies.
4. Establish and solidify working relations with partners.
5. Annual meeting to evaluate effectiveness of partnerships.

Effectiveness Measures:

1. Number of ADRC presentations conducted per year.
2. # of partners completing MOUs.
3. % of partners satisfied with the coordination (partnership) efforts of HCOA.

Alzheimer's disease and related Dementias



Objective 2.2

Provide training to staff, agency partners, and community volunteers serving older adults on Alzheimer's disease and related dementias and the tools available to use to screen individuals for possible dementia.

Rationale 2.2:

In 2014, in Hawaii, there are approximately 25,000 individuals 65 and over who are diagnosed with Alzheimer's disease. This is a conservative estimate, because there are likely more who are undiagnosed or who develop dementia before age 65, or those with memory loss who have not been diagnosed. The single greatest risk factor in developing Alzheimer's disease and Related Dementias (ADRD) is age, and as the baby boomers reach 65, dementia cases will rise. Over 5.2 million people nationwide have ADRD.

Baseline 2.2:

Two ADRC staff participated in basic training on Alzheimer's disease and related dementias, as well as screening tools available for use in identifying potential dementia.

Outcomes 2.2:

1. Staff and volunteers serving older adults gain knowledge on how to work with individuals with dementia, and their caregivers and families.
2. The East and West Hawaii ADRC becomes a dementia capable center.
3. People with dementia and/or their families will report satisfaction with East and West Hawaii's ADRC as dementia friendly and capable.

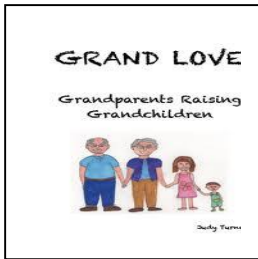
Major Action Steps 2.2:

1. Provide either dementia-capable training or provide critical dementia concepts to ADRC staff during weekly staff meetings as needed.
2. Offer dementia-capable training or critical information to ADRC partners.
3. Establish the ADRC staff and programs as a "dementia capable" environment.

Effectiveness Measures:

1. # of staff trained or informed about dementia and how to recognize signs while providing good customer service.
2. Trained participants report feeling more empowered to work with individuals with dementia.
3. EOA contracted assessment of a dementia-capable worksite.

Grandparents Raising Grandchildren



Objective 2.3: Partner with private and public agencies to promote summer and school break respite camps and organize educational opportunities for grandparents raising grandchildren.

Rationale 2.3:

There are a number of grandparents raising grandchildren and it can be quite a burden caring for a child fulltime. The stress that comes with providing caregiving for a child is very high and grandparents need help. Thus, collaborating with Department of Human Services, Parks and Recreation, Recreation and Aquatics Division and private entities like Liliuokalani Trust (LT), the former Queen Liliuokalani Children's Center (QLCC), will be key implementing an educational event for grandparents raising grandchildren.

Baseline 2.3: Grandparents raising grandchildren is a new initiative for the 2023 area plan.

Outcomes 2.3:

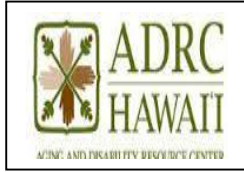
1. At least 10 participants each year will register for this service.
2. Over 90% of participants will report satisfaction with this service.
3. As a result of the summer or school break respite, at least 80% of grandparents will report that they are satisfied with this service.

Major Action Steps 2.3:

1. Establish partnerships with grandparent raising grandchildren agencies like DHS and the County of Hawai'i Parks and Recreation Division.
2. Work on selecting more sites to offer this respite program.

Effectiveness Measures:

1. # of participants.
2. % of participants satisfied with respite program.



Goal 3: Enhance the ADRC

Strengthen the statewide ADRC system for persons with disabilities, older adults, and their families.

ADRC Compliance



Objective 3.1: Maintain ADRC State and Federal Compliance.

Rationale 3:1:

The Hawaii County Aging Network also includes State partners, particularly the Hawaii Department of Health's State Executive Office on Aging. Over 70% of the funding for kupuna services on Hawaii Island gets channeled through the State office and it's imperative that working relations remain respectful and collaborative. HCOA's ADRC has already received **fully-functioning** status from the State and much of the compliance issues for this area plan will focus on data and process compliance.

Baseline 3:1:

Currently, I&A contacts are being tracked on paper on the ADRC/HCOA Contact Tracking Log. For consumer/service related calls, ADRC Contact Request Form is used (green sheet). These green sheets are being entered as "activities for referral" to the contracted case management agency. For a single service or less complex requests like Home Delivered Meals, Transportation, and Legal Services, referrals are passed along to the appropriate department outside the system. All clients and caregivers who receive a service has a core record that is derived from the HCOA registration form.

Outcomes 3:1:

1. HCOA operates a seamless, high quality long-term supports and services system.
2. HCOA is able to track milestone dates (i.e., assessment date, service plan date, authorization date, first service date, discharge date, and follow-up date).

Major Action Steps 3.1

1. Continue to use the statewide standardized tools for intake, eligibility screening, assessment, support planning, and service authorization.
2. Maintain agency participation in the Statewide Consolidated Database.
3. Implement inclusion of service providers in the Statewide Database.
4. Continue to educate local and state elected officials regarding the need for ADRC funding.
5. Consider bringing case management "in-house" to help with data and process efficiency.

Effective Measures:

1. ADRC intake and assessment tools are consistently used across operations.
2. HCOA and the State is on the same-page in regards to data entering and the referral processes

Person-Centered Services



Objective 3.2: Provide relevant person-centered information, assistance, referrals, and options counseling to consumers requesting services through the ADRC.

Rationale 3.2:

The person-centered approach was first introduced by psychotherapist Carl Rogers in the late 1950s and then re-introduced as a key customer service philosophy that empowers clients to direct their own care and services. It is crucial that HCOA adopts this model of service delivery.

Baseline 3.2: ADRC has some staff trained on the general person-centered approach (AHA-Aloha, Help, A Hui Hou model of customer service) and two staff trained in person-centered options-counseling. Person-centered counseling is currently provided through EOA.

Outcomes 3.2:

1. All ADS staff and I&A staff shall attain AIRS certification.
2. All ADRC will be trained in providing person-centered, information & referral/assistance, and options counseling.
3. HCOA providers will declare in their contracts that they provide person-centered services.

Major Action Steps 3.2:

1. ADRC Staff and Case Management will utilize effective options counseling to develop person-centered support plans that meet individual and caregiver needs.
2. HCOA will adopt a general person-centered customer service approach (i.e., AHA-Aloha Training) that will guide interaction with walk-ins, call-ins, and individuals representing partnering agencies.
3. Conduct training and certification for AIRS (Alliance of Information and Referral Systems) for ADS and I&A staff.
6. At least 90% of persons receiving services from HCOA will report satisfaction.

Effectiveness Measures:

1. % of ADS and I&A staff with AIRS certification.
2. % of customers satisfied with the information, assistance, and supports given to them by HCOA's ADRC.

Information and Resources



Objective 3.3: Ensure that each year of the planning period that the resource directory will be updated and available on the HCOA/ADRC website.

Rationale 3.3:

Information is power. Majority of the walk-ins and calls to HCOA/ADRC are individuals seeking information regarding supports and services for seniors, people with disabilities, or caregivers. HCOA has a newsletter, TV show, resource library, and a web-based system that serve as pathways to information and assistance.

Baseline 3.3:

ADRC Resource Database management is guided by statewide ADRC “Inclusion and Exclusion” policies that help ADRCs ensure the resources listed in online databases are legitimate and applicable for its target populations.

Outcomes 3.3:

1. The procedure for soliciting, vetting, and publishing ADRC resources on the ADRC website will be updated and enacted.
2. Resources registered in the ADRC resource directory will be updated annually.
3. The ADRC will explore ways to enhance its online presence on the ADRC/County website and through social media.
4. The ADRC website intake will be updated for more collection of more pertinent online referrals.
5. HCOA brochures and other printed material will be kept updated.

Major Action Steps 3.3:

1. **ADRC or County website** to include items such as an improved intake application, updated resource directory, brochures, translation materials, and important documents and reports.

Effectiveness Measures:

1. Implementation of ADRC Resource Directory.
2. # of resources available on the ADRC/County website and the ADRC resource library.
3. Consumers are comfortable utilizing the ADRC/County website.

ADRC Marketing



Objective 3.4: Use marketing strategies to promote community awareness of the ADRC.

Rationale 3.4:

Older adults have always been the target population since HCOA first opened its doors in 1966. However, in 2006 HCOA aligned itself with the State Executive Office on Aging initiative to also serve people with disabilities regardless of age. Although the service is limited to information, assistance, referral, and options counseling, the ADRC still provides the “one-stop-shop” for clients and caregivers needing long-term services and supports. This is why a strong marketing approach to inform the community of the ADRC is critical.

Baseline 3.4: 2018 call-in and walk-in data shows marketing efforts informing **863** individuals island-wide about the services provide.

Outcomes 3.4:

1. The community will see the ADRC as a visible entity where they can obtain trusted information about long-term care issues.
2. Community members will demonstrate increased usage of the online ADRC portal as a means of acquiring relevant information and assistance.

Major Action Steps 3.4

1. Update ADRC marketing materials.
2. Develop procedures for scheduling and tracking outreach activities.
3. Conduct outreach activities with different geographic areas and segments of the population.
4. Utilize the HCOA newsletter to inform as many seniors as possible about ADRC related events.

Effectiveness Measures:

1. Development of ADRC outreach procedures.
2. Update of ADRC marketing materials.
3. Number of ADRC presentations conducted in the community.
4. # of ADRC contacts per month.

Disability Parking Placards



Objective 3.5: Strengthen the disability parking placard program.

Rationale 3.5:

HCOA recognizes the disability parking placard program as a vehicle for marketing the services and supports provided by the ADRC. It is not uncommon for people with disabilities to come to the Office of Aging seeking a placard and leave with brochures and other resources regarding services and supports for older adults and people with disabilities. This is why it is important that HCOA continues to strengthen the placard program by utilizing a person-centered approach to customer service.

Baseline 3.5: In 2017, East Hawaii ADRC processed on average of 7 placards per day, while West Hawaii ADRC processed an average of 4 placards per day.

Outcomes 3.5:

1. The community will know that disability placards are processed at the East and West Hawaii ADRC.
2. Disability parking placard applicants will be offered information on additional supports and services that may be available to them.
3. Placard applicants will report being satisfied with the service they received.

Major Action Steps 3.5:

1. Update HCOA and ADRC brochures to include information about the placard program.
2. Update the ADRC website with information on how to apply for a disability placard.
3. All staff who issue disability parking placards to become **Certified Information & Referral Specialists for Aging/Disability from the Alliance of Information & Referral Systems** to insure applicants are receiving person-centered and appropriate information and referrals.
4. Include information about the placard program in ADRC presentations to the public.
5. Develop an optional survey for placard recipients to complete to measure customer satisfaction and person-centered information and referral

Effectiveness Measures:

1. # of placards per month per ADRC location.
2. Level of customer satisfaction after receiving their disability placard.



- **Goal 4: Enable older adults to live in their communities through the availability of and access to high-quality long-term services and supports (LTSS), including supports for their families and caregivers.**

Case Management



Objective 4.1: Provide effective home and community-based services via case management.

Rationale 4.1:

Case management, using needs based and person-centered strategies, is a key component in providing home and community-based services for eligible seniors who are frail and dependent.

Baseline 4.1:

In 2018, HCOA served 449 clients, and in a study of kupuna receiving these services, over 75% were able to stay in their home while being served by the program.

