
Executive Office on Aging



*"E Lou Ke Ola"
May Life Be Long*

Hawaii State Plan on Aging 2008 – 2011 (October 1, 2007 – September 30, 2011)

On Designing Livable Communities for Hawaii's Aging Society



*"E Loa Ke Ola"
May Life Be Long*

Scholar artist Hon-chew Hee styled the Chinese character for longevity to create a Hawaiian petroglyph symbol expressing Mary Kawena Pukui's translation of the Hawaiian words "E Loa Ke Ola – May Life Be Long". The logo shows the family working together to "feed every inch of the mouth." The father of the family is depicted as tilling the land, while the mother is catching fish under water, and their son is spearing animals.

The expression of aging, island style, is a natural and welcome process with deep, joyous meaning to individuals and their families and communities. The logo symbolizes the desire of the people of Hawaii to be blessed with long and fulfilling lives.

**Policy Advisory Board for Elder Affairs (PABEA)
June 2007**

PABEA Members:

Daniel J. Vargas, Chair
Julie Jow, Vice Chair
Michael Sumja, Vice Chair
Bernadette Gruzinsky
James Kam
Shimeji Kanazawa
Harold Kozuma
Eleanor Lloyd
Donald Matsui
Laura Millman
Sandy Rongitsch
Herbert Sharp
Gary Simon
Ruth Stepulis
Diane Stowell
Charlene Sumida
Ken Takeuchi

Ex-Officio Members:

Patricia Hamamoto/Annette Young-Ogata
Barry Fukunaga/Joann Shin
Nelson Befitel/Yvonne Chong
Bob Calvert/Tessy Yokota
Chiyome Fukino/Susan Jackson
Lillian Koller/Patty Johnson
Lawrence Reifurth/Catherine Chun-Hoon
Denise Konan/Eldon Wegner
Jackie Ferguson-Miyamoto/Wes Machida

PABEA Standing Committees

Legislative:

Gary Simon, Chair
Eldon Wegner, Vice-Chair
John Hoff
Julie Jow

Sandra Rongitsch
Diane Stowell
Michael Sumja
Daniel J. Vargas

Community Members:

John Hayakawa
Laura Manis
Robert Masuda
Bruce McCullough
Justin Wong

Plans and Project Review:

Charlene Sumida, Chair
Ken Takeuchi, Vice Chair
Yvonne Chong
Catherine Chun-Hoon
Bernadette Gruzinsky
Susan Jackson
James Kam
Harold Kozuma
Wes Machida
Joann Shin

Community Members:

Tom Smyth
Carol Kikkawa-Ward

Recognition and Awards:

Ruth Stepulis, Chair
Laura Millman, Vice Chair
Shimeji Kanazawa
Donald Matsui
Herbert C. Sharp
Tessy Yokota
Annette Young-Ogata

Community Members:

Shizuko Mukaida
Linda Spratt

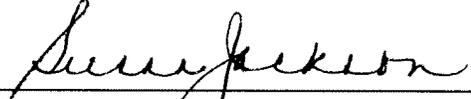
VERIFICATION OF INTENT

The Executive Office on Aging hereby submits the Hawaii State Plan on Aging for the period October 1, 2007 – September 30, 2011. The Executive Office on Aging has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended in 2006, and is primarily responsible for the coordination of all state activities related to the purposes of the Act. The plan charts the direction over the next four years and includes the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and for serving as an effective and visible advocate for the older adults in the State.

The plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging, Administration on Aging. The plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

JUL 11 2007

Date



Susan Jackson
ACTING EXECUTIVE DIRECTOR
EXECUTIVE OFFICE ON AGING
STATE OF HAWAII

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

7/17/07

Date



Linda Lingle
GOVERNOR
STATE OF HAWAII



Chiyome Leinaala Fukino, M.D.

MESSAGE FROM THE DIRECTOR OF HEALTH

Hawaii's older adult population is blessed with longevity. Older adults continue to increase in numbers and proportion of the total population. The first of the baby boomers turned 60 years of age and soon will be 65 in 2011. Significant demands are expected with the growing aging population of today and tomorrow. Individuals, communities, and public and private sectors need to be ready for the many challenges and opportunities that will come about with Hawaii's maturing population.

The Hawaii State Plan on Aging, 2008-2011, *On Designing Livable Communities for Hawaii's Aging Society* is a blueprint for preparing for our aging society. It acknowledges that aging affects all of us and that Hawaii's communities need to have the necessary economic, workforce, and physical capacity for the changing demographic structure.

The Department of Health is very pleased to work closely with the Executive Office on Aging, County Area Agencies on Aging, other public sector agencies, private sector organizations, non-profits, and citizens in taking a proactive approach to creating opportunities for older adults and their caregivers. Working together the vision of *Livable Communities* can be reached for all residents.

Me ke aloha pumehana,

A handwritten signature in black ink, which appears to read "Chiyome Leinaala Fukino, M.D.". The signature is fluid and cursive.

Chiyome Leinaala Fukino, M.D.
Director
Hawaii State Department of Health



Daniel Vargas

MESSAGE FROM THE CHAIR OF PABEA

I wish to thank the Policy Advisory Board for Elder Affairs (PABEA) for their insights and perspectives shared in the development of this State Plan on Aging. In particular, I want to recognize the Plans and Projects Review Committee (PPRC) of PABEA. Members of PPRC spent many hours reviewing the County area plans and advising on the development of the State Plan on Aging. PPRC began their work in November 2005 and have been actively involved ever since. I thank them for their dedication to this important effort.

The plan reflects the views of older adults, caregivers, community, policy makers, and administrators. It is the product of many statewide meetings, grassroots forums, community dialog, and data collection and review. The Hawaii State Plan on Aging (2008-2011) serves as a blueprint for action and as Executive Office on Aging, PABEA, Area Agencies on Aging, other government agencies, community, private sector, continue to work together Hawaii will have the kind of desirable livable communities for an aging society that we are all striving for.

Daniel Vargas
Chair (2006-2007)
Policy Advisory Board for Elder Affairs



Susan Jackson

**MESSAGE FROM THE ACTING EXECUTIVE DIRECTOR OF
EXECUTIVE OFFICE ON AGING**

It gives me great pleasure to submit the Hawaii State Plan on Aging to the U.S. Administration on Aging. The plan is dedicated to *Designing Livable Communities for An Aging Society* – the plan takes a holistic approach in preparing for Hawaii’s aging society. It incorporates health and social services, transportation, workforce and economic development, recreation, civic engagement, and emergency preparedness.

I want to acknowledge and thank our County partners, the Area Agencies on Aging, for their commitment and dedication in working with the Executive Office on Aging in the development of the area and state plans. Beginning in late 2005, this partnership worked closely to examine critical issues and develop strategies to prepare for the increasing numbers of and changing needs of older adults.

This plan is comprehensive and coordinated and the Executive Office on Aging looks forward to working with the Area Agencies on Aging, other government organizations, private sector, and the community in making the plan a reality and to serving well Hawaii’s older adults.

Aloha Nui Loa,

Susan Jackson
Acting Executive Director
Executive Office on Aging

EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) is submitting this Hawaii State Plan on Aging, 2008-2011 to the U.S. Administration on Aging, Department of Health and Human Services. The plan describes the strategies that will be taken for the years 2008-2011. It subscribes to the general framework drawn from the Older Americans Act, the U.S. Administration on Aging's goals and strategies for Choices for Independence, Chapter 349 of the Hawaii Revised Statutes goals, and the Governor's Long Term Living Initiative.

Hawaii's older adult population continues to increase in numbers and proportion. Between 1980 and 2000, the older adult (60 years of age or older) population increased by nearly 82% while the total population grew by less than 26%. The growth in the number of older adults 85 years or older is even more dramatic. Over a 20 year period, the 85+ population increased by 216%. With the aging of the baby boomers projections indicate that by the year 2030, one in four individuals will be an older adult. This kind of population change has significant impact on existing physical infrastructures and systems of services.

To address current and anticipated needs, EOA and AAA agreed to adopt the theme of *Designing Livable Communities for an Aging Society* and pursue the following goals:

1. Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

This plan is based upon the proposals of the EOA and AAA. All of the strategies that have been identified are carried out through partnerships and collaborations with public and private sector organizations, community, and dedicated volunteers. EOA and AAA are systematically working together to prepare for Hawaii's aging society.

TABLE OF CONTENTS

Policy Advisory Board for Elder Affairs	iii
Verification of Intent	iv
Message from the Director of Health	v
Message from the Chair of PABEA	vi
Message from the Acting Executive Director	vii
Executive Summary	viii
Introduction	I-1
The Planning Process	I-2
Hawaii's Aging Population	II-1
Population Profile	II-2
Livable Communities for an Aging Society	II-21
Issues and Areas of Concern	II-23
Unmet Service Needs	II-26
Hawaii's Aging Network	III-1
Strategies for Action	IV-1
Goals	IV-3
Targeting Services – The Next Four Years	IV-29
Targeting Services – The Previous Year, 2006	IV-31
Expenditure Plan	V-1
Existing and Approved Intra-state Funding Formula	V-2
Title III Allotment and Allocations to PSA: 2008	V-10
Previous Year Expenditures for Priority Services	V-13
Minimum Percentages	V-14
Additional Costs of Providing Services to Rural Areas	V-15
Evaluation Plan	VI-1
Appendix A: Listing of State Plan Assurances and Required Activities	A-1
Appendix B: Objectives, by Area Agencies on Aging	B-1
Appendix C: Allocation Plans, by Area Agencies on Aging	C-1
Appendix D: Glossary	D-1

The Executive Office on Aging (EOA) is submitting this Hawaii State Plan on Aging to the U.S. Administration on Aging (AoA) for approval. This plan complies with the requirements of the Older Americans Act (OAA), as amended in 2006, and the AoA's Program Instruction 07-01. Once the plan is approved by the U.S. Assistant Secretary for Aging, the State of Hawaii will receive grants from allotments under Title III and VII of the OAA.

The purpose of the plan is to set the direction for the years 2008-2011 for the development of comprehensive and coordinated systems to serve older adults and their caregivers. Chapter 1 provides a summary of the planning process in developing the State and Area plans. Chapter 2 describes Hawaii's aging population (population profile, concern for the future, major issues and areas of concern, and unmet service needs). Chapter 3 presents the Aging Network. Chapter 4 presents a list of strategies to be taken over the next four years. Chapter 5 describes the expenditure plan. Chapter 6 reviews the approach taken to conduct evaluation.

In November 2005, the State and area planning process was begun. EOA brought together representatives from the Area Agencies on Aging (AAA), University of Hawaii, private sector, community, and elderly advisory boards to kick off the statewide planning process. The meeting was aimed at facilitating and supporting the development of the State and Area Plans (2008-2011).

Phase I: Identifying Critical Issues.

With support from University of Hawaii Department of Urban and Regional Planning faculty, representatives discussed and surfaced critical issues that the State and counties could work on together and be reflected in the respective plans.

University faculty, AAA Directors, and advisory board members presented background information on the 2011 Project (visioning and strategic planning process begun in 1996), priorities of the local activities resulting from the Hawaii White House Conference on Aging, and critical issues found in the respective counties across the state.

Priority issues were identified and strategies developed around age friendly “livable communities,” workforce shortage, housing, transportation, community development, primary prevention, home and community based services, long term care planning, efficient and effective system of information dissemination, and caregiving.

Phase II: Strengthening Aging Network Capacity.

EOA asked how it could best support planners in developing their plans. AAA planners asked for trainings focused on: needs assessment, collaboration/partnership development, planning and evaluation (using the logic model), leadership development, transportation, and the development of Aging and Disability Resource Centers. From January through June 2006, training sessions were conducted with support from faculty of the University of Hawaii’s Department of Urban and Regional Planning, School of Medicine, and researcher from the Hawaii Department of Business, Economic Development and Tourism.

Phase III: Conducting Needs

Assessment. With data sets and tools made available through EOA-sponsored training, the AAA conducted their local needs assessment activities, which included conducting secondary data review and primary data collection (surveys, focus groups, and local forums), compiling, and synthesizing their findings.

Recurrent focus areas surfaced in reviewing the various needs assessment and planning reports:

- Preparing Hawaii’s infrastructure for its aging society
- Access to information and services
- Active and healthy aging
- Family caregivers support
- Home and community based service options
- Elder rights and benefits and prevention of abuse, neglect, and exploitation.