Outcomes 4.1:

1. HCOA operates a seamless, high quality long-term supports and services system.
2. Participant data is readily available through a HIPPA-compliant statewide database.
3. Participants served through HCOA's ADRC receive person-centered assistance and options counseling.
4. Participants receive a home **assessment within 35 days** of their initial request for support.
5. While adhering to a need based person-centered model of care, case management staff will work to transition participants into informal supports, private pay, or public funded systems within a safe and reasonable period of time to minimize wait-time for other eligible participants awaiting services (if applicable).
6. Case management shall adhere to general and program specific provision and assurances.
7. At least 70% of participants will remain in their homes after transition from HCOA's services. Participants receive satisfaction surveys as a kupuna care recipient and upon discharge to meet HCOA/ADRC quality assurance standards

Major Action Steps 4.1

1. Ensure case management services are being appropriately authorized, monitored, and that service issues are being resolved.

2. Periodically revisit the case management model of services while taking into account outcome measures, such as a) time from initial inquiry to a home visit; b) length of service before transitioning to private pay or informal supports; c) eligibility criteria; etc.
3. Ensure that case management staff develop person-centered and need based support plans that meet the needs of both clients and their caregivers.
4. Ensure case management provides a smooth transition for both clients and their caregivers as part of discharge planning. Services (long-term care placement, Medicaid, private pay) must be in place prior to discharge.
5. Ensure that staff utilize person-centered support plans that meet the client and their caregivers needs.
6. Access and monitor the quality and quantity of services provided by HCOA's vendor pool, which include services such assisted transportation, caregiver services, heavy chore, homemaker, and personal care.

Effectiveness Measures:

1. # of unduplicated (non-PHN) clients served.
2. # of months clients remain in the program before being transitioned.
3. # of days before an assessment is conducted after initial request for services.
4. 90% of clients and caregivers report being satisfied with services they received.

Caregiver Support



Objective 4.2: Provide active support for family caregivers through training, annual conferences, respite, counseling, and informational materials.

Rationale 4.2:

Unique challenges lay ahead for the Baby boomers, who are also the sandwich generation: caring for parents as well as their own children and at times grandchildren. Caregivers of all ages are the backbone of the service delivery system. Caregivers needs support in various forms (conferences, educational workshops, caregiver training, and respite) in order to continue providing the care needed to keep frail seniors at home.

Baseline 4.2:

2018 data shows the following:

- a. East Hawaii and West Hawaii Caregiver Conference Participants - Total Caregivers=**220**;
- b. Counseling and Training Services: HCOA will again contract for approximately **100 hours** of counseling, peer support groups, and training to help caregiver's better cope with the stresses of caregiving.
- c. Respite Care Services: HCOA contracted for the services of **72 caregivers with 7,676 hours of temporary relief** – at home, or in an adult day care or institutional setting – from their caregiving responsibilities.

Outcomes 4.2:

1. Caregiver stress and burnout are reduced.
 - a. Out of a random sample of caregivers, 70% will report their burden level the same or reduced.
2. Caregivers are informed of what resources are available and feel supported by the services provided by HCOA.
3. Caregivers remain active, healthy, and optimistic.

Major Action Steps 4.2:

1. Caregivers will be welcomed at every access point of the continuum of care.
2. Identify and recruit partner agencies to strengthen current relationships with stakeholders that support Caregivers in our community.
3. Address the unique challenges of today's caregivers. Baby boomers are also sandwich generation who care for parents and children/grandchildren. Needs vary dependent upon who needs what type of care.
 - Physical Needs: training for working with recipient at ADRC (or partner agencies).
 - Emotional Needs, Counseling and peer supports, Caregiver support groups.
 - Medical, explore invite educate on varied plans for caregiver population.
 - Finances, explore incentives
 - Education- Respite, advocacy and counseling.
4. Develop a caregiver plan.
5. Continue to monitor current Caregiver contracts on a monthly basis. Review program activities and fiscal records. Explore respite program for Grandparents caring for grandchildren.

Effectiveness Measures:

1. Total # of caregivers receiving services in the system.
2. # of caregivers participating in the annual caregiver conference.
3. # of caregivers receiving counseling and individual training.
4. # of caregivers receiving respite care services.
5. % of caregivers who report maintaining burden level or reduced their burden because of the services provided.



Goal 5: Optimize the health, safety, and independence of Hawaii's older adults.

Seniors and Disaster Preparedness



Objective 5.1: Partner with civil defense to ensure annual updates of a county-wide emergency disaster plan and protocol for older adults and people with disabilities.

Rationale 5.1:

A record-breaking hurricanes and the 2018 volcanic eruption calls for disaster preparedness for frail seniors and people with disabilities.

Baseline 5.1:

HCOA and Hawaii County Civil Defense meet periodically but not on a regularly scheduled basis, and there are some printed material but it needs to be reviewed and updated.

Outcomes 5.1:

1. HCOA and Civil Defense will meet at least 3 times a year to discuss concerns, issues, and potential solutions concerning disaster preparedness.
2. Older adults and people with disabilities will be better informed of disaster preparedness protocols and procedures, and how to be safe in the event of a natural or man-made disaster.

Major Action Steps 5.1

1. Establish a working alliance with the Hawaii County Civil Defense.
2. Meet quarterly or as needed to review inter-agency disaster preparedness protocols and procedures.
3. Ensure that all currently served clients have updated contact information including address, home and cell phone, and emergency contact information on file.
4. Solicit disaster preparedness training opportunities that target older adults and people with disabilities.
5. Produce and make available printed material (brochures, flyers) to inform seniors and people with disabilities on disaster preparedness guidelines and precautions.

Effectiveness Measures:

1. # of meetings with Civil Defense
2. # of disaster preparedness brochures or pamphlets that are made available to seniors to help increase disaster preparedness awareness.

Elder Abuse Prevention



Objective 5.2: Work with partnering agencies to promote awareness and address elder neglect, abuse, and fraud protection.

Rationale 5.2:

As stated below, only 1 in 6 cases of elder abuse is reported. Protecting kupuna from abuse, neglect, fraud, and being taken advantaged of is an important goal for HCOA as well as the State Executive Office of Aging.

Baseline 5.2:

In 2018, approximately one kupuna per month is being referred to DHS Adult Protective Services for elder abuse or self-neglect.

Outcomes 5.2:

1. HCOA will participate with partnering agencies to coordinate trainings, conduct presentations, and distribute printed material on elder abuse and fraud prevention.

Major Action Steps 5.2

1. Identify and recruit partnering agencies to implement an educational campaign to end elder abuse.
2. Strengthen current relationships with case management and Adult Protective Services.
3. Partner with AARP and the State Ombudsman to circulate material (brochures, posters) that message antifraud and elder abuse issues.

Effectiveness Measures:

1. # of PSAs on the radio, printed brochures, and prevention articles in the Silver Bulletin.
2. Annual report of how elder abuse funds have been used to prevent elder abuse.



Enhance Legal Services



Objective 5.3: Work through county procurement processes to solicit vendors to provide legal assistance for kupuna.

Rationale 5.3:

There is an increase of kupuna seeking legal services in areas such as obtaining a power of attorney, advanced health care directive, landlord-tenant issues, etc. and a good percentage of kupuna cannot afford the services of a private attorney.

Baseline 5.3:

In 2018, approximately 1 kupuna per work day is being referred to HCOA's contract vendor for legal services.

Outcomes 5.3:

1. HCOA will continue contracting out legal services for eligible kupuna.
2. 90% of kupuna and their caregivers will report satisfaction with the services provided by the contracted provider.

Major Action Steps 5.3:

1. Identify legal entities willing to contract with the county to provide legal services for kupuna.
2. Establish and implement a procurement timetable for the solicitation of potential providers, the request for proposals, and the implementation of potential legal services contracts.
3. Seek out other partnerships that can provide additional legal services that contracted vendors cannot provide due to capacity or funding issues.

Effectiveness Measures:

1. # of kupuna receiving services.
2. % of kupuna and caregivers satisfied with services.
3. Average cost savings per kupuna receiving services from the county vs a private attorney.



*2016--Volunteer honoree delegates throughout the state were celebrated on June 5th, at Cafe Julia, Honolulu, with the directors of each Hawai'i county for the Executive Office on Aging (also known as the AAAs). Volunteer honoree delegates (L–R top) Roger Caires (Kaua'i), **Robert Ferolano (Hawai'i Island)**, Donald Jensen (Maui), Alan Kumalae (O'ahu), (middle): Pat Simpson (Kaua'i), **Janet Murakami (Hawai'i Island)**, Katsuko Enoki (Maui), Yolanda Morreira (O'ahu); (bottom) AAA directors Nalani Aki, (O'ahu County), Deborah Stone-Walls (Maui County), Kealoha Takahashi (Kaua'i County), **Kimo Alameda (Hawai'i County)**.*

PART IV Funding Plan

A. Previous Year Expenditures for Priority Services, FY18 (Oct '17-Sept '18)

Table 5. Title III Part B Federal Funds Only

In accordance with the Older Americans Act [Section 306 (a) (2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

<i>Service</i>	<i>Budgeted Compliance Amount (Dollars)</i>	<i>FY 18 Actual Expenditures</i>	<i>% for Title III Categories</i>
<i>Access</i>			
<i>Info & Assistance</i>	15,000	13,824	
<i>Outreach</i>	33,297	31,842	
<i>Transportation</i>	315,697	284,272	
<i>Sub-total</i>	363,994	329,938	68%
<i>In-Home</i>			
<i>Home Modification</i>	15,000	30,590	
<i>Sub-total</i>	15,000	30,590	6%
<i>Legal</i>			
<i>LASH</i>	127,000	127,000	
<i>Sub-total</i>	127,000	127,000	26%
<i>Other</i>			
<i>Title III Part B Total</i>	505,994	487,528	100%

B. Minimum Percentages for Title III Part B Categories of Services

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

Categories of Services	%
Access*	0.2720
In Home	0.0240
Legal	0.1040
Total %	0.4000

***Includes transportation, outreach, information and assistance services.**

C. Planned Service Outputs & Resources Allocation: Table 6. Resource Allocation and Service Output Plan

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount (Actual/Contracted)				Source Code
	2020	2021	2022	2023	2020	2021	2022	2023		2020	2021	2022	2023	
ACCESS														
I/A, Referral, O/C	6,000	6,180	6,365	6,556	13,971	14,390	14,822	15,266	Contact	\$481,000	\$481,000	\$481,000	\$481,000	A2
Outreach	1,167	1,202	1,238	1,275	1,167	1,202	1,238	1,275	Person	\$17,505	\$18,030	\$18,571	\$19,128	NB
Public Education	3,100	3,193	3,289	3,387	12	12	12	12	Issue	\$25,000	\$25,000	\$25,000	\$25,000	NB
Transportation	1,379	1,421	1,463	1,507	79,264	81,612	84,091	86,614	Trip	\$301,584	\$310,632	\$319,951	\$329,549	NB
SUPPORTIVE IN-HOME														
Case Management	499	514	529	545	8,488	8,743	9,005	9,275	Hour	\$475,327	\$489,587	\$504,275	\$519,403	A1
Vendor Pool														
Chore (Heavy)	36	37	38	39	696	717	739	761	Hour	\$14,208	\$14,634	\$15,073	\$15,526	A1
Homemaker	207	213	219	226	8,978	9,247	9,525	9,810	Hour	\$239,170	\$246,345	\$253,736	\$261,348	A1
Personal Care	221	227	234	241	15,008	15,458	15,922	16,399	Hour	\$437,026	\$450,137	\$463,641	\$477,550	A1
Adult Day Care	53	55	56	58	10,420	10,732	11,054	11,386	Hour	\$156,298	\$160,987	\$165,817	\$170,792	A1
Assisted Transportation	86	89	91	94	3,880	3,996	4,116	4,239	Trip	\$145,101	\$149,454	\$163,938	\$158,556	A1
Home Modification	123	127	131	134	807	832	857	882	Request	\$20,646	\$21,266	\$21,904	\$22,561	A1
NUTRITION														
Congregate Meals	1,030	1,061	1,093	1,126	65,920	67,898	69,935	72,033	Meal	\$296,059	\$304,941	\$314,089	\$323,512	NC-1
Congregate Meals (PI est.)										\$66,905	\$77,794	\$89,009	\$100,561	PI
Home Delivered Meals	515	530	546	563	92,700	95,481	98,345	101,296	Meal	\$314,128	\$323,552	\$333,258	\$343,256	NC-2,
Home D Meals (fed)										\$183,474	\$183,474	\$183,474	\$183,474	NO
Home D Meals (state)										\$130,654	\$130,654	\$130,654	\$130,654	A1
Home D Meals (PI est.)										\$26,802	\$37,030	\$47,565	\$58,415	PI
Nutrition Education	927	955	983	1,013	927	955	983	1,013	Session	\$7,725	\$7,957	\$8,195	\$8,441	NC-1
CAREGIVER SUPPORT														
Information Services	557	574	591	609	13	13	14	14	Activity	\$3,500	\$3,500	\$3,500	\$3,500	NE, A
Information CG Conf.	163	168	173	179	6	7	7	7	Activity	\$5,000	\$5,000	\$5,000	\$5,000	NE
Counseling	32	33	34	35	158	163	168	173	Session	\$5,000	\$5,150	\$5,305	\$5,465	NE
Training	16	16	17	17	17	17	18	19	Session	\$1,358	\$1,399	\$1,441	\$1,484	
R. Adult Day Care	52	54	55	57	4,648	4,788	4,931	5,079	Hour	\$69,722	\$71,814	\$73,968	\$76,187	NE
R. Personal Care	38	39	41	42	1,468	1,512	1,557	1,604	Hour	\$42,749	\$44,031	\$45,352	\$46,713	NE
R. Homemaker	28	28	29	30	1,043	1,074	1,106	1,139	Hour	\$27,775	\$28,608	\$29,466	\$30,350	NE
R. Chore	4	4	5	5	127	131	135	139	Hour	\$2,597	\$2,675	\$2,755	\$2,834	NE
Supplemental Services														
R. Assisted Trans	4	4	5	5	127	131	135	139	Trips	\$4,761	\$4,904	\$5,051	\$5,203	NE
R. Home Modification	10	10	10	10	25	26	27	28	Request	\$1,046	\$1,077	\$1,109	\$1,143	NE
R. GRG	24	25	26	27	7,486	7,710	7,942	8,180	Hour	\$5,007	\$5,157	\$5,312	\$5,471	NE

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2020	2021	2022	2023	2020	2021	2022	2023		2020	2021	2022	2023	
LEGAL SERVICES														
Legal	290	298	307	316	2,474	2,548	2,625	2,703	Hour	\$127,000	\$127,000	\$127,000	\$127,000	NB
SUPPORTIVE SERVICES COMMUNITY-BASED														
Better Choices (Federal)	30	30	30	30	20	20	20	20	Class	\$15,000	\$15,000	\$15,000	\$15,000	ND
---(State)	65	65	65	65	50	50	50	50	Class	\$35,000	\$35,000	\$35,000	\$35,000	A3
STEP (Federal)	32	33	33	34	9,372	9,653	9,943	10,241	Ind	\$386,660	\$398,260	\$410,207	\$422,514	NO
--(County)	5	5	6	6	1,631	1,680	1,730	1,782	Ind	\$64,476	\$64,476	\$64,476	\$64,476	XS
STEP TOTAL	41	43	44	45	11,003	11,333	11,673	12,023	Ind	\$451,136	\$462,736	\$474,683	\$486,990	

Source Codes:

- N:** Federal Funds (Title III)
- NB:** Federal Funds (Title III-Part B)
- NC-1:** Federal Funds (Title III-Part C-1)
- NC-2:** Federal Funds (Title III-Part C-2)
- ND:** Federal Funds (Title III-Part D)
- NE:** Federal Funds (Title III-Part E)
- NO:** Federal Funds (Other)
- A:** State General Funds (General Funds): A1-Kupuna Care; A2-ADRC; A3-Healthy Aging.
- S:** County Funds (Cash Only)
- PI:** Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
- O:** Other funds used directly by the program including, but not limited to, trust funds, private donations, etc., (Cash Only)
- XS:** County In-Kind
- XO:** Other In-Kind

PART V Evaluation Strategy

Evaluation and Data Collection

As part of an on-going effort to ensure quality assurance, HCOA performs monthly, quarterly, biannual, and annual evaluations of program effectiveness in meeting the needs of older adults and their caregivers in PSA-4. Evaluation methods include but not limited to:

- a. desktop monitoring,
- b. analysis of reports and service data,
- c. on-site monitoring,
- d. client surveys, and
- e. review of provider and community input.

Data collection is conducted throughout the program service year for the following key indicators of program success:

- ◆ Progress in meeting goals and objectives
- ◆ Number of individuals served
- ◆ Number of units of service provided
- ◆ Targeting Performance

Goals and Objectives will be accessed each year to ensure HCOA is on track in meeting its objectives. As noted in the goals and objectives section, a baseline score was given as a measure to compare future progress.

Moreover, it's important to note that as new initiatives or funding streams become available, goal and objectives might change.

Table 5, below are service outputs for the previous year (2018). Each year, HCOA tracks its' service outputs to analyze how services are being utilized and how they compare to HCOA's service goals and objectives.



Table 7. SERVICE OUTPUTS: HAWAI'I COUNTY OFFICE OF AGING FY18

Programs, Services, and Activities FY 2018	Unduplicated Persons			Units of Service			Unit
	FY18 Contracts	Actual Served	Percent Achieved	FY18 Contracts	Actual Served	Percent Achieved	
Case Management	400	470	118%	7,966	8,001	100%	Hour
Adult Day Care	VP	50		VP	9,822		Hour
Assisted Transportation	VP	81		VP	3,657		Trip
Heavy Chore	VP	34		VP	657		Hour
Homemaker	VP	195		VP	8,463		Hour
Personal Care	VP	208		VP	14,146		Hour
Transportation - CSE	1,040	1,158	111%	38,891	33,858	87%	Trip
Transportation - HCEOC	190	158	83%	23,805	20,169	85%	Trip
Transportation - HCNP	190	210	111%	18,330	19,995	109%	Trip
Congregate Meals	1,000	1,011	101%	63,759	63,632	100%	Meal
Home Delivered Meals	375	481	128%	334,543	34,543	100%	Meal
KC Home Delivered Meals	300	397	132%	55,591	55,599	100%	Meal
Nutrition Education	900	996	111%	6,000	6,545	109%	Session
Public Education	4,100	3	100%	12	3	100%	Issue
Outreach	2,200	1,604	73%	2,200	1,636	74%	Person
Home Modification	PTA	116		PTA	761		Request
Legal	300	273	91%	2,066	2,232	108%	Hour
Caregiver Program – Counseling	75	58	77%	60	149	248%	Hour
Caregiver Program - Respite	VP	75		VP	7,002		Hour
Caregiver Prog – Respite GRG	25	13	52%	13,570	7,056	52%	Hour
Caregiver Program - Suppl	Var	38		Var	372		Request
Caregiver Program - Access	0	0	.0%	0	0	0%	Contact
Caregiver Program - Info	600	679	113%	14	18	129%	Activity

Legend

VP: Vendor Pool

PTA: Price Term Agreement

Var: Variable

Targeting Services – The Previous Year, FY18

Table 8. Previous Year’s Targeting Outputs (FY 2018: Oct. 2017-Sept. 2018)

Program & Services	Total Fund Budgeted	FY 18 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Limited English Proficient	At Risk for Institutionalization	Native American	Resource Allocation
Access			Number of Persons Served							
Transportation	\$261,993	\$282,541	378	321	231	980	154	174	230	NB
I & A	\$0	\$0	**	**	**	**	**	**	**	
Outreach	\$33,592	\$36,456	560	324	304	1,241	50	297	69	NB
Case Mgmt	\$320,000	\$507,216	58	132	37	273	55	297	69	A
Asst Transp	\$42,000	\$130,392	14	24	10	58	9	52	16	A, NE
In-Home			Number of Persons Served							
Personal Care		\$414,444	26	71	19	137	19	182	43	A
Homemaker		\$231,962	21	58	11	128	19	133	35	A
Chore		\$20,962	6	7	2	20	3	25	5	A
Home Del. Meals	\$294,000	\$441,696	108	141	63	321	83	277	100	A, NC-2
Legal	\$93,660	\$133,932	**	**	**	**	**	**	**	NB, A
Community Based Services			Number of Persons Served							
Adult Day Care		\$147,326	8	19	3	32	6	40	8	A
Caregiver Support		\$162,155	8	4	6	67	2	3	31	NE
Cong. Meals	\$304,000	\$301,896	275	236	172	825	160	79	199	NC-1
Title III & KC Funding Total	\$1,307,245	\$2,810,978								

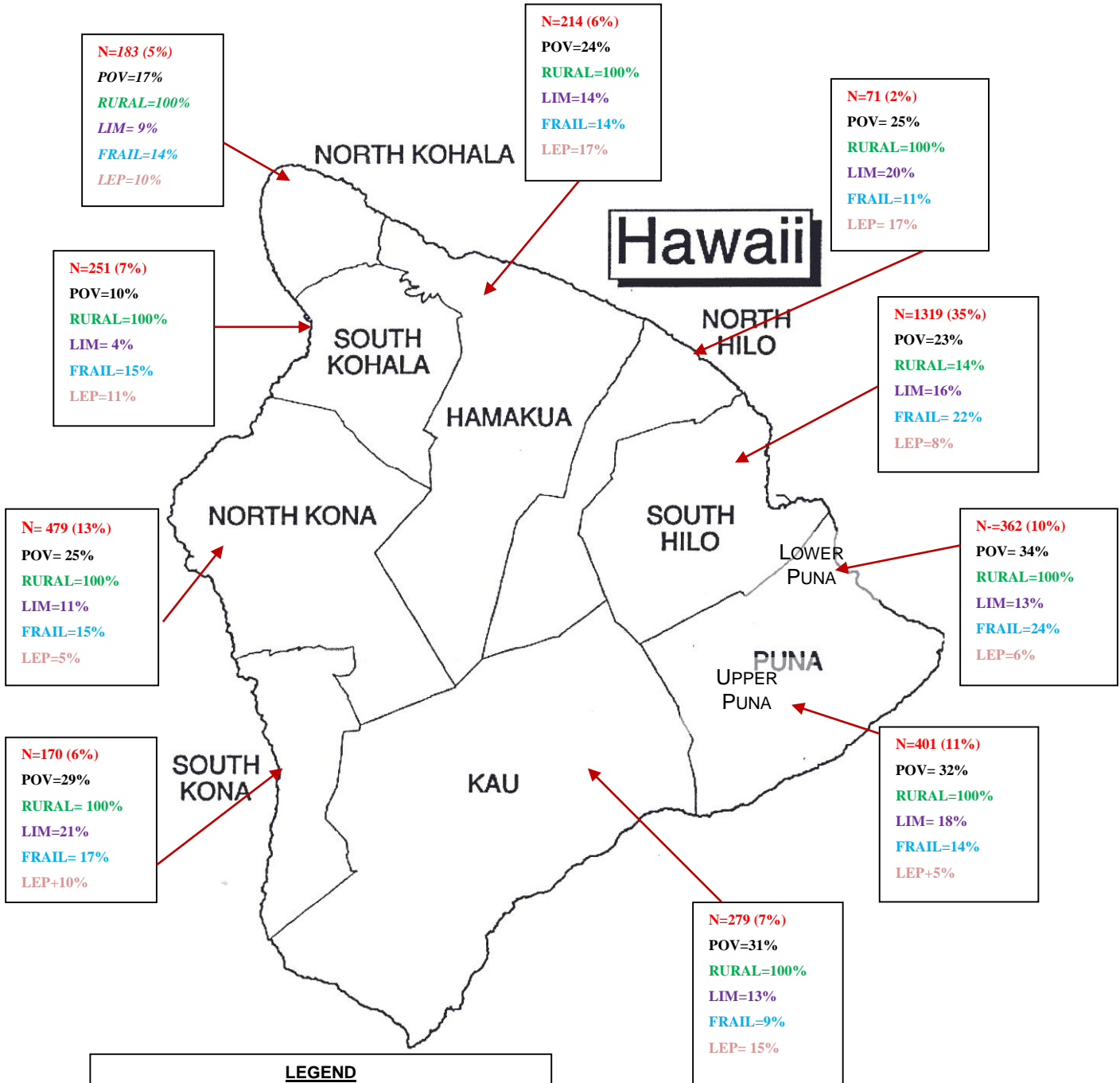
** No data to support field.