Phase IV: Agreeing on Common Goals.

By August 24, 2006, EOA and AAA adopted a broad theme of “Designing Livable Communities for An Aging Society” and agreed to pursue common goals statewide. The goals are:

1. Hawaii’s communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

Part V: Developing Area Plans. The AAA developed their area plans around the six goals identified above. They conducted public hearings to hear communities’ voices and collect testimonies on the proposed plans. Proposed plans were finalized and submitted to respective Mayors for review and approval.

Phase VI: Designing the State Plan.

EOA and the Plans and Project Review Committee (PPRC) of the Policy Advisory Board of Elder Affairs (PABEA) reviewed and commented on the local area plans. The area plans served as the basis for the development of the State plan. With advice from the PPRC and PABEA, EOA developed the proposed State plan and sought public comments by organizing public meetings across the state. The public was invited to submit testimonies in writing or by participating in one of six public hearings (public hearings were conducted in June, 2007). The PPRC reviewed the public testimonies and advised EOA on the development of the final plan. The plan was submitted to the Governor’s Office for review, approval, and submission.

NOTICE OF PUBLIC HEARING ON STATE PLAN ON AGING

Pursuant to the Older Americans Act, as amended in 2006, the Executive Office on Aging invites the public to comment on the proposed Hawaii State Plan on Aging (2008-2011) in writing or by participating in one of the public hearings scheduled for that purpose. Public hearings will be held on:

- | | |
|---------------|--|
| June 14, 2007 | 10:00 a.m.
J. Walter Cameron Center Auditorium
95 Mahalani Street
Wailuku, Hawaii |
| June 15, 2007 | 10:00 a.m.
4444 Rice Street
Piikoi B Conference Room
Lihue, Hawaii |
| June 25, 2007 | 9:30 a.m.
Lanakila Multipurpose Senior Center
1640 Lanakila Avenue
Honolulu, Hawaii |
| June 27, 2007 | 10:30 a.m.
Hale Halawai Community Center
75-5760 Alii Drive
Kona, Hawaii |
| June 28, 2007 | 10:00 a.m.
Hilo Lagoon Conference Room #145
101 Aupuni Street
Hilo, Hawaii |

A copy of the proposed state plan will be available at the Executive Office on Aging, 250 S. Hotel Street, Room 406, Honolulu, Hawaii 96813 and at any of the Area Agencies on Aging on June 6, 2007. A copy of the proposed plan will be mailed to any person who requests a copy and pays in advance for the copy and postage. Requests may be made in writing to the Executive Office on Aging at the address below or by calling (808) 586-0100.

The Executive Office on Aging
Department of Health
250 S. Hotel Street, Room 406
Honolulu, Hawaii 96813

Anyone wishing to comment on the document in writing may do so by submitting testimony to the Executive Office on Aging before or during the public hearings. The comment period ends on June 29, 2007. For more information call the Executive Office on Aging at (808) 586-0100.

If you have special needs due to disability, please contact the Executive Office on Aging at (808) 586-0100, voice/TTY, at least ten calendar days prior to the scheduled meeting.

State of Hawaii
Executive Office on Aging
Susan Jackson
Deputy Director of Health

Public Notice announcement published in: The Garden Isles, Honolulu Star Bulletin, Maui News, Hawaii Tribune, and West Hawaii Today.

EOA and AAA applied various needs assessment approaches (secondary data review, literature reviews, service utilization analysis, primary data collection activities-community surveys, forums, focus groups) and identified a number of challenges facing Hawaii's older adults, their caregivers, and social and physical infrastructures. This part of the plan provides a review of population, health, social, and economic data and trends; concern for tomorrow with the aging of the baby boomers; issues and areas of concern; and estimated unmet service and program needs.

Increase in numbers and proportion of older adults

Hawaii's older adult population (persons 60 years of age or older) continues to increase in numbers and proportion (share of total population). In 1980, there were 113,940 older adults, representing 11.8% of the total population. By 2000, there were 207,001 older adults representing 17.1% of the total population. U.S. Census Bureau 2007 estimates show there are 249,755 older adults in Hawaii today.

Over a twenty year period (1980 – 2000), the older adult population increased by nearly 82% while the total population grew by less than 26%. The growth in the number of older adults 85 years or older is even more dramatic. In 1980, there were 5,560 individuals 85 years and older representing only 0.6% of the total population. By 2000, the 85+ population increased to 17,564, representing nearly 1.4%. Between 1980 and 2000, the 85+ population increased by 216%.

Table 1: Population (60+, 85+)

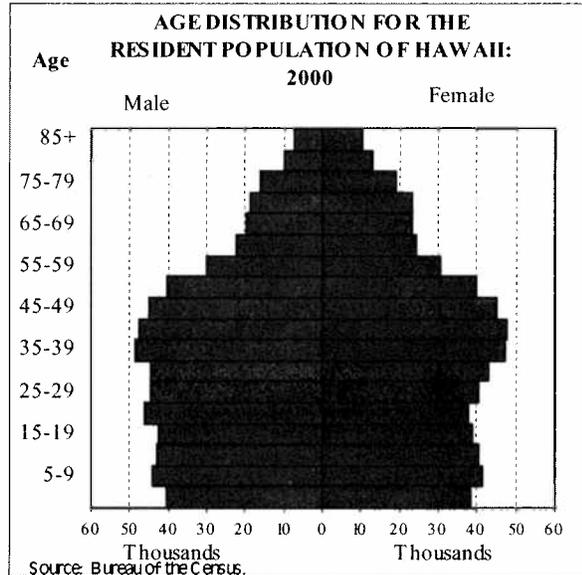
Age (population in 1000s)	1980	1990	2000	2010	2020	2030
Total 60+	113.94	173.73	207.001	268.8	351.65	410.45
% of Total Pop.	11.8%	15.7%	17.1%	20.0%	23.6%	25.2%
#Change from 1980		59.8	93.1	154.86	237.71	296.51
% Change from 1980		52.5%	81.7%	135.9%	208.6%	260.2%
Total 85+	5.56	10.397	17.564	29.75	33.8	40.35
% of Total Pop.	0.6%	0.9%	1.4%	2.2%	2.3%	2.5%
#Change from 1980		4.8	12.0	24.19	28.24	34.79
% Change from 1980		87.0%	215.9%	435.1%	507.9%	625.7%
Total Population	964.69	1108.23	1211.54	1346.6	1489.55	1630.45
# Change from 1980		143.54	246.85	381.91	524.86	665.76
% Change from 1980		14.9%	25.6%	39.6%	54.4%	69.0%

Source: U.S. Census Bureau. Hawaii Department of Business, Economic Development and Tourism.

Aging baby boomers

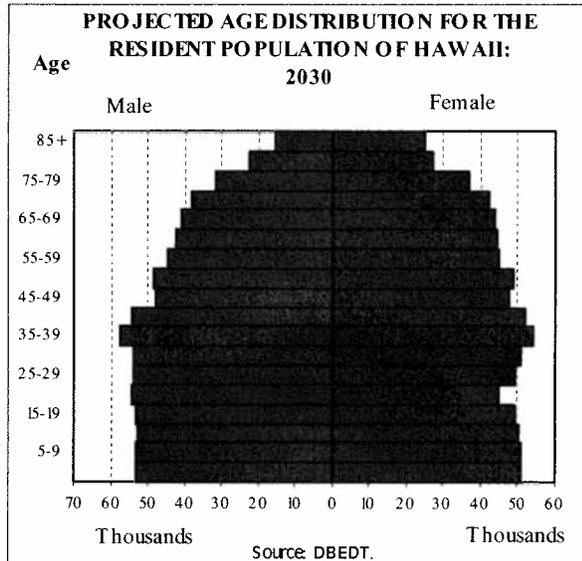
With the aging of the baby boomers (persons born between 1946-1964) and decreasing mortality, projections indicate that by the year 2030, one in four individuals will be an older adult. The growth in numbers of older adults will change the population age structure from a population pyramid as shown in 2000 to a squaring of the population structure by 2030.

Figure 1



Source: U.S. Census Bureau.

Figure 2

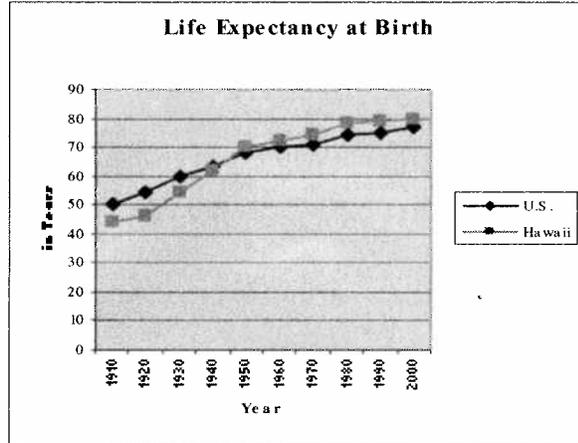


Source: Hawaii Department of Business, Economic Development and Tourism.

Increase in life expectancy

Life expectancy continues to increase over time. Hawaii’s life expectancy is longer than the United States as a whole. In 2000, life expectancy in Hawaii was 80 years, compared to U.S. at 77 years.

Figure 3



Source: Hawaii Health Information Corporation.

Life expectancy varies among ethnic groups

According to the 1990 life expectancy tables, disparities exist among ethnic groups. Chinese and Japanese live the longest (83 and 82 years respectively), followed by Filipinos (79 years), Caucasians (76 years), and Hawaiians and Part-Hawaiians (74 years).

Table 2

Hawaii Life Expectancy by Ethnic Race

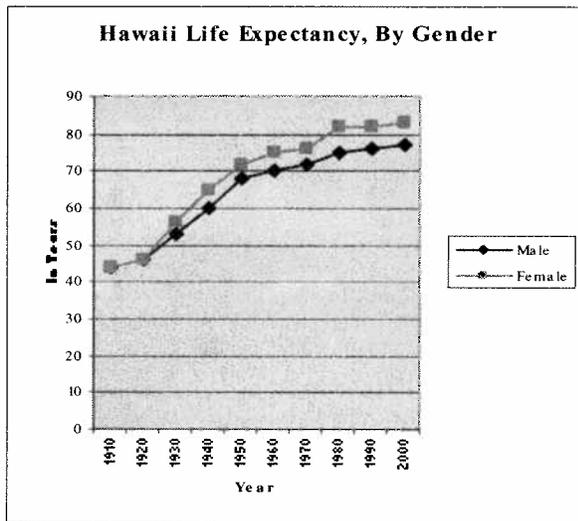
Year	Caucasian	Chinese	Filipino	Native Hawaiian	Japanese
1910	55	54	(NA)	33	49
1920	56	54	28	34	51
1930	62	60	46	42	60
1940	64	65	57	52	66
1950	69	70	69	62	73
1960	73	74	72	65	76
1970	73	76	73	68	77
1980	76	82	79	72	81
1990	76	83	79	74	82

Source: Hawaii Health Information Corporation.

Life expectancy varies by gender

Women tend to live longer than men. In 2000, life expectancy data show Hawaii women at 83 years and for men 77 years.

Figure 4



Source: Hawaii Health Information Corporation.

More women than men

In 1980, there were more men in Hawaii than women. By 2000, the numbers shifted and now there are more women. The differences become more pronounced with advancing age. Projections suggest this trend will continue with the longer life expectancy of women.

Age	1980		1990		2000	
	Male	Female	Male	Female	Male	Female
60-64 years	18871	18923	22651	26077	22293	24107
65-69	15384	13769	21848	23736	19503	23344
70-74	10991	9231	15696	17373	18919	23496
75-79	6796	6877	11255	11439	16020	19366
80-84	3177	4364	6599	6662	9626	12763
85+	2011	3550	3977	6420	7270	10294
60+	57230	56714	82026	91707	93631	113370
%	50.2%	49.6%	47.2%	52.8%	45.2%	54.8%
85+	2011	3550	3977	6420	7270	10294
%	36.2%	63.8%	38.3%	61.8%	41.4%	58.6%

Table 3
Figure 5

Source: U.S. Census Bureau, 1980, 1990, and 2000.