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- A = State General Funds (General Funds)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
- O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
- XS = County In-kind
- XO = Other In-kind

Figure 15. Hawai'i County Targeting Performance Indicators

County of Hawaii
Population Distribution by District FY18
 WellSky database run 1/17/19

Total Older Individuals Served (Unduplicated) – 3779



LEGEND
 N- Older individuals served = 3779
 POV- Poverty= 25%*
 RURAL- Rural Residence = 69%*
 LIM- Low income minority = 21%*
 FRAIL- Unable to perform 2 ADLs or more= 17%*
 LEP- Limited English Proficiency = 10%*
 *(25%) - Targeting Performance for Indicator

Prepared by
 Hawaii County Office of Aging

Targeting Performance for Hawai'i County:

Table 9. HCOA FY18 Targeting Performance

Indicator	60+	Standard (Population % for Indicator)	Performance (% Served)	% Standard Served	Met Standard?
Poverty	52,582	11%	25%	227%	Y
Rural	52,582	91%	91%	100%	Y
LIM	52,582	4%	14%	350%	Y
Frail	52,582	16%	18%	113%	Y
LEP	52,582	24%	9%	38%	N

Note: Due to WellSky database limitations: Limited English Proficiency (LEP) data not accurate. Default data field reports "Yes" or "No" for 'Speaks English', whereas the OAA targeting states, "...with limited English proficiency...". Not "Yes" or "No" only. US Census data reports "Limited English Speaking", or "Speaks English: Very Well, Well, Not Well, or Not at All",

Poverty data not 100% accurate. OAA targeting states "...at or below FPL..." and the Hawai'i State IFF uses 125% of FPL, whereas the WellSky database Poverty benchmark is "Below Poverty Level" (<100%FPL).

Actual number served with targeting indicators is higher than reported.

Previous Area Plan on Aging Plan Accomplishments (2015-2019)

Aging and Disability Resource Center (ADRC)

ADRC provides a minimum of 800 consumers monthly with Information, Assistance, and Referral, and options counseling services to over 40 clients and their families.

Caregiver Respite

In 2017, 4,800 hours of respite and 40 hours of counseling services provided for over 80 caregivers.

Chronic Disease Self-Management Program

CDSMP Lay Leader training in East & West Hawai'i. In 2017, 5 lay leaders received training which allowed an additional 33 participants to receive training.

Continuum of Care

The objective to **Increase stakeholder awareness of the aging continuum of care** and efforts to support the sustainability of services for all seniors along the continuum was accomplished by updating **brochures**, county **website** updates, **newsletter** message exchanges, and **17 group presentations** by the Executive on Aging for various partners within the Aging Network.

Community Involvement

It has been noted that good health is not just simply making good health choices, because the health choices seniors make depend on the health choices they have, and not every kupuna have the same health choices given the various health determinants such as, where they live, income level, education, and so on.

HCOA supported Hawaii County's Blue Zones Initiative from 2015 to the present because it shaped social policy to help make the best health choice the easy choice. Examples of this were initiatives such as, supermarkets placing healthy options at the check out line, or enforcing no smoking policy areas in county housing facilities.

Disability Parking Placards

East & West Hawai'i HCOA offices process over 200 Disabled Parking Placards monthly.

Elder Abuse

The HCOA Safe Haven project for older adults who are in need of emergency shelter completed. Project housed approximately 15 vulnerable older adults since its' inception.

Elder Abuse Public Service Announcements (PSA's) aired daily through the month of June, 2017.

Two (2) Elder Abuse informational events conducted for over 100 consumers, caregivers, and network partners.

Grandparents Raising Grandchildren

15 Grandparents Raising Grandchildren received training at GRG workshop in West Hawai'i (2017).

Language Access Plan

Language Access Plan completed.

Written ADRC Resource Library materials are provided in numerous non-English languages, as well as Braille and video.

Interpreters and/or assistive technologies are available upon request.

Legal

240 individuals received Title III funded legal services, with 80% resulting in a satisfactory resolution. (2017)

LTSS

In 2017, HCOA provided case management to 517 clients through the Kupuna Care Program;

16,048 hours of personal care, homemaker, and chore services;

9,903 hours of Adult Day Care;

7,687 hours of Case Management;

70,775 home-delivered meals to 478 frail homebound seniors; and

Provided transportation for over 1,000 individuals to nutrition sites, medical appointments, essential shopping, and resource agencies.

Public Education and Training

ADRC provided in-service training to over 25 community agencies in 2017.

HCOA increased public awareness of HCOA / ADRC services and programs by coordinating and airing 20 TV interviews (in 2017) on La Leo Public Access TV which reaches over 55,000 households.

HCOA prints and distributes 4,200 Silver Bulletin newsletters monthly.

HCOA provides a monthly caregiver newsletter, "The Comfort of Home Caregiver Assistance News, Caring for You and Caring for Others" to approximately 500 caregivers and various providers and community partners.

Nutrition

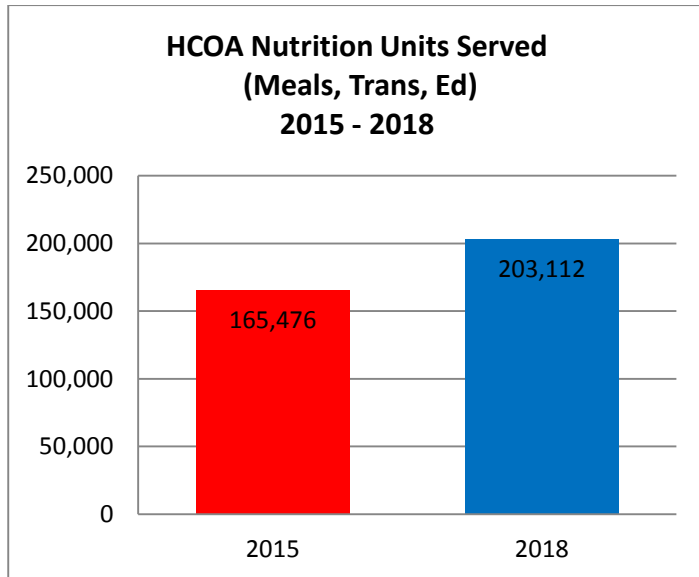
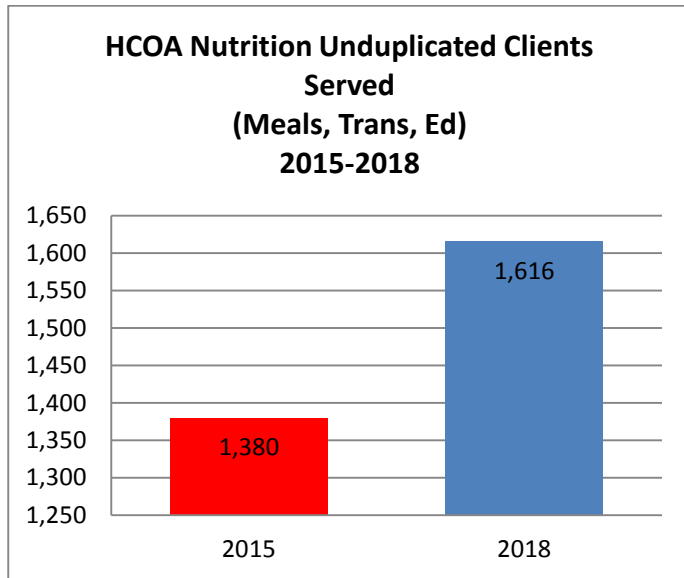
Cost-Benefit Analysis completed for Congregate & Home Delivered meals.

Two (2) additional congregate meal sites developed in previous planning period.

Hm D undup increased 59% and units increased 43% in from FY15 to FY18.

Congregate undup increased 5% and units increased 16% in from FY15 to FY18.

Overall Nutrition Program undup increased 17% and units increased 23% in from FY15 to FY18.



RVSP

In 2017, the Hawai'i County RSVP provided 99,780 hours of service to 3,628 individuals at 203 volunteer stations island-wide.

STEP

In 2017, 22 seniors were placed in supportive training programs.

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Appendix A: Area Agency on Aging Staffing Functions

Executive on Aging:

- ❖ Program Administration.
- ❖ The statement of written procedures for carrying out all defined responsibilities under the Act.
- ❖ Hiring of staff resources.
- ❖ Organization of staff resources.
- ❖ Liaison to Advisory Council.
- ❖ Overall Program policy.
- ❖ Grants Management.
- ❖ Personnel management.
- ❖ Advocacy
 - Representing the interests of older people to public officials, public and private agencies or organizations.

Aging Program Planners:

- ❖ Respond to the views of older persons relative to issues of policy development and program implementation under the plan.
- ❖ Public information relations.
- ❖ Information management/reporting.
- ❖ Program Planning.
 - Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people.
 - Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs.
 - Defining means for giving preference to older persons with greatest economic or social need.
 - Defining methods for establishing priorities for services.
 - Conducting research and demonstrations.
 - Resource identification/grants.
- ❖ Advocacy
 - Monitoring, evaluating, and commenting on all plans, programs, hearings, and community actions which affect older people.
 - Conduct public hearings on the needs of older persons.
 - Coordinating activities in support of the statewide long term care ombudsman program.
 - Conduct outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the plan.

❖ Systems Development

- Defining community service area boundaries.
- Designating community focal points.
- Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services.
- Providing technical assistance to service providers under the plan.
- Pursuing plans for developing a system of services comprised of access services, inhome services, community services, and services to residents of care providing facilities.
- Coordinating plan activities with other programs supported by Federal, State, and local resources in order to develop a comprehensive and coordinated service system in the planning and service area.

❖ Program Maintenance

- Monitoring performance of all service providers under the plan.
- Evaluating performance of all service providers.
- Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area.

ADRC Staff:

- ❖ Outreach
- ❖ Intake
- ❖ Information
- ❖ Assistance
- ❖ Options Counseling
- ❖ Referral
- ❖ Follow-up

Accountant:

- ❖ Fiscal management

Appendix B: Intrastate Funding Formula Information

The Agreed Upon IFF (from EOA 2009)

We are proposing following base amounts and weights for Hawaii's next IFF.

	Part B	Part C1	Part C2	Part D	Part E
Base Amount	\$128,758	\$75,600	\$12,375	--	--
Factors					
Older adults (OA)	0.25	0.25	0.25		0.25
Greatest Economic Need	0.20	0.20	0.20	0.40	0.20
Low-Income Minority	0.10	0.10	0.10	0.20	0.10
Disabilities (DA)	0.19	0.19	0.19	0.10	0.19
Language barrier (LB)	0.07	0.07	0.07	0.08	0.07
Geographic Isolation (GI)	0.10	0.10	0.10	0.14	0.10
Living alone in poverty	0.03	0.03	0.03	0.08	0.03
IPD	0.06	0.06	0.06		0.06

Following data we found to be the best available data. (2009)

		PSA 1	PSA 2	PSA 3	PSA 4	Total
		KAEA	EAD	MCOA	HCOA	
Factors						
Older adults (OA) ^{/1}		12159	175197	24299	31623	243278
Greatest Economic Need ^{/2}		1007	14660	1752	3128	20547
Low-Income Minority ^{/3}		633	9784	695	1327	12439
Disabilities (DA) ^{/4}		1711	28237	3165	5333	38446
Language barrier (LB) ^{/5}		934	19414	2355	1765	24468
Geographic Isolation (GI) ^{/5, 6}		10992	5920	16227	18363	51502
IPD						
	Total older population ^{/1}	12159	175197	24299	31623	243278
	Land area (square mile)	622.44	599.77	1172.41	4028.02	6422.64
	Population density	19.53441	292.107	20.72568	7.8507555	37.87819
	Inverse ranking	0.401894	0.026876	0.378794	1	0.207263
Living Alone in poverty ^{/7}		275	4110	580	980	5945

^{/1} American Community Survey, Three Year Estimates (2005-2007), Table B01001

^{/2} Defined as Age 65 and over, and income below 125% FPL. Source: American Community Survey, Three year estimates (2005-2007), Table B17024

^{/3} Defined as: 65 yrs and over, non-white (includes Hispanic), income below FPL. Source: American Community Survey, Three Year Estimates (2005-2007), Table B17001

^{/4} Defined as: 65 yrs and over, and having "two or more types of disabilities". Source: American Community Survey, Three years Estimate (2005-2007), Table: B18001

/5 U.S. Census Bureau, Census 2000 Special Tabulation, updated with 2002 60+ estimates.

6/ A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

/7 Census 2000 Special Tabulation on Aging (STA), 2004. Table P087_HI.

Based on the weights and the data above, the weighted proportions of the PSAs in each of the Parts are as follows:

		PSA 1 KAEA Kauai	PSA 2 EAD Honolulu	PSA 3 MCOA Maui	PSA 4 HCOA Hawaii
Part B	Supportive services	7.458%	62.961%	11.700%	17.881%
Part C1	Congregate meals	7.458%	62.961%	11.700%	17.881%
Part C2	Home-delivered meals	7.458%	62.961%	11.700%	17.881%
Part D	Preventive health	7.087%	65.103%	11.313%	16.498%
Part E	Family caregiver support	7.458%	62.961%	11.700%	17.881%

Based on the above weighted proportions, and assuming funding at 2008 level, the allocations for the PSAs are as follows: (2009)

		PSA 1	PSA 2	PSA 3	PSA 4
		KAEA	EAD	MCOA	HCOA
		(Kauai)	(Honolulu)	(Maui)	(Hawaii)
Part B	Supportive services	\$216,703.51	\$871,151.16	\$266,714.91	\$339,601.42
Part C1	Congregate meals	\$167,387.06	\$850,421.66	\$219,583.01	\$295,653.27
Part C2	Home-delivered meals	\$80,254.22	\$585,378.29	\$118,854.65	\$175,110.84
Part D	Preventive health	\$7,375.69	\$67,758.25	\$11,774.38	\$17,170.67
Part E	Family caregiver support	\$56,648.50	\$478,199.09	\$88,862.44	\$135,810.96
Total		\$528,368.98	\$2,852,908.45	\$705,789.40	\$963,347.17

Appendix C: Focus Group Surveys and Information

Focus Groups and Surveys

HCOA conducted two community focus groups, one in East Hawai'i and one in West Hawai'i.

West Hawai'i Community Focus Group:

West Hawai'i Civic Center
Community Hale Bldg. G
75-5044 Ane Keohokalole Hwy.
Kailua-Kona, HI. 96740

November 29, 2018

11:00am to 12:30pm

Facilitators: Debbie Wills, HCOA

Judy Bell, Committee on Aging

East Hawai'i Community Focus Group:

Aging & Disability Resource Center
Training Room
1055 Kinoole Street
Hilo, HI. 96720

December 7, 2018

11:00am to 12:30pm

Facilitators: Debbie Wills, HCOA

Meizhu Lui, Committee on Aging

A powerpoint presentation was shared with both groups to give background information on the Older Americans Act, the National Aging Network, State Units on Aging, Area Agencies on Aging, and Area Plans on Aging. (See below.) An icebreaker on perceptions of aging and terms used helped promote discussion. Results of the qualitative data gathered at both focus groups' are given in Part II of this plan. The results of the on-line surveys were also presented to the focus groups. (See below.) Although the attendance was relatively low, the participants represented the core agencies that provide case management and LTSS services to the most frail and vulnerable older adults of the Big Island. The groups knowledge of our clients' unmet needs and areas of concern for their respective communities could not be surpassed.

HCOA 2023 Area Plan Kona Focus Group
 West Hawai'i Civic Center, Community Hale
 November 29, 2018 11:00 a.m. - 12:30 p.m.

SIGN IN SHEET

	Print Name	Signature	Organization
1	Judy Bell	Judy Bell	HCCN
2	Suzanne Zaw	Suzanne Zaw	PHN (MCP)
3	Diabe Pinao	Keolu Pinao	Care Resource HI
4	Jennifer Lyntant Tsuji	J. Tsuji	DHS-APS
5	Angie Onaka	A. Onaka	DHS-APS
6	Paul Strauss	[Signature]	Doff
7	Kevin Davis	Kevin Davis	SFS
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SIGN IN SHEET

	Print Name	Signature	Organization
1	Mary Melanighin	Mary Melanighin	HCOA HCA
2	Sheena Carfan	Sheena Carfan	DOH-PHN
3	Rebekah Camacho	Rebekah Camacho	DOH-PHN
4	Martha Yumeda	Martha Yumeda	" "
5	Cash Lopez	Cash Lopez	DOH-PHN
6	Tanya Agnessarion	Tanya Agnessarion	HIAC
7	Marcia Saquin	Marcia Saquin	HIAC
8	Michelle Yamasaki	Michelle Yamasaki	SFS
9	Meredith Catalmi	Meredith Catalmi	SFS
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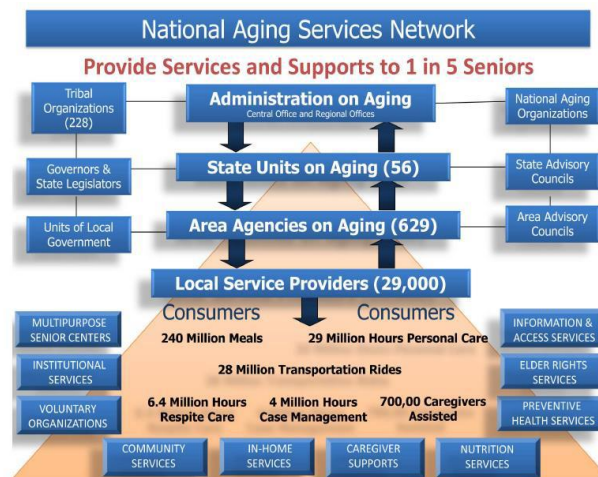


**HAWAI‘I COUNTY OFFICE OF AGING
2019-2023 AREA PLAN ON AGING
EAST HAWAI‘I
COMMUNITY FOCUS GROUP
DECEMBER 7, 2018**

PURPOSE

HCOA Area Plans on Aging:

- Identify how the Office of Aging plans
- Address issues and areas of concern
- Meeting the needs of Hawai‘i County
- Through the Aging Services Network.



OLDER AMERICANS ACT OF 1965

- Authorized Funding for Services for 60+
- AREA PLANS Mandated for Federal Older Americans Act Funding
- SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency,
- AAA's Submit to State / State submits State Plan to Federal Administration of Aging

- **Area Plans shall:**
- (1) **provide for**
 - **Multipurpose Senior Centers**
 - **Nutrition Services**
 - **Long Term Supports & Services**
- **Determine the Extent of Need...**

TARGETING

- Targeting services and resources for the needs and problems of those older individuals identified as having the following characteristics:
 - **greatest economic need (FPL)**
 - **low-income minority**
 - **residing in rural areas**
 - **greatest social need**
 - **limited English proficiency**
 - **at risk of institutional placement.**

○ **Greatest Social Need:**

- the need caused by **non-economic factors**, which include:
 - (a) physical and mental disabilities;
 - (b) language barriers; and
 - (c) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that:
 - (i) restricts the ability of an individual to perform normal daily tasks; or
 - (ii) threatens the capacity of the individual to live independently.

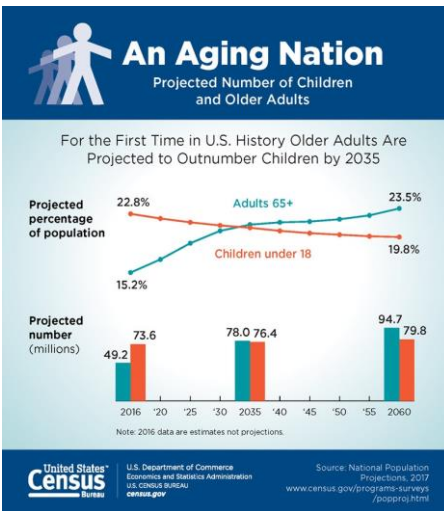
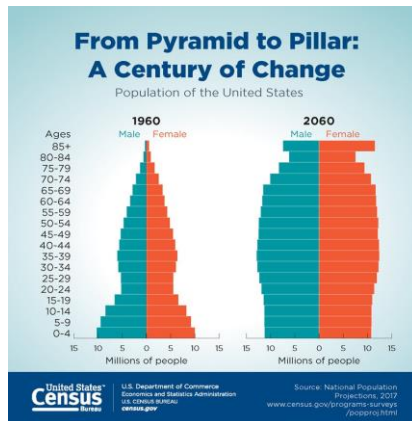
AREA AGENCIES ON AGING RESPONSIBILITIES:

- **Assess the needs** of the older adult population in respective planning & service areas (Hawai'i County = PSA4)
- **Determine** the types and level of **services** required to **meet needs identified**
- **Address gaps in services**
- **Evaluate** the **efficiency** and **effectiveness** of **service delivery**
- **Plan** for **future needs**
- Adhere to **Federal** and **State** Initiatives

DATA COLLECTION

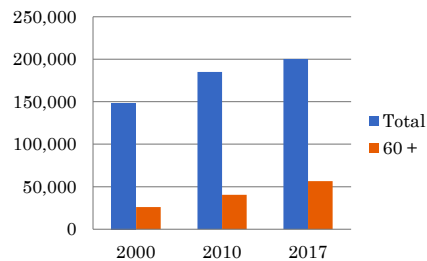
- U.S. Census Data
- Community Stakeholders
- Aging Network
- Committee on Aging
- Administration on Aging
- State Executive Office on Aging
- Reports
- Studies
- Surveys

US POPULATION GROWTH



HAWAII COUNTY 60+ POPULATION

Of the 200,381 residents in Hawai'i County, an estimated 56,493 or 28% are 60 years and older and an estimated 14,526 or 7.2% are in the "pre-elderly" age group of 55-59. (U.S. Census 2017 dataset)



FOCUS GROUP QUESTIONS:

- How would you define “Baby Boomers”, “Senior”, “Elderly”, “Older Adult”?
- What would you like to see in your community that would make it a better place for older adults to live?
- What kind of activities do you think older adults need the most help with?
- What Services and/or Resources are needed but not available in your Community?
- What do you think are the most important issues facing older adults for the next 5 years?