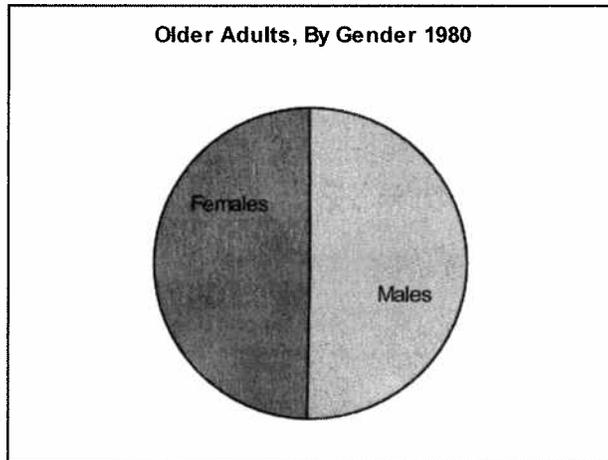
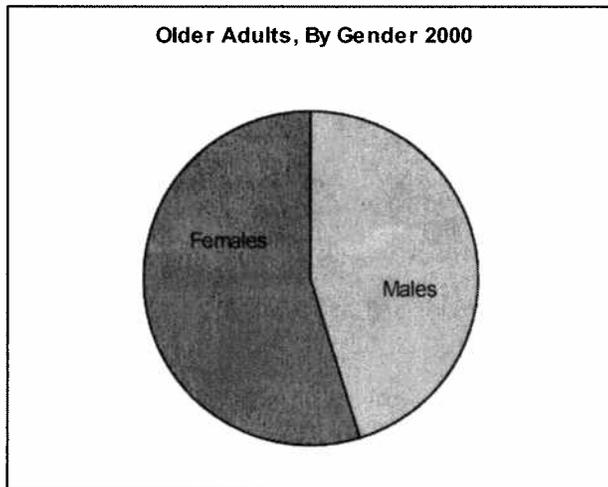


Figure 6



Change expected in geographic distribution

Over the past two decades, the majority of older adults resided in the City and County of Honolulu (in 2000, 73% of older adults resided in the City and County of Honolulu, the metropolitan area of the State; 13% in Hawaii; nine % in Maui County; and five % in Kauai County).

Projections indicate however, that the proportion of older adults residing in the City and County of Honolulu will decrease to under 70% by the year 2015. Hawaii and Maui counties will see increases in the elderly population. Hawaii County will see increases from 12% in 1980 to 14% by 2015 and from 9% in 1980 to 11% by 2015 in Maui County.) The proportion of older adults residing in Kauai is expected to remain about the same.

Table 4

	60+: State of Hawaii			HNL		Kauai		Maui	
	Hawaii	Hawaii	%	HNL	%	Kauai	%	Maui	%
1980	113,944	13,592	12	83,820	74	6,125	5	10,407	9
1990	173,733	20,755	12	128,490	74	8,877	5	15,611	9
2000	207,001	26,122	13	150,910	73	10,468	5	19,501	9
2010	268,901	35,750	13	190,950	71	13,800	5	28,400	11
2015	310,751	43,050	14	216,300	70	16,550	5	34,850	11

Source: U.S. Census Bureau. Hawaii Department of Business, Economic Development and Tourism.

Figure 7

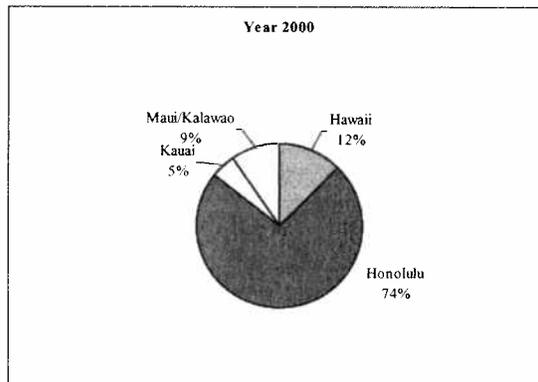
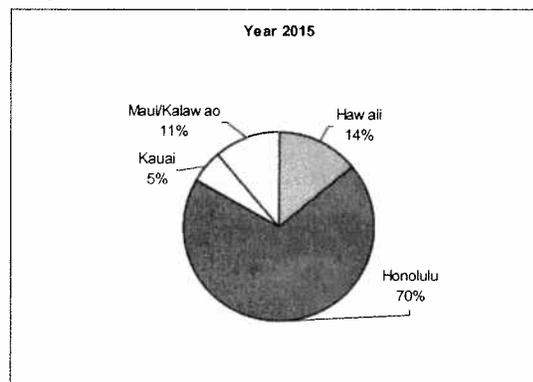


Figure 8



Rural

According to the U.S. Census Bureau definition of rural, in 2000, only 7.8 % of the State's older adults lived in rural areas. (The Census definition of rural is not urban. Urban consists of territory, persons, and housing units in: 1) places of 2,500 or more persons incorporated as cities, villages, boroughs and towns, but excluding the rural portion of extended cities; 2) census designated place of 2,500 or more persons; 3) other territory, incorporated or unincorporated, included in urbanized areas). Most resided in Kauai and Hawaii counties.

Applying the U.S. Administration on Aging's definition of rural, nearly 24% of elders lived in rural areas. (All areas outside Census Designated Places with a population of 20,000 or more).

Change in ethnic composition over time

In 2000, minorities represented 77% of total older adult population. Asians alone represented 61.8%. Of the Asian population, 34.4% are Japanese, 14.8% are Filipino, 7.7% Chinese, 2.3% Korean and 1.8% represent other Asians.

Interesting shifts are expected to occur over time. Hawaii Department of Business Economic Development and Tourism projections suggest that the Asian population will decrease in number and proportion and Whites will increase in number and proportion in all counties over time.

Table 5
60+

	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
White alone	50,641	10,402	29,672	3,251	7,316
AIAN alone	302	65	187	15	35
Black alone	884	71	745	20	48
Asian alone	128,598	10,615	102,963	5,777	9,243
NHPI alone	11,850	1,796	8,161	564	1,329
Two or more races	15,769	2,907	10,491	829	1,542
TOTAL	208,044	25,856	152,219	10,456	19,513
Hispanic	5,517	1,031	3,502	379	605
Not Hispanic	202,527	24,825	148,717	10,077	18,908
TOTAL	208,044	25,856	152,219	10,456	19,513
Minority	160,365	16,050	124,316	7,437	12,562
Non-minority (White alone, not Hispanic)	47,679	9,806	27,903	3,019	6,951
TOTAL	208,044	25,856	152,219	10,456	19,513

Source: U.S. Census Bureau, 2000.

Leading causes of death continue to be heart disease, cancers and strokes

The leading causes of death among older adults are heart disease, malignant neoplasms (cancers), cerebrovascular disease (stroke) and chronic lower respiratory disease.

Table 6
Mortality 60+: Underlying Cause of Death, 1999-2001, State of Hawaii

Underlying Cause of Death for Older Adults (60+)	1999		2000		2001	
	Rank	Count	Rank	Count	Rank	Count
Heart Disease	1	2032	1	2256	1	1934
Malignant Neoplasms (Cancers)	2	1494	2	1484	2	1550
Cerebrovascular Disease (Stroke)	3	669	3	623	3	688
Chronic Lower Respiratory Disease	4	266	4	235	4	245
Diabetes Mellitus	6	175	5	168	6	138
Influenza/Pneumonia	5	211	8	94	5	185
Nephritis, Nephrotic & Nephrosis (Kidney)	8	115	7	121	9	104
Alzheimer's Disease	9	107	6	122	8	122
Other Accidents & Adverse Effects	10	102	9	90	7	125
Other Circulatory Diseases, Including Artherosclerosis	7	124	10	89	10	101
All Other Causes		1224		1225		1319
Total		6519		6507		6511

Source: Hawaii Department of Health, Office of Health Status Monitoring.

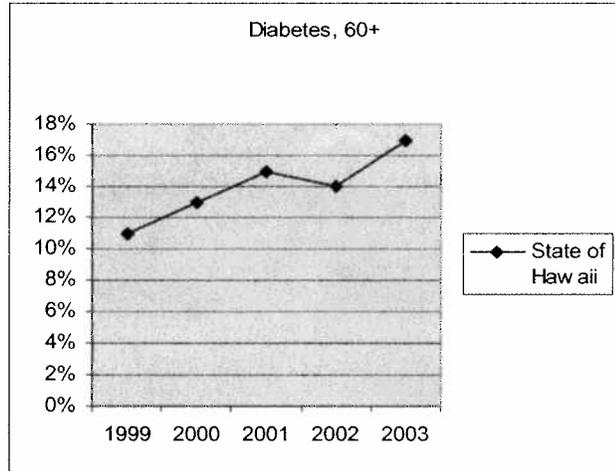
Vary in health status

Hawaii Department of Health’s Behavioral Risk Factor Surveillance System (BRFSS) shows that there are health disparities seen among ethnic groups and geographic regions.

Although Hawaii’s older adults are living longer, there are a growing number and percentage who have chronic conditions and do not meet the recommended requirements for physical activity or nutrition.

Diabetes is on the rise. According to BRFSS data, diabetes continues to increase among older adults. In the State of Hawaii over a five year period (1999 – 2003), the proportion of older adults with diabetes increased from 11% to 17%. Over 20% of Native Hawaiians and Filipinos were found to have diabetes in the City and County of Honolulu and Hawaii County.

Figure 9



Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 7

60+: Diabetes, 1999-2003

	1999	2000	2001	2002	2003
County:					
Hawaii	14%	14%	15%	11%	15%
Honolulu	11%	12%	15%	16%	17%
Kauai	7%	14%	14%	7%	14%
Maui/Kalawao	11%	14%	12%	12%	15%
State of Hawaii	11%	13%	15%	14%	17%

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 8

60+: Diabetes by Ethnicity/Race, 2001-2003

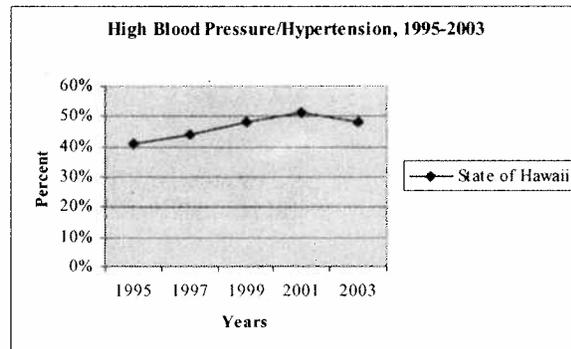
	White	Native Haw	Filipino	JPN	Total
County:					
Hawaii	10%	23%	25%	13%	14%
Honolulu	10%	20%	22%	17%	16%
Kauai	8%	18%	14%	14%	11%
Maui/ Kalawao	10%	16%	11%	15%	13%

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

40% have high blood pressure/hypertension

BRFSS data also indicate that over 40% of older adults in Hawaii have high blood pressure/hypertension. Fifty-six% of Native Hawaiians, 53% of Japanese, 49% of Filipino, and 41% of Whites have high blood pressure/hypertension.

Figure 10



Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 9
60+: High Blood Pressure/Hypertension 1995-2003

	White	Native HI	Filipino	JPN	Total
County:					
Kauai	57%	48%	55%	59%	51%
Honolulu	40%	57%	45%	54%	50%
Maui/					
Kalawao	41%	46%	50%	55%	43%
Hawaii	42%	60%	63%	47%	48%
State of Hawaii	41%	56%	49%	53%	49%

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Over 30% have high cholesterol

Over 30% of older adults have high cholesterol. This varied among ethnic and racial groups. On three-year averages (1999-2003), 42% of Native Hawaiians, 38% of Japanese, 30% of Whites, and 28% of Filipinos had high cholesterol.

Many are not pursuing the benefits of protective factors of physical activity and improved nutrition

BRFSS data show that:

- Over 40% of older adults are overweight or obese.
- The percentage not getting regular physical activity increased from 45% in 1999 to 56% of older adults in 2003. On three-year averages (2001-2003), 65% of Filipinos, 58% of Japanese, 56% of Native Hawaiians and 49% of Whites are physically inactive.
- Over 60% consume less than 5 fruits or vegetables daily. On three-year averages (2001-2003), 76% of Japanese, 71% of Native Hawaiians, 69% of Filipino and 66% of Whites eat less than 5 fruits/vegetables daily.

Chronic conditions can lead to functional impairment, medical complications, loss of independence and various forms of disabilities. The costs (Medicare expenditures) of addressing chronic conditions continue to grow.