WHAT DO YOU THINK ARE THE TOP SERVICES NEEDED BY OLDER ADULTS?



QUESTIONS?

MAHALO!



Hawai'i County Office of Aging 2018 Needs Assessment Survey

Monday, November 26, 2018

Powered by  SurveyMonkey

30

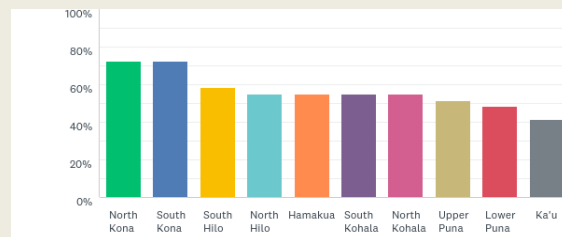
Total Responses

Date Created: Wednesday, September 26, 2018

Complete Responses: 30

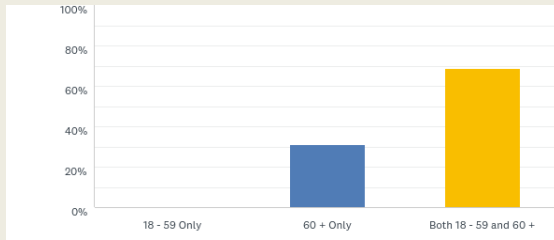
Q1: Where does your agency currently provide services?

Answered: 29 Skipped: 1



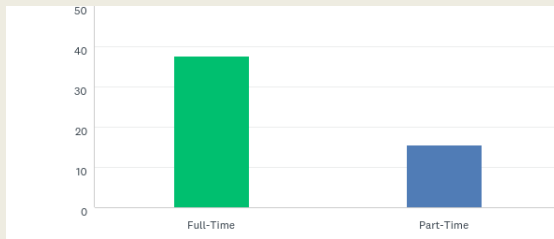
Q2: Age groups of clients served:

Answered: 29 Skipped: 1



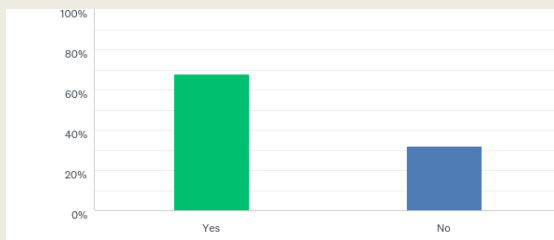
Q3: How many staff do you currently have actively employed?

Answered: 27 Skipped: 3



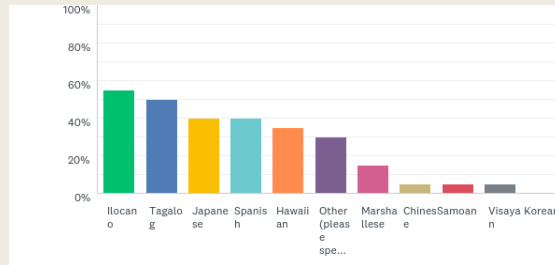
Q4: Does your agency employ staff that speak languages other than English?

Answered: 28 Skipped: 2



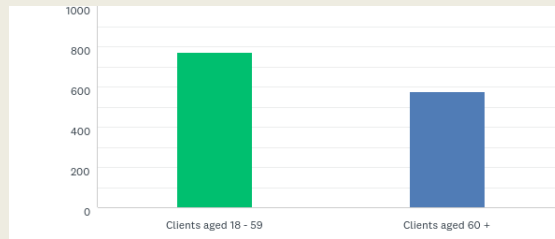
Q5: If Yes, check all Languages spoken:

Answered: 20 Skipped: 10



Q6: How many clients do you serve annually? Estimate the number of unduplicated clients served:

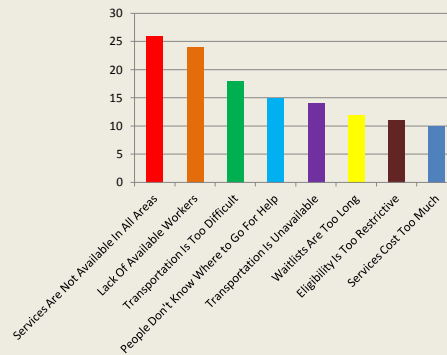
Answered: 26 Skipped: 4



Q7: What do you feel are the greatest BARRIERS to accessing services on the Big Island? Check all that apply:

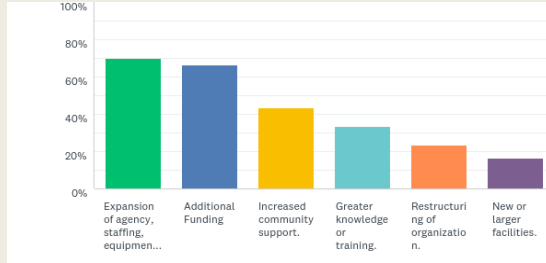
Answered: 29 Skipped: 1

Greatest Barriers Identified



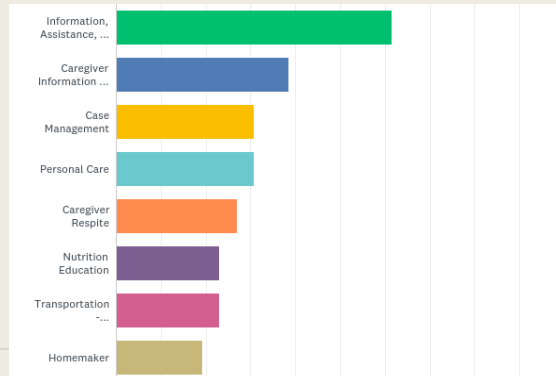
Q8: What RESOURCES are needed in order to meet current or future consumer demands?

Answered: 30 Skipped: 0



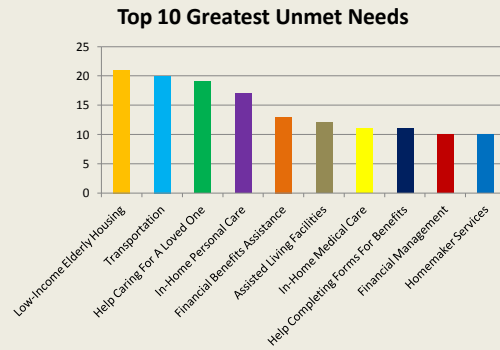
Q9: What services do you currently provide?

Answered: 26 Skipped: 4



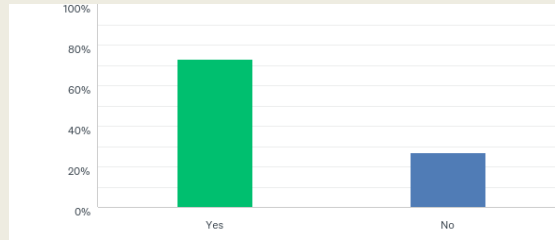
Q10: What do you feel are the GREATEST UNMET NEEDS of seniors, persons with disabilities, and their caregivers residing on the Big Island? Check all that apply.

Answered: 29 Skipped: 1



Q11: Does your agency have plans to address consumer unmet needs in the future?

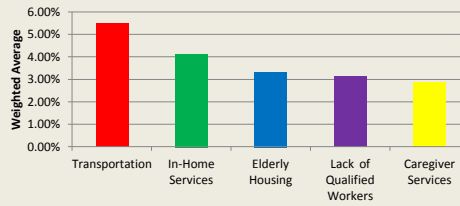
Answered: 26 Skipped: 4



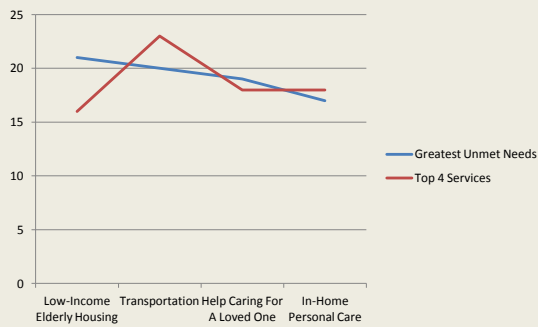
Q12: Rank the TOP FIVE (5) following services by importance in your community with #1 being MOST IMPORTANT to #5 being LEAST IMPORTANT (choose only 5):

Answered: 30 Skipped: 0

Top 5 Services Ranked by Overall Importance to Community



Unmet Needs vs Top Services Identified



Questions?

Mahalo!!!

Appendix D: Public Hearing Notice

Public Notice

The Hawai'i County Office of Aging will be conducting Public Hearings on the proposed Area Plan on Aging for the period October 1, 2020 through September 30, 2023. The Area Plan on aging sets forth in detail the development of a service system designed to meet the needs of older persons in Hawai'i County. The Office of Aging utilizes Older Americans Act funds through the State Executive Office on Aging to implement the Area Plan.

Draft copies of the proposed plan will be available for public review at the Hawai'i County Office of Aging, 1055 Kino'ole Street, Suite 101, Hilo, HI. and at the Office of Aging Kona Branch at the West Hawai'i Civic Center, 74-5044 Ane Keohokālole Hwy., Kailua-Kona.

The meeting schedule is as follows:

May 8, 2019
11:00 am – 1:00 pm
West Hawai'i Civic Center
Community Hale, Building G
74-5044 Ane Keohokālole Hwy. Kailua-Kona, Hawai'i

If you require an accommodation or auxiliary aid and/or services to participate in this meeting please contact Hawai'i County Office of Aging at 961-8600 or 323-4390 by April 29, 2019.

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Appendix E: Public Hearing Protocol

HCOA shall conduct a public hearing(s) (in accordance with Section 5-5-.08) for the purpose of providing the opportunity for older persons, the general public, officials of general purpose local government, and other interested parties to comment on the area plan. Two Public Hearings are scheduled for review of the 2020-2023 PSA-4 Area Plan on Aging, one in Hilo and one in Kona.

STANDARDS FOR CONDUCTING PUBLIC HEARINGS FOR REVIEW OF AREA PLANS AND

AMENDMENTS OF THE PLAN:

- (1) At least two weeks before submitting an area plan, or significant amendments, to the State Agency, an AAA must hold at least one public hearing on the area plan or the significant amendments to the area plan. Public hearing(s) must be held within the geographical boundaries of the planning and service area (PSA) for which the area plan is developed.
- (2) The AAA must give adequate notice to older persons and adults with disabilities, public officials and other interested parties of the time(s), date(s), and location(s) of the public hearing(s).
- (3) The AAA must hold the public hearing(s) at a time and location that permits older persons and adults with disabilities, public officials and other interested persons reasonable opportunity to participate.
- (4) The AAA will develop procedures to assure effective participation of actual or potential consumers of services under the area plan at the local level through public hearings.
- (5) The AAA must submit the area plan and amendments for review and comment, to the AAA advisory council prior to submission to the State Agency. The advisory council shall review the area plan before the AAA conducts public hearings on the plan. If comments made at the public hearing result in changes to the area plan, the advisory council shall make provisions for a final review of the area plan prior to the AAA's submission of the area plan to the State Agency.
- (6) The AAA must apply the following standards in the conduct of its public hearing(s):
 - (a) The public hearing(s) must be scheduled to allow sufficient time for review of the area plan by the advisory council at least one week prior to the date of the public hearing(s).
 - (b) Public hearings should be conducted at easily accessible public locations, such as community centers, public auditoriums, public schools or community colleges, senior centers, or county courthouses.
 - (c) Available transportation resources should be used to insure that as many older persons and adults with disabilities as possible are able to attend the public hearing(s).
 - (d) Notice of time and place of the public hearing(s) must be given at least two weeks in advance of the hearing(s), for example, by paid advertisement or news release in the major county/district newspaper, radio, or television station(s). Wherever possible, notice should be given to possible participants through senior centers, nutrition sites, county courthouses, and post offices.

(e) Participants in the public hearing should be asked to register by county.

(f) Members of the AAA advisory council should be in attendance, introduced, and assist in the conduct of the hearing(s). Also, a list of the names of the AAA advisory council members, their addresses, and the counties they represent should be provided at the hearing.

(g) The director, or program leader, should present each program objective and allow for discussion or questions on each. All questions or comments from participants should be recorded either by tape recording or by secretary.

(h) As a minimum, the hearing(s) must include the following:

(i) an explanation of the OAA and a description of services funded under the Act;

(ii) an explanation of the function and responsibilities of an AAA, what an area plan represents, the period of time it covers, and why a public hearing is required;

(iii) an explanation of the differences between national, state and locally developed objectives;

(iv) an explanation of all terms and phrases used in presenting the objectives which may not be easily understood by participants; and

(v) details and explanations of proposals to pay for program development and coordination as a cost of supportive services.

(i) Complete copies of the area plan must be made available for public inspection at least in each county of the PSA and provision should be made for receiving comments and questions outside of the public hearing(s).

(j) Documentation of the methods used to distribute aging and disability funds, within State Agency guidelines, among service providers must be available at the public hearing(s).

(k) The AAA must obtain review and comment from the general public, including older persons, government, and the aging and disability service network prior to using additional amounts of direct supportive service funds for program development and coordination.

(l) Procedures for review and analysis of comments received at the public hearing(s) must be established and described in writing.

(7) The results of the public hearing must be reported in the area plan in the appropriate exhibit. Significant comments made during the hearing and the response by the AAA toward incorporation of these comments into the area plan must be included.

(8) Summaries of the comments made at the public hearing(s) must be available at the office of the AAA after the public hearing(s).

(9) All records of the public hearing(s) must be on file at the AAA as a part of the official area plan file.

Appendix F: Public Hearing Minutes

HAWAI'I COUNTY OFFICE OF AGING

AREA PLAN ON AGING PUBLIC HEARINGS

Public Hearing commenced at 11:05 am.

Introductions including positions and roles were conducted.

Kimo presented a power point presentation on the Office of Aging, County of Hawai'i Aging programs, and the Aging network. See below.

Joy thanked Kimo for providing the information.

The Hearing was adjourned at 12:30 pm.

**County of Hawai'i
Office of Aging
Public Informational Hearing
4 Year Area Plan on Aging
Plan Period: October 1, 2019 – September 30, 2023**

May 8, 2019, 11:00 A.M., West Hawai'i Civic Center, Kona

AGENDA

- I. WELCOME/OPENING REMARKS C. KIMO ALAMEDA, Ph.D.
EXECUTIVE ON AGING

- II. PURPOSE OF THE PUBLIC MEETING

- III. REVIEW OF AREA PLAN
POWERPOINT PRESENTATION

- IV. OPPORTUNITY FOR PUBLIC INPUT

- V. CLOSING REMARKS

ADJOURNMENT

HAWAII COUNTY OFFICE OF AGING

Public Information Hearing: Four Year Area Plan on Aging

Plan Period: October 1, 2019 – September 30, 2023

May 8, 2019 11:00 a.m. West Hawaii Civic Center, Kailua-Kona, HI.

	Name (Please Print)	Organization/Address	Contact: Phone/Email	Signature
1	JOY FOSTER	KSNP	323-1333 / joy.fooster@ksnp.com	<i>[Signature]</i>
2	RILEY SPALD	C.O.H	323-4104 / Riley.Spald@hawaii.gov	<i>[Signature]</i>
3	Dorinda Willis	HCOA	#4391	<i>[Signature]</i>
4	<i>[Signature]</i>	HCOA	345 948	<i>[Signature]</i>
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1 Keeping Kupuna Active

Support EAD

1



Age well

Enhance Meals

2



Health Education

3



2 Forge Partnerships

Aging Network

1



Dementia Capable

2



Grandparents

3



GRAND LOVE
 Grandparents Making Grandchildren



3 Enhance the ADRC

Fed. Compliance 1 

Person-Centered 2 

Resource Directory 3 

Marketing 4 

Placards 5 



4 Age in Place

Case Management 1 

Caregiver Support 2 





5

Keeping Kupuna Safe



Disaster Response 1



Neglect, Abuse, & Fraud Prevention 2



Hawaii County Aging Network of Care

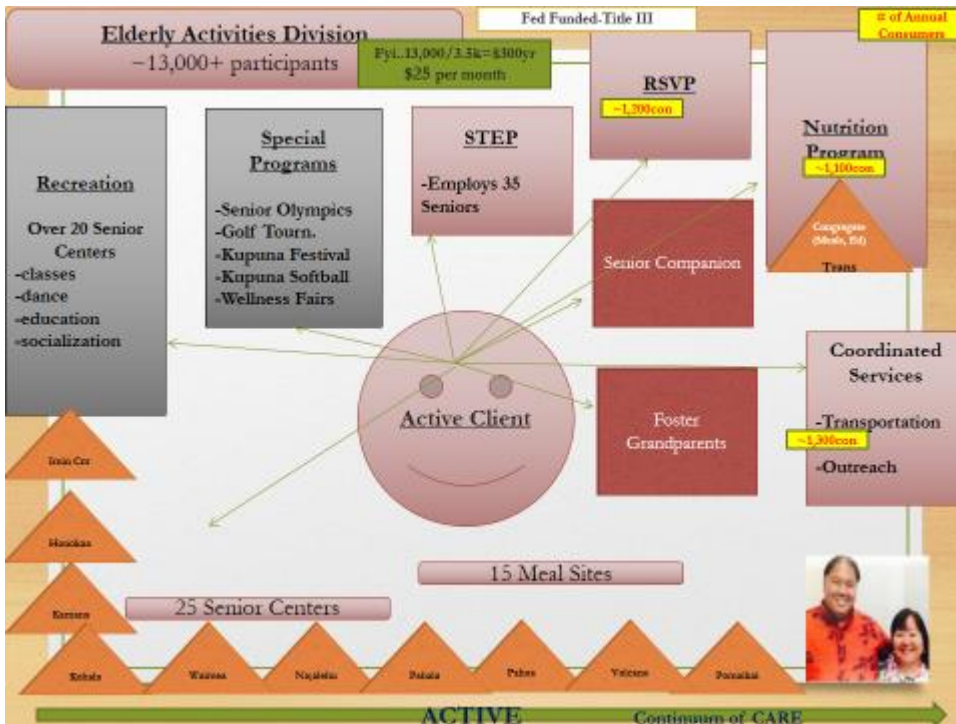
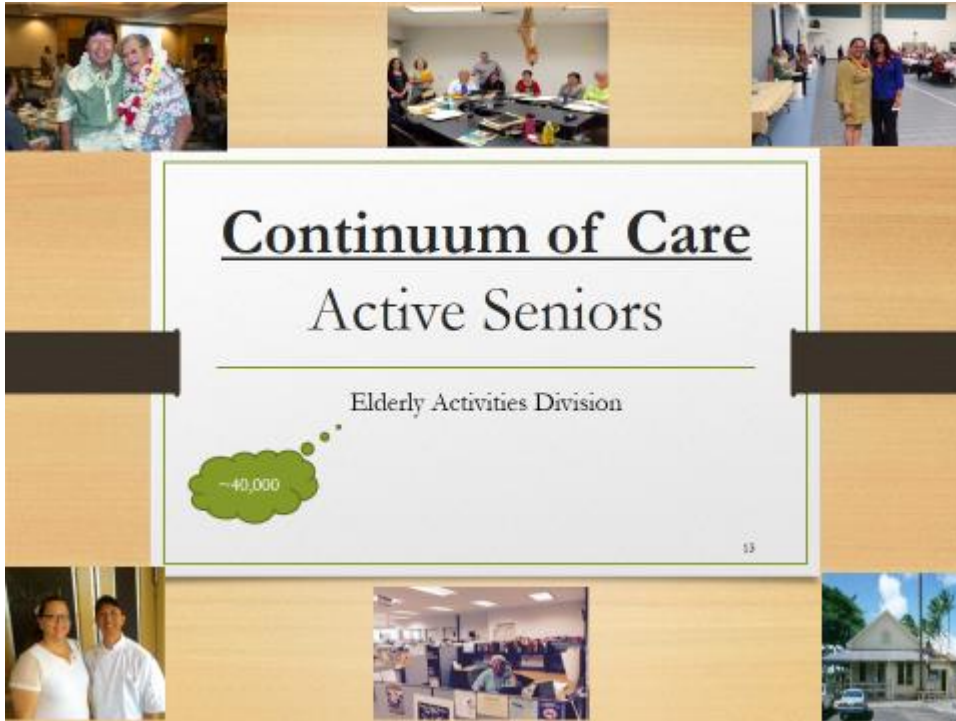
2018stats ~50,000+ Seniors



Draft 8/17

11





Frail or Semi-Dependent Seniors

Hawaii County Office of Aging
&
Aging and Disability Resource Center

~7,500

Draft 6/16 17



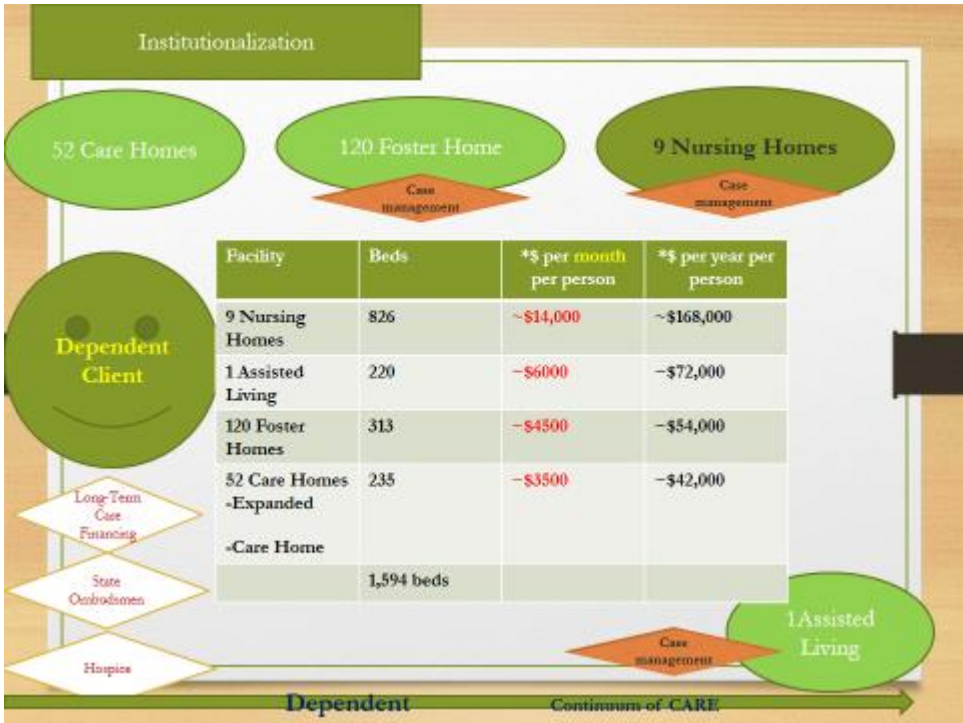


Dependent Seniors

Long-Term Institutional Care

~2,500

23



State/Federal Partners

Social Security

Adult Protective Services

Vocational Rehabilitation

Hawaii State Council on Developmental Disabilities

**Executive Office of Aging
Public Health Nursing
Developmental Disabilities
Adult Mental Health
Children's w/ Special Needs**