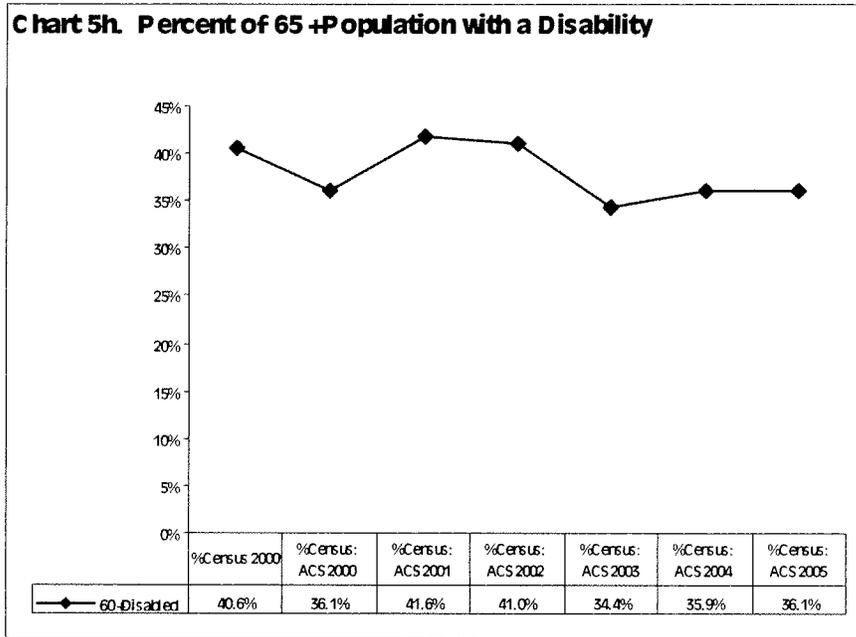
Risk for Illness and Death Related to Flu and Pneumonia

Death and illness related to influenza and pneumonia can be prevented through vaccinations. According to Healthy People 2010, vaccination is an effective strategy to reduce illness and deaths due to flu and pneumonia. These vaccinations are covered by Medicare; thus, vaccinating greater numbers of adults aged 65+ is feasible. With the population aging, increasing numbers of adults will be at risk for illness and death related to flu and pneumonia. According to Hawaii Department of Health Behavioral Risk Factor Surveillance System data for older adults (65+), vaccination rates for flu and pneumonia continue to rise. Despite these improvements, Hawaii has not reached the Healthy People 2010 goal of immunizing 90 percent of individuals 65 years and older.

Disability

According to U.S. Census Bureau (2000), 37.5% of the older adult population had a disability. Among 65 years of age or older population, 40.6% had a disability.

Figure 11



Source: U.S. Census Bureau, 2000.

Table 10

60+ with a Disability	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
Census 2000	76,380	9,615	55,285	3,940	7,540
	37.5%	38.0%	37.2%	37.7%	38.3%
65+ with a Disability	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
Census 2000	64,100	7,830	46,860	3,267	6,143
% Census 2000	40.6%	40.3%	40.4%	40.9%	42.2%
% Census: ACS 2000	36.1%				
% Census: ACS 2001	41.6%				
% Census: ACS 2002	41.0%		40.2%		
% Census: ACS 2003	34.4%		32.9%		
% Census: ACS 2004	35.9%		35.1%		
% Census: ACS 2005	36.1%	42.1%	34.5%		39.6%

Source: U.S. Census Bureau, 2000.

Are better educated

Older adults are better educated than ever before. In 1990, 51% of individuals 65 or older had less than a high school degree or equivalent. By 2000, the percentage decreased to 35%. This lags behind the nation as a whole at 24%. In 1990, 11% of 65+ had a 4-year college degree or higher, by 2000, this increased to 16%. Hawaii was behind the nation at 22%.

Table 11

65+ Education	1990 (Hawaii)	2000 (Hawaii)	2000 (US)
Less than H.S. or equivalent	51%	35%	24%
H.S. or equivalent	26%	34%	30%
4-year college degree or higher	11%	16%	22%

Source: U.S. Census Bureau, 1990 and 2000.

Some have language barriers:

According to the 2000 census, 11.2% of older adults have language barriers (speaks English “not well” or “not at all”). In 2005, over 26,000 individuals (11.2% of older adults population) are estimated to have a language barrier.

Table 12

	2000 60+	2005* 60+
Kauai County	898	1,018
City and County of Honolulu	18,455	21,036
Maui County	2,255	2,630
Hawaii County	1,670	1,972
TOTAL	23,290	26,718

Source: *EOA estimates based on Census 2000 Language Barrier results and 2005 population estimates.

Family caregiving exists but the nature (characteristics) and extent are unknown

Significant attention is given to the issue of the informal caregiver. Many adults in Hawaii care for their loved ones. Yet, the nature and extent of family caregiving are unknown.

Preliminary data collection and review efforts have been conducted. The 2000 BRFSS data estimated that 126,598 adults are caregivers (providing regular care or assistance to a family member or friend who is an older adult or has a long term illness or disability), representing 14% of adult population. BRFSS 2000 data show:

- 57% of adult caregivers are female,
- 65% employed,
- 75% under the age of 60.

The Hawaii Health Survey, 2004, found that:

- 35% of care recipients live with their caregivers,
- 29% of care recipients live alone,
- Over 67% of care is provided in the care recipient's home,
- 82% of family caregivers receive additional care from other family members,
- About 20% of caregivers use formal means of support,
- Caregivers age 70+ are more likely to be caring for an older adult who has professional caregivers and less likely to utilize adult day care/health than other age groups.

Survey results showed that the most common impact caregiving has on caregiver's lives were:

- Less time to travel and engage in hobbies of their own (40%)
- Have less time to run my errands/go to appointments (37%)
- Don't get enough sleep (34%)
- Go to work late, leave early, take time off during the day (32%)
- Taken early retirement, leave of absence, or resigned (12%)
- Taken less demanding job/turn down promotion (10%).

It also found that 54% of family caregivers would consider getting information and training related to caregiving or consider health services for themselves. More than half would consider health services for the care recipient or help making a care plan, exploring care options, or finding services.

Grandparents raising grandchildren (17 years or younger)

Census 2000 shows that 7% of the 30 years of age or older population are grandparents living with grandchildren (under the same roof). In Hawaii, this is equivalent to over 49,000 individuals. This is twice as high as the national rate (3.6%).

Native Hawaiians and other Pacific Islanders are more likely to be grandparents living with their grandchildren than other ethnic groups. Blacks and Whites are least likely to be a grandparent living with their grandchildren.

Two percent of grandparents caring for their grandchildren are also responsible for their basic needs. (Over 14,000 individuals caring for their grandchildren are also responsible for their basic needs.) Twenty-nine percent of grandparents who live with their grandchildren are also raising one or more of these grandchildren. Over half of grandparents raising grandchildren are in the labor force (75% of grandparents raising grandchildren are under the age of 65).

Over 40% of those grandparents raising grandchildren are 60 years or age or older. This is higher than the nation as a whole at 30%.

In 2000, of those grandparents raising grandchildren, 63% were female and 37% were male (grandfathers). In 2003, 46% were male (grandfathers).

Nearly 6% of grandparents raising grandchildren are below poverty level.

Living alone

Census 2000 data show that approximately 17% of older adults live alone. This is an increase from 1990 Census that indicated 15% were living alone. More women live alone than men. White, Black, or American Indian/Alaska Native older adults are more likely to live alone than Native Hawaiian/Pacific Islander or Asian populations.

Income status

Income is influenced by the State's overall economic conditions. Over the past few years, there has been steady, but moderate growth in Gross Domestic Product. Hawaii Department of Business, Economic Development and Tourism projections suggest the economy will show moderate growth through 2010.

According to Census 2000, the median family income for householders 60+ is \$58,040 and \$62,069 for families with one or more persons. Median family income varies by county. The City and County of Honolulu and Maui County have higher household median family income than Counties of Kauai and Hawaii.

Continuing to work

Over 20% of older adults (60+) statewide are in the labor force. Maui County has the highest proportion of older adults in the labor force.

Majority own their own homes

The majority (74 %) of older adults are homeowners and 20% are paying 30% of their income for housing.

Table 13

Economic Security, 2000	National	State	Kauai	HNL	Maui	Hawaii
Median Family Income, Householder 60+	41429	58040	47997	61870	52362	43931
Median Family Income, Family with One or More Persons	43359	61059	52520	64579	58668	46562
Labor Force Participation	National	State	Kauai	HNL	Maui	Hawaii
60+ in Labor Force	21.1%	22.0%	20.6%	21.9%	24.0%	21.7%
Housing	National	State	Kauai	HNL	Maui	Hawaii
Householder 60+: Homeowner-occupied	78.1%	74.4%	76.2%	73.2%	74.9%	80.2%
Homeowners 60+ Paying 30%+ Income for Housing	21.5%	20.5%	20.6%	19.9%	24.1%	20.4%

Source: U.S. Census Bureau, Census 2000.

Snapshot of Household Income, 65+

The following provides a snapshot of household income of older adults 65 years or older. It should be noted that the survey did not include Kauai County.

Table 14
Household Income,
65+

		%
Less than \$10,000	8,497	9%
\$10,000 - 14,999	8,737	9%
\$15,000 - 19,999	5,122	5%
\$20,000 - 24,999	6,559	7%
\$25,000 - 29,999	5,398	6%
\$30,000 - 34,999	5,205	5%
\$35,000 - 39,999	5,541	6%
\$40,000 - 44,999	4,254	4%
\$45,000 - 49,999	5,359	5%
\$50,000 - 59,999	6,835	7%
\$60,000 - 74,999	9,641	10%
\$75,000 - 99,999	10,133	10%
\$100,000 - 124,999	6,641	7%
\$125,000 - 149,999	3,464	4%
\$150,000 - 199,999	3,392	3%
\$200,000 or more	2,724	3%
Total	97,502	100%

Source: U.S. Census Bureau, 2005 American Community Survey.

Poverty

Nearly eight percent of older adults live at or below the federal poverty level. Eight percent who are minorities are below poverty. Over time, the percentage of minorities in poverty continues to increase.

Table 14
60+ Below Poverty

	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
1990 Census	12,300	1,934	8,662	683	1,021
Census 2000	15,140	1,905	10,950	730	1,555
%: 1990 Census	7.3%	9.4%	6.9%	7.9%	6.6%
%: Census 2000	7.4%	7.5%	7.4%	7.0%	7.9%
60+ Minorities Below Poverty (% of 60+ Minorities)					
	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
%: Census 2000	7.7%	7.8%	7.6%	7.5%	8.2%
65+ Minorities Below Poverty (% of 65+ Minorities)					
	State of Hawaii	Hawaii	Honolulu	Kauai	Maui
%: Census 2000	7.6%	7.4%	7.6%	7.3%	7.9%
%: Census: ACS 2001					
%: Census: ACS 2002	8.7%		9.0%		
%: Census: ACS 2003	7.5%		7.5%		
%: Census: ACS 2004	8.4%		9.0%		
Census ACS 2005	10.1%	9.1%	10.8%		3.1%

Source: U.S. Census Bureau, 2000. 2005 American Community Survey

Policy Advisory Board for Elder Affairs' Plans and Projects Review Committee identified the following implications from the data and trends presented earlier:

Implications:

- Need for more services
- Need for increased funding and resources (staffing, etc.)
- Need to make behavioral change in improving health
- Increase in specialized services among various professions and need for mechanism to enhance consumer protection while ensuring business friendly environment
- Educate/provide information to enable public to make informed lifestyle, financial and other decisions
- Provide good access to information
- Need for rural communities to have its infrastructure ready for aging society
- Need to look at different service models
- Have flexible and creative services to address range of population needs (from frail elders to aging baby boomers). Have variety of models for caregiving
- More options for housing and financing it
- Have creative and flexible options to address population changes
- Family caregivers get licensed as professional caregivers
- Have culturally appropriate options for diverse ethnic populations.

Livable Communities for an Aging Society

The **Hawaii Summit: 2011 Project** (a visioning and strategic planning project) was developed in 1996, to prepare Hawaii for its aging society. Under the auspices of EOA with assistance from the University of Hawaii Department of Urban and Regional Planning, this statewide planning process brought together individuals from public private sectors, non-profits, and communities to develop a Hawaii perspective (vision) of aging in the year 2011. The project was futures oriented and focused on three major phases: 1) increasing awareness about the demographic revolution occurring; 2) building scenarios for an aging society; and 3) developing policies, programs, and projects that lead toward desired vision.