**Med Quest Division
Adult Protective Services
Vocational Rehab**

**Rural Health Nursing in Hawaii
An Educational Resource of HSCN**

HAWAII DISABILITY RIGHTS CENTER

Senior Companion/Foster Grandparents

Veterans

DCCA HAWAII

Hawaii Department of Veterans Affairs

County Partners

**West Hawaii Civic Center
74-5044 Aiea Keohokalo Highway**

Elderly Activities-CSE

Elderly Activities-Nutrition

Community Paramedicine

Police / Prosecutor

Transportation/Paratransit

Elderly Activities-Senior Centers/Meal Sites

Mayors Office

County Housing

Elderly Activities-RSVP/STEP

PAHOA SENIOR CENTER

MO'OHANA PARK REDEDICATED

housing

HCOA Private Contracted Providers



KTA - Home Modification

- ### Vendor Pool
- Metrocare
 - Mastercare
 - Seniors Helping Seniors
 - Aloha Madan
 - Nurse Pro-care
 - Care Resources HI

Appendix G: Acronyms and Glossary

Acronyms/Abbreviations

AAA Area Agency on Aging
AARP American Association of Retired Persons
AD Alzheimer's Disease
ADC Adult Day Care Program
ADLs Activities of Daily Living
ADRC Aging and Disability Resource Center
ADRD Alzheimer's Disease and Related Disorders
AHCD Advanced Health Care Directives
AIRS Alliance of Information and Referral Specialists
AoA Administration on Aging
APS Adult Protective Services
CLP Community Living Program
CM Case Management
CMS Centers for Medicare and Medicaid Services
CNA Certified Nursing Assistant
CoA Committee on Aging
DD Developmental Disabilities
DHHS Department of Health and Human Services
DHR Department of Human Resources
DOT Department of Transportation
FFY Federal Fiscal Year (October 1 – Sept 30)
FTE Full Time Equivalent
GRG Grandparents Raising Grandchildren
HCBS Home and Community Based Services
HDM Home Delivered Meals
HDS Home Delivered Services
HHA Home Health Agency; Home Health Aide
I & A Information, Referral and Assistances
I & R Information and Referral
IADLs Instrumental Activities of Daily Living
IFF Intra-State Funding Formula
LEP Limited English Proficiency
LPN Licensed Practical Nurse
LTCF Long Term Care Facility
LTCO Long Term Care Ombudsman
MFP Money Follows the Person
MMA Medicare Modernization Act
N4A National Association of Area Agencies on Aging
NAPIS National Aging Program Information System
NASUAD National Association of State Units on Aging and Disability

NF Nursing Facility
NFCSP National Family Caregiver Support Program
OAA Older Americans Act
OMB Office of Management and Budget
PSA Planning and Service Area; Personal Support Aide
SAMS Social Assistance Management System
SCSEP Senior Community Service Employment Program
SFY State Fiscal Year (July 1 through June 30)
SHIP State Health Insurance Assistance Program
SMP Senior Medicare Patrol (See SHIP)
SPR State Program Reports
SUA State Unit on Aging

Abuse: The willful: a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA of 2006)

Adult Child with a Disability: A child who: a) is 18 years of age or older; b) is financially dependent on an older individual who is a parent of the child; and c) has a disability. (OAA of 2006)

Adult Day Care/Adult Day Health: Personal care for dependent seniors in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (SPRR, 2008)

Aging and Disability Resource Center: An entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing: a) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; b) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and c) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA of 2006)

Aging Network: The network of: a) State agencies, area agencies on aging, title IV grantees, and the Administration (on Aging); and b) organizations that are providers of direct services to older individuals or are institutions of higher education and receive funding under the OAA. (OAA of 2006)

Area Agency on Aging: An area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5). (OAA of 2006)

Assistive Device: Includes: a) an assistive technology device; and b) the terms 'assistive technology', 'assistive technology device', and 'assistive technology service' have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002). (OAA of 2006)

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10)).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (SPRR, 2008)

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (SPRR, 2008)

Child: An individual who is not more than 18 years of age or who is an individual with a disability. (OAA of 2006)

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (SPRR, 2008)

Civic Engagement: An individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need. (OAA of 2006)

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (SPRR, 2008)

Disability: A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in a substantial functional limitations in 1 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (OAA of 2006)

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA of 2006)

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

Elder Abuse: Abuse of an older individual.

Ethnic Groups:

Black or African American: A person having origins in any of the black racial groups of Africa. (FSRR, 2005).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2005).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2005).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2005).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2005).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

Abuse: The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).

Exploitation: The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (24)).

Neglect: a) the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or b) self-neglect. (OAA of 2006)

Physical Harm: Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

Elder Justice: Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (47)).

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

Fiduciary: A person or entity with the legal responsibility a) to make decisions on behalf of and for the benefit of another person and to act in good faith and with fairness; and b) includes a trustee, a guardian, a conservator, an agent under a financial power of attorney or health care power of attorney, or a representative payee. (OAA of 2006)

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA of 2006)

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: a) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision or at the option of the State, is unable to perform at least three of such activities without such assistance or b) due to a cognitive or other impairment, requires substantial supervision because the individual behaves in such a manner that poses a serious health or safety hazard to the individual or another individual. (OAA of 2006)

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27))

Greatest Social Need: The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused

by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (SPRR, 2008)

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (SPRR, 2008)

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2005)

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2005)

Information and Assistance: A service for an older individual that: a) provides individuals with current information on opportunities and services available within the communities, including information relating to assistive technology; b) assesses the problems and capacities of the individuals; c) links individuals to the opportunities and services that are available within the communities; d) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and e) serves the entire community of older individuals, particularly older individuals with the greatest social and economic needs and older individuals at risk for institutional placement. (SPRR, 2008; OAA of 2006)

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (SPRR, 2008)

Living Alone: A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2005)

Long-term care: Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service: a) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; b) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and c) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (50))

Minority Provider: A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005)

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA of 2006)

Nonprofit: An agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual. (OAA of 2006)

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. (FSRR, 2005)

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2005)

Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (35))

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2005)

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2005)

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37))

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2005)

Representative Payee: A person who is appointed by a government entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, and any funds owed to such individual by such entity.

Rural: A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005).

Self-Directed Care: An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which: a) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; b) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; c) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved; d) based on the assessment made under subparagraph (c), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver, or legal representative: 1) a plan of services for such individual that specifies which services such individual will be responsible for directing; 2) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and 3) a budget for such services; and e) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA. (OAA of 2006)

Self-Neglect: An adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including: a) obtaining essential food, clothing, shelter, and medical care; b) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or c) managing one's own affairs. (OAA of 2006)

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Severe Disability: A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: a) is likely to continue indefinitely; b) and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

Transportation: Transportation from one location to another. Does not include any other activity. (FSRR, 2005).

Services to Caregivers:

Information Services: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2005).

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2005).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2005).

Respite Care: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2005).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2005)

Sources:

(FSRR) Federal and State Reporting Requirements. 2005

(SPRR) State Program Reporting Requirements, 2008

(OAA) Older Americans Act, as amended 2000

(OAA of 2006) Older Americans Act as amended 2006

Appendix H: Eldercare

Eldercare

In accordance with the Older Americans Act, Section **306(a)(13)**, the Hawai'i County Office of Aging will:

306(a)(13)(A)

maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(13)(B)

disclose to the Commissioner and the State agency:

306(a)(13)(B)(i)

the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

306(a)(13)(B)(ii)

the nature of such contract or such relationship;

306(a)(13)(C)

demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(13)(D)

demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E)

on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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Appendix J: Assurances

- J1: Assurance of compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964
- J2: Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended
- J3: General and Program Specific Provisions and Assurances
 - a. General Assurances
 - b. Program Specific Assurances
 - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15
 - d. Certification Regarding Lobbying
 - e. Declaration of Compliance

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Appendix J1:

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

Hawaii County Office of Aging (hereinafter called the "Applicant") HEREBY
(name of applicant)

AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date 9/19/19 HAWAII COUNTY OFFICE OF AGING
(Applicant)

By MAYOR 
(President, Chairman of Board, or comparable authorized official)

1055 Kinoole Street, Suite 101
Hilo, HI. 96720

(Applicant's mailing address)

**Appendix J2: Department of Health and Human Services, Assurance of Compliance with
Section 504 of the Rehabilitation Act of 1973, as Amended
ASSURANCE OF COMPLIANCE**

**ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE
EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975**

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

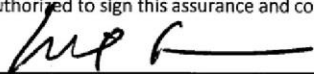
THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

9/19/19
Date


Signature of Authorized Official

Wil Okabe Managing Director
Name and Title of Authorized Official (please print or type)

Hawaii County Office of Aging
Name of Healthcare Facility Receiving/Requesting Funding

1055 Kinoole St. #101
Street Address

Hilo, HI. 96720
City, State, Zip Code

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights 200
Independence Ave., S.W.
Washington, DC 20201
Form HHS-690 1/09

Appendix J3: General and Program Specific Provisions and Assurances

Appendix J3: General and Program Specific Provisions and Assurances

J3a. General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration
 - a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.
 - b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.
 - c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act, as amended in 2006.
 - d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.
 - e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.
 - f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.
 - g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.
 - h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.
 - i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.
 - j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.
 - k. Standards for a Merit System of Personnel Administration

The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

b. Non-Discrimination on the Basis of Handicap

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.

c. Non-Discrimination on the Basis of Age

The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. Civil Rights Compliance

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

a. Needs Assessment

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. Eligibility

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

d. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

a. Legal Authority

The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.

b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

J3b. Program Specific Provisions and Assurances

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use

outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

SOURCE: FY 2017 State Plan Guidance

Attachment A

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

Older Americans Act, As Amended in 2006

J3c. Assurances As Related to the Code of Federal Register §1321.17(f) 1 to 15:

The Area Agency on Aging will meet all assurances as required under CFR §1321.17(f) 1 – 15 outlined below:

- (1) Each area agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under § 1321.11;
- (2) Preference is given to older persons in greatest social or economic need in the provision of services under the plan;
- (3) Procedures exist to ensure that all services under this part are provided without use of any means tests;
- (4) All services provided under title III meet any existing State and local licensing, health and safety requirements for the provision of those services;
- (5) Older persons are provided opportunities to voluntarily contribute to the cost of services;
- (6) Area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;
- (7) The State agency on aging shall develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to area agencies where area agencies have been designated;
- (8) The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.
- (9) The State agency shall have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and
- (10) If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.
- (11) Area agencies shall compile available information, with necessary supplementation, on courses of postsecondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.
- (12) Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.
- (13) The services provided under this part will be coordinated, where appropriate, with the services provided under title VI of the Act.
- (14) (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of

area plans;

(ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and

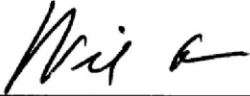
(iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

(15) The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all other assurances as required under CFR §1321.53 – 1321.61, - 1321.75.

Hawai'i County Office of Aging

Organization



Authorized Signature

Managing Director
Title

9/19/19

Date

J3d. Certification Regarding Lobbying

Certificates for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

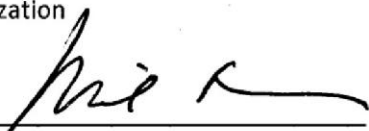
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned will require that the language of this certification be included in the award documents for all subawards as all tiers (including subcontract, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Hawai'i County Office of Aging

Organization



Authorized Signature

Managing Director

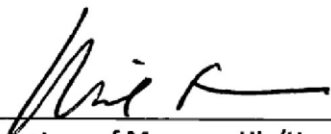
Title

9/19/19

Date

J3e. Declaration of Compliance

The **Hawai'i County Office of Aging** certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in pages 128 through 138.

A handwritten signature in black ink, appearing to be "Miki R", written over a horizontal line.

Signature of Mayor or His/Her Designee

9/19/19

Date