Five major scenarios were synthesized from participant input:

Paving Over Paradise: This worst case scenario described current issues that go unattended and the disasters that follow.

Ohana Plus: Family centered communities that offer a range of housing arrangements, multi-generational family compounds offer vibrant centers of intergenerational activity, and seniors are well integrated into active civic life.

Boomerville: Gated community designed by and built by *Boomers for Boomers*.

Kakaako West: Revitalized downtown living with easy access to a range of services and activities resulting from senior-friendly urban design.

Aloha Villages: Rural lifestyle with village communities, farming, cooperatives, and community centers that offer leading edge technologies and services to meet needs.

Core values described in the scenario development served as guiding principles.

The values were:

- Independence and dignity
- Self determination
- Respect for elders
- Intergenerational connectedness
- Continued productivity
- Lifelong learning
- Interactive lifestyles
- Hawaiian values
- Appreciation for diversity
- Ohana (family)
- Avoiding a two-tiered society of haves and have-nots.

Work groups developed recommendations for policies, plans, projects and programs in five areas: 1) workforce and economic development; 2) housing; 3) supportive services; 4) health care and long-term care; and 5) community development.

Recommendations included:

Workforce and economic development

- Eliminate employment barriers for seniors
- Promote retirement education, financial planning, and vocational training programs
- Create "Senior" industries

Housing

- Support aging in place programs
- Support families who provide elder care
- Increase the supply of congregate housing
- Support families who provide senior care
- Zone lands for congregate living
- Supportive Services
- Provide a continuum of care
- Support independent living
- Maintain the safety net for seniors

-Provide recreational, educational and social services

Health Care and Long Term Care

-Expand wellness programs

-Support prevention-oriented health programs

-Support Gerontology Research and Geriatric Medicine

-Develop a comprehensive long-term care financing system

Community Development

-Plan livable communities

-Create transportation systems for seniors

-Encourage advocates for seniors.

A Decade Later: In 2006, EOA and AAA joined forces to expand the dialogue between public and private sectors, non-profit organizations, and community. State and county aging offices convened a statewide planning team and organized and held a **Conference on Designing Livable Communities for an Aging Society** on November 15, 2006, at the East-West Center. Over 150 individuals from across the state attended, including representatives from government, policy makers, private sector, experts in transportation, housing, planning, public health and aging networks, and the community.

Sandy Markwood, CEO of the National Association of Area Agencies on Aging, served as keynote speaker and reviewed how the coming age wave will impact housing, health, transportation, land use planning, public safety, parks and recreation, workforce development, volunteerism, arts and cultural activities and economic development. The information supported the conference participants' work in identifying issues, strategies, opportunities, and actions to be explored and taken. Issues areas included:

- Health status of older adults
- Family caregiving
- Home and community based service
- Rising health and long term care costs
- Aging in place
- Co-location of housing with supportive services
- Access to recreation and socialization for isolated and frail
- Need for multi-generational support programs
- Older adults and civic engagement
- Older adults in planning, design, of multimodal transportation, facilities and services
- Transportation options
- Qualified workers in health care
- Older workers in the workforce.

EOA and AAA conducted over the past two years a variety of data collection activities to understand the issues and concerns of older adults, their caregivers, and the community as a whole. Noteworthy statewide data collection reports are:

-A Compilation of Issues, Barriers, and Solutions Designed to Provide Input to the Policy Committee of the 2005 White House Conference on Aging (December 2004-April 2005);

-A Compilation of Issues, Barriers, and Solutions for Consideration by Delegates Attending the June 30, 2005 Aging Agenda Conference;

-Policy Advisory Board of Elderly Affairs Community Forums (2006);

-Aging Issues 2007, A Briefing Guide for the Hawaii State Legislature (2007);

-Conference on Designing Livable Communities for an Aging Society (2007);

-Report to the Twenty-Fourth Legislature, State of Hawaii 2007 (Pursuant to Senate Concurrent Resolution 115 S.D.1,

Requesting that the State Executive Office on Aging Convene a Focus Group with Other Stakeholders to Assess Yearly Service Delivery Needs and Long-Term Strategic Planning for Kupuna Care).

EOA and AAA discussed the various materials and identified the following six major issue areas to pursue.

1. Preparing Hawaii's Infrastructure for Its Aging Society: In the year 2011, the first of the baby boomer population will reach 65 years of age. The aging of our population will pose significant challenges to our economic, physical and social infrastructures. Is Hawaii ready for this kind of demographic revolution?

-Economic: Do we have adequate and appropriate services to meet anticipated aging and long term care needs and demands?

-Physical Infrastructure: Many older adults prefer to continue to live in their own homes within their familiar neighborhood, close to lifelong friends and family. Many need appropriate transportation to keep them as independent as possible. There is a need to have a range of housing, transportation, and community options to address the changing needs of older adults.

-Workforce infrastructure: There is concern about the workforce of the future. Currently, there is a lack of available workers to care for older adults and disabled individuals in long term care facilities and home and community based services and program. There is also a need for professional staff with backgrounds in gerontology and geriatrics. How can we create a system that attracts and prepares those who are interested and qualified to work? Hawaii needs to be prepared for its aging society.

2. Access to Information and Services: Older adults and their caregivers expressed a need for easy access to information and services. Many do not know where to turn for help or information. Some have found

the information system confusing or frustrating to access. The Aging Network across the nation understands the importance of having and operating an efficient and effective information delivery system to enable individuals to make informed decisions.

3. Active and Healthy Aging: Although Hawaii's older adults are blessed with longevity, there are a growing number and proportion of older adults who face chronic conditions and do not meet recommended requirements for physical activity or nutrition. Chronic conditions can lead to functional impairment, loss of independence, various forms of disabilities, and place significant demands on the healthcare (Medicare) and long term systems. Although there are evidence-based health promotion practices for preventing or delaying onset of some diseases, many individuals do not participate in these programs and practices. Steps need to be taken to keep individuals as healthy and active for as long as possible and prevent premature disability and institutionalization.

4. Family Caregivers Support: A strong sense of family exists in Hawaii and many family members care for their loved ones in their own homes and communities. These family members play a pivotal role in the provision of long term care and in enabling their loved ones to remain at home for as long as possible. There are, however, costs incurred financially, physically, and emotionally. Over time the costs take a toll on individuals, families, communities, and institutions. Family caregivers need a comprehensive, sustainable, community-based family caregiver support system and policies to enable them to continue to

provide necessary care to help their loved ones remain in their home and community for as long as possible and delay or avoid premature institutionalization.

5. Home and Community Based Service

Options: With increasing age and frailty, individuals may need assistance in eating, bathing, dressing, transferring from bed to chair, toileting, taking medications, managing money, doing housework, or transportation. Individuals at risk for institutionalization may need supportive programs and services to enable them to live independently at home for as long as possible. Older adults, however, are not homogeneous and existing services and programs may not be suited to meet individual needs. Options need to be available for in-home and community based long term care that are best suited to meet their individual needs and preferences. Older adults need a range of flexible and consumer-directed options of care.

6. Elder Rights and Benefits and Prevention of Abuse, Neglect, and

Exploitation: There are older adults who may not have access to information and services to ensure them of their basic rights and benefits and may fall victim of fraud, abuse, neglect or exploitation. Many are frail and vulnerable and often depend on others to assist them in meeting their daily needs. They need a voice to ensure them of their basic rights and benefits, address their complaints regarding care received in nursing homes, assisted living facilities, and adult residential care homes; and obtain legal assistance in addressing consumer protection, protective services, guardianship, and other disputes. There is a need to protect and enhance the basic

rights and benefits of vulnerable older adults. Older adults require information and assistance and education regarding their options, rights and benefits.

Unmet Service Needs

The Older Americans Act, as amended, requires the State to evaluate the need for supportive services and to determine the extent to which existing public or private programs meet such needs. EOA conducted literature review and proposed to the AAA that they apply formulas which were based upon results of various reports. These formulas were developed for Area Plan preparation purposes only. They are not intended to represent official State standards. They serve as rough gauges for determining the extent of community service needs. The following provides a review of the unmet needs by geographic region.

County of Kauai

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity *based on estimates	Unmet Needs
Access					
Information & Assistance	BRFSS 2000; all adults 18+	47,272	2,249		45,023
Outreach	BRFSS 2000; all 60+ and caregivers under age 60 (14%)	16,999	2,115		14,884
Assisted Transportation	NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation	3,535	105	355	3075
Transportation	60+ mobility disadvantaged; 65+ nondrivers - AARP report: Aging Americans: Stranded without Options; 21% of 60+	2,535	1,973		562
Case Management	NHIS-D, 2004, MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers	3,535	656		2,879
In-Home					
Chore	NHIS 2003-2004; DHHS, CMS, MCBS 2002 Difficulty standing and performing heavy housework	3,162	188	443	2,531
Homemaker	NHIS 2004 Needs help of another person handling routine needs, such as household chores, shopping, or getting around	1,340	97	188	1,055
Personal Care	DHHS, CDC, National Center for Health Statistics, NHIS 2004	703	114	98	491
Adult Day Care/Health	NHIS - D, MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting	3,535	64		3,471
Legal Assistance	60+	12,071	389		11,682
Nutrition					
Nutrition – Home Delivered Meals	NHIS-D, MEPS 2002 Special Tabulation Hot meals delivered to frail, homebound	3,535	336	495	2,704
Nutrition – Congregate Meals	60+ Hot meals in a congregate or group setting	12,071	1,998		10,073
Nutrition Counseling	BRFSS 2003 Nutritionally at risk	7,846	385		7,461
Nutrition Education	60+ and caregivers under 60 Nutrition information	16,999	450		16,549

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity *based on estimates	Unmet Needs
Caregiver Support Services					
III E - Counseling	BRFSS 2000 Adult caregivers 18+ (14%)	6,618	302		6,316
III E - Respite	BRFSS 2000 Adult caregivers 18+ (14%)	6,618	17		6,601
III E – Supplemental Services	BRFSS 2000 Adult caregivers 18+ (14%) Services provided on a limited basis, which may include home modifications, emergency response systems, incontinence supplies	6,618	12		6,606
III E – Access Assistance	BRFSS 2000 Adult caregivers 18+ (14%) Assists caregivers in obtaining access to services	6,618	185		6,433
III E – Information Services	All adults 18+	47,272	2,249		45,023

City and County of Honolulu

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity	Unmet Needs
Access					
Information & Assistance	BFRSS 2000; all adults 18+	696,421	118,474		577,947
Outreach	BFRSS 2000; all 60+ and caregivers under age 60 (14%)	245,571	35,495		210,076
Case Management	NHIS-D, 2004, MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers	50,467	6,937	38,355	5,175
Assisted Transportation	NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation	50,467	6,477	38,355	5,635
Transportation	60+ mobility disadvantaged; 65+ nondrivers - AARP report: Aging Americans: Stranded Without Options; 21% of 60+	36,157	40,263		(4,106)
Supportive Services – Community Based					
Adult Day Care	NHIS – D. MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting	50,467	1,832		48,635
Congregate Meals	60+ Hot meals in a congregate or group setting	172,177	5,822		166,355
Health Maintenance	60+ with Disability 60+ with Chronic Conditions	66,960	25,007		41,953
Housing Assistance	65+ Low-Income 65+ Renter		2,748		(2,748)
Supportive Services – In-home					
Attendant Care (1)			2,197		(2,197)
Chore	NHIS 2003-2004; DHHS, CMS, MCBS 2002 Difficulty standing and performing heavy housework	45,139	547		44,592
Homemaker	NHIS 2004 Needs help of another person handling routine needs such as household chores, shopping or getting around	18,929	798		18,131

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity	Unmet Needs
Home Delivered Meals	NHIS-D, MEPS 2002 Special Tabulation Hot meals delivered to frail, homebound	50,467	3,515	38,355	8,597
Nutrition Counseling	BFRSS 2003 Nutritionally at risk	111,915	32,940		78,975
Nutrition Education	60+ and caregivers under 60 Nutrition information	245,571	3,005		
Para-Professional Services					
Counseling (1)			8,736	0	(8,736)
Escort (1)			1,298	0	(1,298)
Literacy/Language		18,455	10	14,026	4,419
Personal Care	DHHS, CDC, National Center for Health Statistics, NHIS 2004	9,922	3,617	7,541	(1,236)
Respite	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	1,467	74,099	21,933
Legal					
Legal Assistance	60+	172,177	2,790		169,387
Elder Abuse & Neglect	65+ Living Alone	22,813	705		22,108
National Family Caregiver Support Services (Title III-E)					
Access Assistance	BFRSS 2000 Adult caregivers 18+ (14%) Assists caregivers in obtaining access to services	97,499	3,276		94,223
Information Services	All adults 18+	696,421	6,139		690,282
Counseling	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	4,380		93,119
Respite	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	1,836		95,663
Supplemental Services	BFRSS 2000 Adult caregiver 18+ (14%) Services provided on a limited basis which may include home modifications, emergency response systems, and incontinence supplies	97,499	351		97,148
Support Groups	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	4,528		92,971
Training	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	326		97,173
Multipurpose Senior Center					
Recreation	60+	172,177	1,423		170,754

(1) Estimate of need not available

County of Maui

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity	Unmet Needs
Access					
Assisted Transportation	NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.	6,738	503	1,000	5235
Case Management	NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.	6,738	48	2,353	4,337
Escort	Provider Survey				
I & A	All adults, Provider Survey	106,534	3,016	11,285	92,233
Outreach	All adults, Provider Survey	106,534	650	17,176	88,708
Transportation	60+ mobility disadvantaged; 65+ nondrivers- AARP."Aging Americans:Stranded Without Options, Provider Survey.	4,856		500	4,356
In Home					
Adult Day Care/Adult Day Health	NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.	6,738	42	339	6,357
Alzheimer's Support					0
Attendant Care	Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS) 2004, Provider Survey.	1,243	11	449	783
Chore Service	NHIS 2003-2004, Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey (MCBS) 2002, Provider Survey.	5,715	161	367	5,187
Housekeeping	NHIS 2004, Provider Survey.	2,377	189	84	2,104
Personal Care	Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS) 2004, Provider Survey.	1,243	88	760	395
Shopping					0
Supervision					0
Telephoning	Provider Survey		29		
Visiting	Provider Survey		54		
Legal					
Legal Services	60+, Provider Survey.	23,124	360	153	22,611

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Informal Capacity	Unmet Needs
Legal Education	60+, Provider Survey.	23,124			23,124
Community Based					
Education/Training					
Hospice					0
Recreation	60+, Provider Survey.	23,124	1,528	11,733	9,863
Retirement Planning	All adults, Provider Survey.	106,534			106,534
Senior Centers	60+, Provider Survey.	23,124			23,124
Volunteer Services	All adults, Provider Survey.	106,534		1,757	104,777
Nutrition					
Nutrition Counseling	Eating less than 5 servings of fruits & vegetables daily. State of Hawaii, Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) 2003, Provider Survey.	15,031	28	582	14,421
Nutrition Education	All 60+ and caregivers under age 60, BRFSS 2000, Provider Survey.	34,801	1,642	1,062	32,097
Meals- Congregate	60+, Provider Survey.	23,124	980	403	21,741
Meals - Home Delivered	National Health Interview Survey on Disability (NHIS-D) results in LaPlante, et al. 2004, p.101, Medical Expenditure Panel Survey (MEPS) 2002 Special Tabulation. Provider Survey.	6,738	770	878	5,090
Caregiver Support Services					
III-E Counseling	Adults caregivers, BRFSS 2000, Provider Survey.	14,915	464	2,622	11,829
III-E Respite	Adults caregivers, BRFSS 2000, Provider Survey.	14,915	45	243	14,627
III-E Supplemental Services	Adults caregivers, BRFSS 2000, Provider Survey.	14,915	9	861	14,045
III-E Access Assistance	Adults caregivers, BRFSS 2000, Provider Survey.	14,915		3,041	11,874
III-E Information Services	All adults, Provider Survey.	106,534	100	4,795	101,639

County of Hawaii

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Unmet Need
Access				
Assisted Transportation	NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation	8,941	1,265	7,676
Case Management	NHIS-D, 2004, MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers	8,941	671	8,270
Information & Assistance	BRFSS 2000; all adults 18+	125,115	2,751	122,364
Outreach	BRFSS 200; all 60+ and caregivers under age 60 (14%)	43,786	813	42,973
Transportation	60+ mobility disadvantaged; 65+ nondrivers -- AARP report; Aging Americans: Stranded without Options; 21% of 60+	6,415	1,836	4,579
Support Services - In-Home				
Adult Day Care/Health	NHIS-D, MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting	8,941	204	8,737
Chore	NHIS 2003-2004; DHHS, CMS, MCBS 2002 Difficulty standing and performing heavy housework	7,805	4	7,801
Homemaker	NHIS 2004 Needs help of another person handling routine needs, such as household chores, shopping, or getting around	3,226	336	2,890
Personal Care	DHHS, CDC, National Center for Health Statistics, NHIS 2004	1,689	1,575	114
Support Services - Community				
III-E Counseling	BRFSS 200 Adult caregivers 18+ (14%)	17,516	28	17,488
III-E Respite	BRFSS 200 Adult caregivers 18+ (14%)	17,516	170	17,346
III-E Supplemental Services	BRFSS 2000 Adult caregivers 18+ (14%) Services provided on a limited basis, which may include home modifications, emergency response systems, incontinence supplies	17,516	36	17,480
III-E Access Assistance	BRFSS 2000 Adult caregivers 18+ (14%) Assists caregivers in obtaining access to services	17,516	193	17,323
III-E Information Services	All adults 18+	125,115	840	16,676

Programs and Services	Data Source and Methodology	Est. # of Individuals in Need	Existing Capacity	Unmet Need
Nutrition Program				
Congregate Meals	60+ Hot meals in a congregate or group setting	30,546	1,659	28,887
Home Delivered Meals	NHIS-D, MEPS 2002 Special Tabulation Hot meals delivered to frail, homebound	8,941	646	8,295
Nutrition Counseling	BRFSS 2003 Nutritionally at risk	19,855	0	19,855
Nutrition Education	60+ and caregivers under 60 Nutrition information	43,786	1,771	42,015
Legal Assistance				
Legal Services	60+	30,546	479	30,067

Numbers calculated using 7/1/2005 U.S. Census Bureau estimates, State Executive Office on Aging calculations.

Sources:

BRFSS – Behavioral Risk Factor Surveillance System, State of Hawai'i, Dept. of Health

MEPS 2002 Special Tabulation – Medical Expenditure Panel Survey

NHIS-D, 2004 – National Health Interview survey on Disability results in LaPlante, et.al.2004, p. 101

NHIS 2003-2004; DHHS, CMS, MCBS 2002 – National Health Interview Survey, Dept. of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Current beneficiary Survey

DHHS, CDC, National Center for Health Statistics, NHIS 2004 – Dept. of Health & Human Services, Centers for Disease Control & Prevention, National Health Interview Survey

The Older Americans Act (OAA) of 1965, as amended, established a supportive services and nutrition services program for older Americans. It also created a national network of offices on aging, known as the "Aging Network". The purpose of the Network is to assist older adults to meet their physical, social, mental health, and other needs and to maintain their well-being and independence.

The U.S. Administration on Aging (AoA) heads the Aging Network at the federal level. Under the leadership of the Assistant Secretary for Aging, AoA is the agency that administers the OAA and awards Title III, IV, VI, and VII funds to the states and monitors and assesses state agencies which administer these funds.

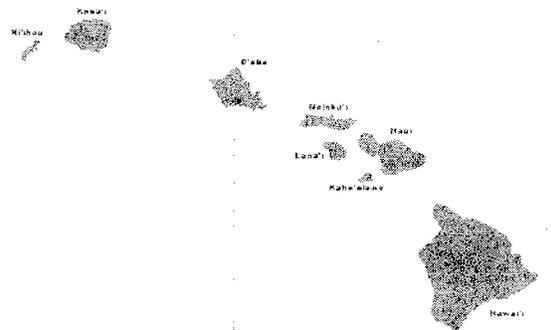
State Unit on Aging: the Executive Office on Aging (EOA) is the designated lead agency in the network at the State level. EOA is responsible for administering the OAA in Hawaii. EOA is the state agency responsible for developing a State plan to be submitted to the Assistant Secretary for Aging, administering the State Plan, and is primarily responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the OAA.

Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elderly Affairs (PABEA). This Governor-appointed citizens committee assists EOA by advising on the views of older consumers, service providers and others in

the field of aging concerning all matters of general policy in the development and administration of programs on aging, and in connection with all matters related to the development of comprehensive and coordinated service networks for older persons.

Area Agencies on Aging (AAA): The OAA requires the EOA to divide the State into planning and service areas (PSAs) for the purposes of planning, development, delivery, and the overall administration of services. EOA designated each of the counties of the State – namely, Kauai, Honolulu, Maui and Hawaii – as planning and service areas. Kalawao County of the island of Molokai, under the administrative jurisdiction of the State Department of Health, is included in the Maui PSA.

- PSA #1: County of Kauai
- PSA #2: City and County of Honolulu
- PSA #3: County of Maui
- PSA #4: County of Hawaii



The following agencies have been designated by the EOA as AAA:

- Kauai Agency on Elderly Affairs
Offices of Community Assistance
County of Kauai
4444 Rice Street, Suite 330
Lihue, Hawaii 96766
Kealoha Takahashi, Director
Telephone: (808) 241-6400
- Elderly Affairs Division
Department of Community Services
City and County of Honolulu
715 South King Street, Suite 200
Honolulu, Hawaii 96813
Karen Miyake, Director
Telephone: (808) 768-7705
- Maui County Office on Aging
Department of Housing and Human
Concerns
County of Maui
200 South High Street, Room 420
Wailuku, Hawaii 96793
John Tomoso, Director
Telephone: (808) 270-7755
- Hawaii County Office of Aging
County of Hawaii
101 Aupuni Street, Room 342
Hilo, Hawaii 96720
Alan Parker, Director
Telephone: (808) 961-8600.

The AAA are the leaders relative to all aging issues on behalf of older persons in the PSA. AAA are responsible for implementing the OAA at the local level.

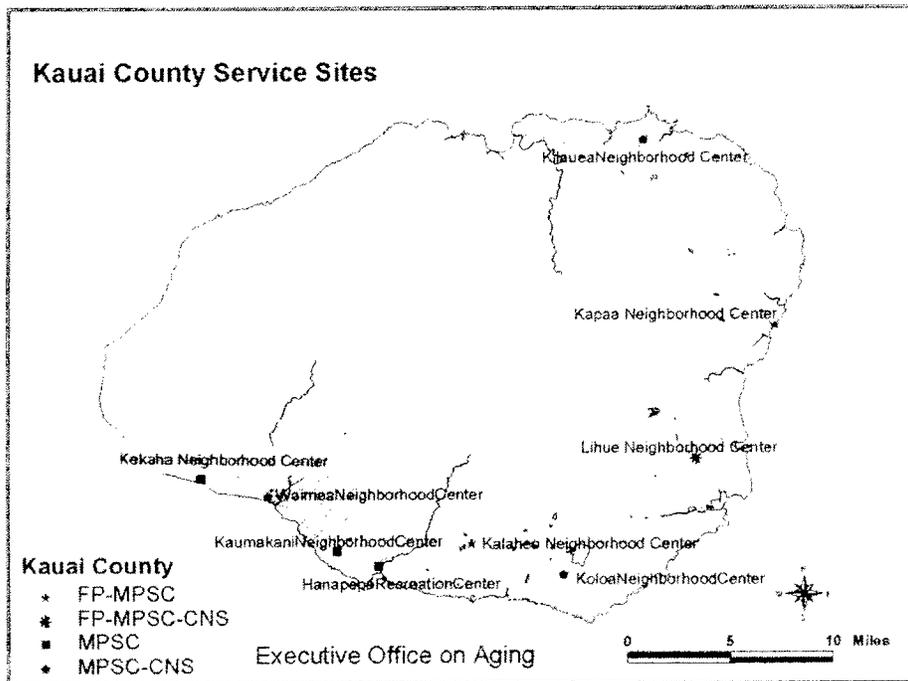
They carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development of a comprehensive and coordinated system of services to meet the needs of all older individuals in the PSA. Each AAA has an advisory council to advise the agency on: developing and administering the area plan, conducting public hearings, representing the interests of older persons, and receiving and commenting on all community policies, programs, and actions which affect older persons.

Service Providers: The Aging Network also includes organizations that provide direct services to older adults; are higher education institutions; and receive funds from the OAA.

Service Recipients: These are older adults 60 years of age and older and their caregivers to whom the Aging Network serves.

Aging Network operations: EOA receives funds from the AoA under Title III of the OAA. Based on an approved intrastate funding formula, these funds are allocated to the four AAA. EOA also receives funds from the State Legislature for aging services. These funds are also allocated to the AAA. The AAA contract Federal and State funds to a network of service providers who deliver a range of services at the local level. In addition, EOA receives Title VII funds from the OAA and other federal grants to carry out elder rights and benefits programming.

Accessing Services: Older adults and their families can tap into aging programs and services through focal points – access points where individuals can receive information, assistance, and supportive services. The AAA serve as focal points. In addition, there are other focal points available in the community. The following provides a geographic review of focal points, multipurpose senior centers, and nutrition sites.



Focal Points Area Served

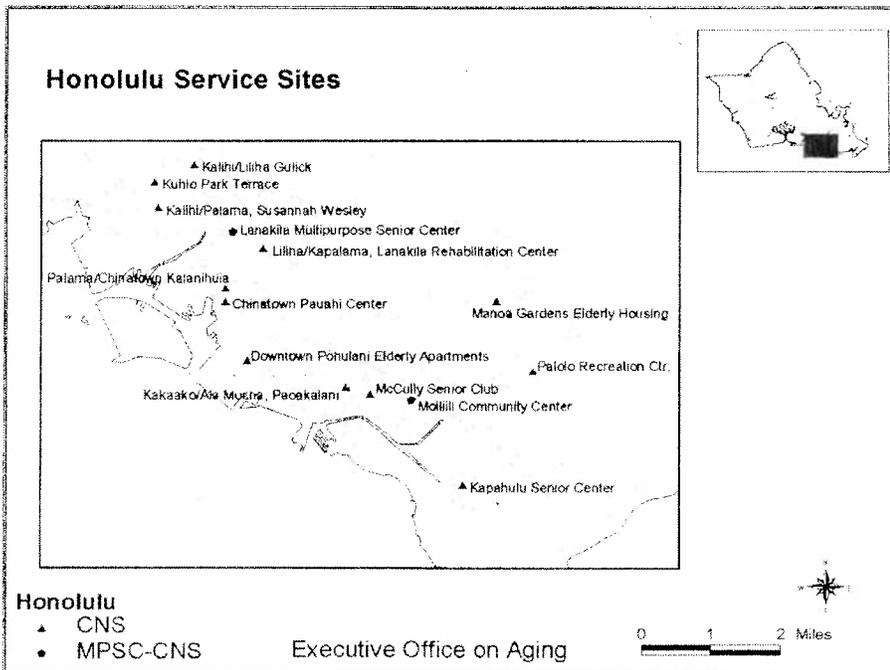
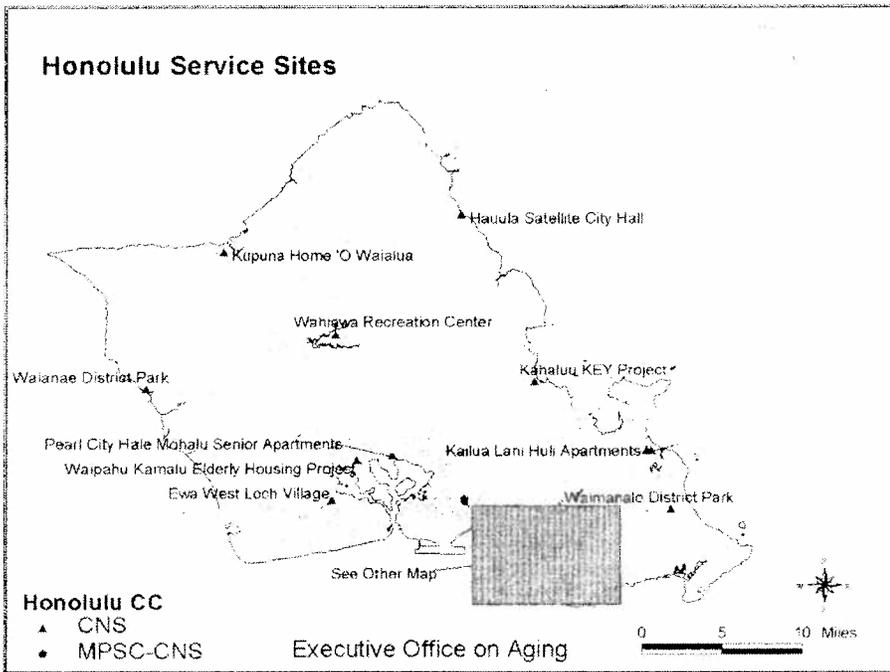
Kapaa Neighborhood Center	4491 Kou Street, Kapaa, HI 96746	Hanalei, Kawaihau
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Kawaihau, Lihue, Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa, Waimea

Multi-Purpose Centers Area Served

Kilauea Neighborhood Center	2460 Keneke Street, Kilauea, HI 96754	Hanalei
Kapaa Neighborhood Center	4491 Kou Street, Kapaa, HI 96746	Kawaihau
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Lihue
Koloa Neighborhood Center	3461 Weliweli Road, Koloa, HI 96756	Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa
Hanapepe Recreation Center	4451 Puolo Road, Hanapepe, HI 96716	Waimea
Kaumakani Neighborhood Center	2301 Kaumakani Road, Kaumakani, HI 96747	Waimea
Waimea Neighborhood Center	4556 Makeke Road, Waimea, HI 96796	Waimea
Kekaha Neighborhood Center	8130 Elepaio Road, Kekaha, HI 96752	Waimea

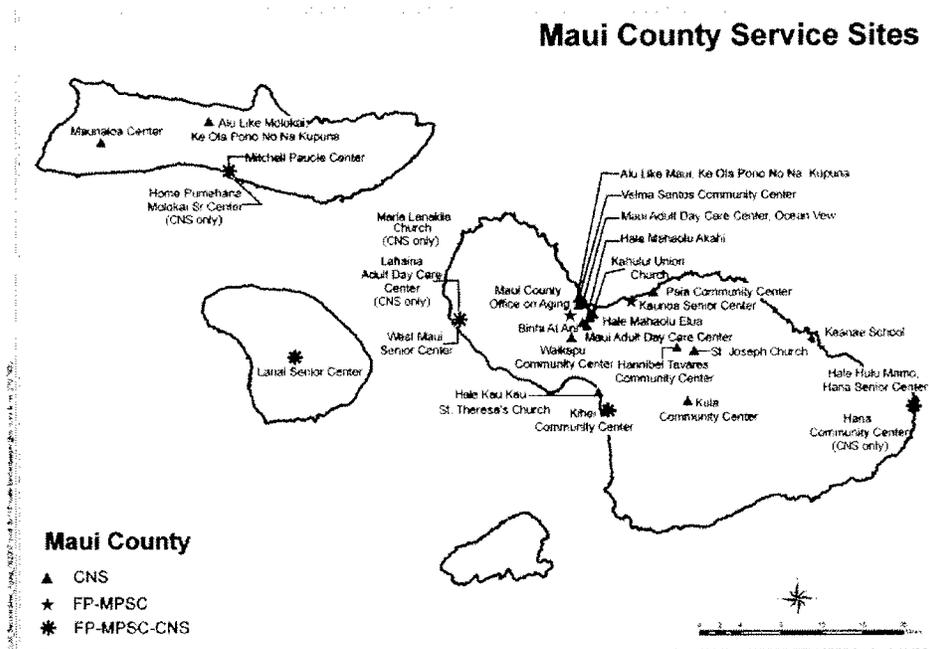
Congregate Nutrition Sites Area Served

Kilauea Neighborhood Center	2460 Keneke Street, Kilauea, HI 96754	Hanalei
Lihue Neighborhood Center	3353 Eono Street, Lihue, HI 96766	Lihue
Koloa Neighborhood Center	3461 Weliweli Road, Koloa, HI 96756	Koloa
Kalaheo Neighborhood Center	4480 Papalina Road, Kalaheo, HI 96741	Koloa
Hanapepe Recreation Center	4451 Puolo Road, Hanapepe, HI 96716	Waimea
Kaumakani Neighborhood Center	2301 Kaumakani Road, Kaumakani, HI 96747	Waimea
Waimea Neighborhood Center	4556 Makeke Road, Waimea, HI 96796	Waimea
Kekaha Neighborhood Center	8130 Elepaio Road, Kekaha, HI 96752	Waimea



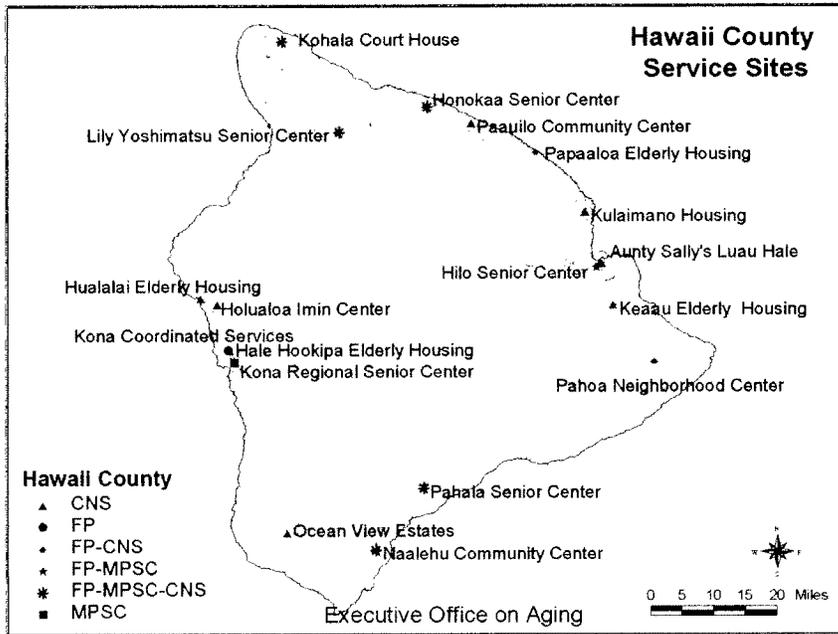
<i>Multi-Purpose Senior Center</i>		<i>Area Served</i>
Moiiliili Community Center	2535 South King Street, Honolulu, HI 96826	Moiiliili-McCully, Manoa-Makiki
Lanakila Multipurpose Senior Center	1640 Lanakila Avenue, Honolulu, HI 96817	Nuuuanu-Punchbowl-Kalihi-Palama-Chinatown

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Gulick	1846 Gulick Avenue, Honolulu, HI 96819	Honolulu
Kalaniihulia	1220 Aala Street, Honolulu, HI 96817	Honolulu
Lanakila Multipurpose Senior Center	1640 Lanakila Avenue, 96817	Honolulu
Lanakila Rehabilitation Center	1809 Bachelot Street, Honolulu, HI 96817	Honolulu
Moiiliili Community Center	2535 South King Street, Honolulu, HI 96826	Honolulu
Palolo Recreation Ctr. Paoakalani	2007 Palolo Avenue, Honolulu, HI 96816 1583 Kalakaua Avenue, Honolulu, HI 96826	Honolulu Honolulu
Pauahi Center	171 North Pauahi, Honolulu, HI 96817	Honolulu
Kapahulu Senior Center	3410 Campbell Avenue, Honolulu, HI 96815	Honolulu
Kuhio Park Terrace	1545 Linapuni Street, Honolulu, HI 96819	Honolulu
Susannah Wesley	1117 Kaili Street, Honolulu, HI 96819	Honolulu
Pohulani Elderly Apartments	626 Coral, Honolulu, HI 96813	Honolulu
Manoa Gardens Elderly Housing	2790 Kahaloa Drive, Honolulu, HI 96822	Honolulu
Hale Mohalu Senior Apartments	800 Third Street, Pearl City, HI 96782	Pearl City
Kamalu/Ho'olulu Elderly Housing Project	94-941 Kauolu Place, Waipahu, HI 96797	Waipahu
Wahiawa Recreation Center	1139A Kilani Avenue, Wahiawa, HI 96786	Wahiawa
Waianae District Park	85-601 Farrington Highway, Waianae, HI 96792	Waianae
Kupuna Home 'O Waialua	67-088 Goodale Avenue, Waialua, HI 96791	North Shore
Hauula Satellite City Hall Kahaluu KEY Project	54-010 Kukuna Street, Hauula, HI 96717 47-200 Waihee Road, Kaneohe, HI 96744	Ko'olau Loa Kahaluu
Lani Huli Apartments	25 Aulike Street, Kailua, HI 96734	Kailua
Waimanalo District Park	41-415 Hihimanu Street, Waimanalo, HI 96795	Waimanalo
West Loch Village	91-1472 Renton Road, Ewa Beach, HI 96706	Ewa Beach
McCully Senior Citizen Club	2015 Kapiolani Blvd. Honolulu, HI 96826	Honolulu



<i>Focal Points and Multi-Purpose Senior Centers</i>		<i>Area Served</i>
Hale Hulu Mamo, Hana Senior Center	5101 Uakea Road, Building G Hana, HI 96713	Hana, Nahiku
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	All of Maui
Maui County Office on Aging	200 South High Street, 4th Floor Wailuku, HI 96793	County-wide
Mitchell Paule Center	Ala Moana Street Kaunakakai, HI 96748	Molokai
Lanai Senior Center	7 th Street Lanai, HI 96763	Lanai
Kihei Community Center	Lipoa Street Kihei, HI 96753	Kihei, Maalaea, Wailea, Makena
West Maui Senior Center	778 Pauoa Street Lahaina 96761	Honolua, Napili, Kaanapali, Lahaina
<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Alu Like Maui, Ke Ola Pono No Na Kupuna	717 Makaala Drive Wailuku, 96793	Central Maui, Paia, Pukalani, Kihei
Alu Like Molokai, Ke Ola Pono No Na Kupuna	Hoolehua, HI 96729	Islandwide
Binhi At Ani	780 Onehee Avenue Kahului, HI 96732	Kahului
Hale Kaukau - St. Theresa Church	25 W. Lipoa Street Kihei HI, 96753	Congregate Meals - All Areas HD Meals - Kihei

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Hale Mahaolu Akahi	300 West Wakea Avenue Kahului, HI 96732	Akahi Tenants and Kahului
Hale Mahaolu CHSP Meals Program	200 Hina Avenue Kahului, HI 96732	Akahi & Elua Tenants
Hale Mahaolu Elua	200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului
Hana Community Center	1501 Uakea Road Hana, HI 96713	Hana, Nahiku
Hannibal Tavares Community Center	91 Pukalani Street Pukalani, HI 96768	Pukalani
Home Pumehana/Molokai Senior Center	Kolapa Place Kaunakakai, HI 96748	Home Pumehana Tenants and Kaunakakai, Hoolehua, Kualapuu
Kahului Union Church	101 W. Kamehameha Avenue Kahului, HI 96732	Kahului
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	Maui County
Keanae School	Keanae, HI 96708	Keanae
Kihei Community Center	Lipoa Street Kihei, HI 96753	Kihei, Maalaea, Wailea, Makena
Kula Community Center	Lower Kula Road Kula, HI 96790	Kula, Keokea
Lanai Senior Center	7 th St. Lanai City, HI 96793	Lanai
Maria Lanakila Church	712 Wainee Street Lahaina, HI 96761	Homeless Shelter
Maui Adult Day Care Center	11 Mahaolu Kahului, HI 96732	Clients only
Maui Adult Day Care Center - Lahaina	Lahainaluna Road Lahaina, HI 96761	Clients only
Maui Adult Day Care Center - Ocean View	Kahului Beach Road Kahului, HI 96732	Clients only
Maunaloa Center	Maunaloa Road Maunaloa, HI	West End Molokai
Mitchell Paule Center	Ala Malama Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu
Paia Community Center	Hana Highway Paia, HI 96779	Paia, Kuau
St. Joseph Church	Makawao, HI 96768	Homeless Shelter
Velma Santos Community Center	Makakoa Place Wailuku, HI 96793	Wailuku
Waikapu Community Center	22 E. Waiko Road Waikapu, HI 96793	Waikapu
West Maui Senior Center	778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina



<i>Focal Points</i>		<i>Area Served</i>
Hilo Senior Center	127 Kamana Street, Hilo, HI 96720	South Hilo
Papaaloa Elderly Housing	35-1994 Government Main Rd. Papaaloa, HI 96780	North Hilo
Honokaa Senior Center	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Lily Yoshimatsu Senior Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Court House)	54-3900 Akoni-Pule Hwy, Kapaau, HI 96755	North Kohala
Kona Coordinated Services	81-951 Haleki'i Street, Kealahou, HI 96750	North/South Kona
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau
Pahoa Neighborhood Center	15-2910 Puna Road, Pahoa, HI 96778	Puna

<i>Multipurpose Senior Center</i>		<i>Area Served</i>
Hilo Senior Center	127 Kamana Street, Hilo, HI 96720	South Hilo
Honokaa Senior Center	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Lily Yoshimatsu Senior Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Court House)	54-3900 Akoni-Pule Place, Kapaau, HI 96755	North Kohala
Kona Regional Senior Center	82-6148 Mamalahoa Hwy, Capt. Cook, HI 96704	South Kona
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau

<i>Congregate Nutrition Sites</i>		<i>Area Served</i>
Aunty Sally's Luau Hale	799 Piilani Street, Hilo, HI 96720	South Hilo
Kulaimano Housing	28-2947 Kumula Street, Papaikou, HI 96781	South Hilo
Papaaloa Gym Annex	35-1994 Government Main Road, Papaaloa, HI 96780	North Hilo
Hale Hookipa Elderly Housing	81-1038 Nani Kupuna Street, Kealahou, HI 96750	South Kona
Hualalai Elderly Housing	75-256 Hualalai Road, Kailua-Kona, HI 96745	North Kona
Holualoa Imin Center	76-5877 N Kona Belt Road, Keauhou, HI 96739	North Kona
Ocean View Estates	92-8924 Leilani Circle Makai, Ocean View, HI 96737	Kau
Paauilo Community Center	43-977 Gym Road, Paauilo, HI 96776	Hamakua
Honokaa Senior Center (Hale Hauoli Elderly Housing)	45-540 Koniaka Place, Honokaa, HI 96727	Hamakua
Keaau Elderly Housing	16-189 Pilimua Street, Keaau, HI 96749	Puna
Pahoa Neighborhood Center	15-2910 Puna Road, Pahoa, HI 96778	Puna
Lily Yoshimatsu Sr. Center	67-1199 Mamalahoa Hwy, Kamuela, HI 96734	South Kohala
Kohala Senior Center (Kohala Courthouse)	54-3900 Akoni-Pule Place, Kapaau, HI 96755	North Kohala
Naalehu Community Center	95-5635 Mamalahoa Hwy, Naalehu, HI 96772	Kau
Pahala Senior Center	96-1183 Holei Street, Pahala, HI 96777	Kau

The strategies for the next four years are aimed at addressing the six major issue areas identified earlier. The strategies subscribe to the general framework drawn from the Older Americans Act (OAA), as amended in 2006, the U.S. Administration on Aging's goals and strategies for *Choices for Independence*, Chapter 349, Hawaii Revised Statutes Goals, and the *Governor's Long Term Living Initiative*.

In response to the 2006 Amendments to OAA, the U.S. Administration on Aging developed its goals for 2007 and 2012. The goals are to:

- Empower older people and their families to make informed decisions about, and be able to easily access existing home and community-based options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.
- Empower older people to stay active and healthy through Older Americans Act services including evidence-based disease and disability prevention programs.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The U.S. Administration on Aging is leading efforts across the nation to rebalance the long term care systems and offers as a blueprint, *Choices for Independence*. *Choices* promotes consumer-directed and community-based long term care options:

- Empowering consumers to make informed decisions about their care options.
- Helping consumers who are at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care.
- Building evidence-based prevention into our community-based systems for services and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

The ***Governor's Long Term Living Initiative*** is aimed at improving the quality of life of Hawaii's elderly and disabled populations with the goals of:

- Preserving independence
- Allowing individuals to remain in appropriate settings of their choice
- Providing sufficient infrastructure.

The concept of long term living embodies healthy lifestyles, making choices, maintaining independence, taking personal responsibility for one's own long term care needs, and having quality years of life.

The initiative is comprised of three tiers:

1. Infrastructure and projected long term care needs. Projecting the services that Hawaii will need is critical in planning to meet those needs. Measuring how effective different approaches are in meeting identified needs is necessary for success.
2. Finance. Examining the cost of long term care services and how they can be made more affordable is a key component of the plan. In addition, educating families on the importance of planning for their future to ensure dignity and choice in available services is also critical.
3. Workforce development. To increase the number of certified nurse aides (CNAs), the front line providers in long term care, the Department of Health developed a CNA training and apprenticeship program aimed at increasing the number of qualified caregivers. A significant component of this category is supporting family caregivers who play a critical role in allowing many of our family members to remain at home, through training and improving access to information on available services, including respite care.

As a result of much discussion, EOA and AAA adopted the theme of “Designing Livable Communities for An Aging Society” and are moving forward to pursue the following goals.

Hawaii’s Goals:

1. Hawaii’s communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

Designing Livable Communities for an Aging Society

Goals	Strategies
<p>1. Hawaii’s communities have the necessary economic, workforce, and physical capacity for an aging society.</p>	<p>1-1 Partner to prepare for the future.</p> <ul style="list-style-type: none"> • Business development • Workforce development • Healthy built environments • Transportation. <p>1-2 Partner with stakeholders to ensure overall well being of older adults in time of disaster.</p> <p>1-3 Partner with Department of Health and stakeholders to ensure that Hawaii’s residents plan for a long life.</p>
<p>2. Older adults and their caregivers have access to information and an integrated array of health and social supports.</p>	<p>Develop statewide resource center that provides citizen-centered “one-stop” entry to array of health and social supports.</p>
<p>3. Older adults are active, healthy, and socially engaged.</p>	<p>3-1 Implement evidence-based disease prevention interventions.</p> <p>3-2 Partner to reduce falls among older adults.</p> <p>3-3 Partner to increase awareness on Medicare Preventive Benefits.</p> <p>3-4 Partner with the Department of Health and stakeholders to increase support for older adults with mental health issues.</p>
<p>4. Families are supported in caring for their loved ones.</p>	<p>Establish comprehensive and sustainable, community based family caregiver support system.</p>
<p>5. Older adults have in-home and community-based long term care options.</p>	<p>5-1 Re-examine and transform Kupuna Care as part of long term care systems reform.</p> <p>5-2 Continue to offer nutrition and supportive services.</p> <p>5-3 Develop consumer-directed long term care options.</p>
<p>6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.</p>	<p>6-1 Partner to develop a comprehensive elder justice system.</p> <p>6-2 Advocate for older adults in long term care facilities.</p> <p>6-3 Develop a cadre of trained long term care ombudsman volunteers.</p> <p>6-4 Partner with stakeholders to enroll individuals in appropriate plans.</p> <p>6-5 Partner with stakeholders to prevent fraud, waste and abuse.</p> <p>6-6 Partner with stakeholders to develop culturally appropriate materials to target hard to reach populations.</p>

Goal 1: Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.

Strategy 1-1: Partner to prepare for the future.

Designing Livable Communities for the Future: To better prepare for Hawaii's aging society and future, the Executive Office on Aging and the four County Area Agencies on Aging -- Kauai Agency on Elderly Affairs, Elderly Affairs Division, Maui County Office on Aging, and Hawaii County Office of Aging joined forces to expand the dialogue between public and private sectors, non-profit organizations, and community.

*-Is your community a good place to grow up and grow old?
-Will your community meet your needs when you are 65, 75, 85, 95 or even 105?
-If not, what can you do now to begin to make your community a livable community for all ages?*

State and county aging offices convened a statewide planning team led by Co-Chairs Dr. Dolores Foley, University of Hawaii Department of Urban and Regional Planning, and Carol Kikkawa-Ward (Former Chair, Plans and Project Review Committee, Policy Advisory Board of Elderly Affairs) to organize a **Conference on Designing Livable Communities for an Aging Society** on November 15, 2006, at the East-West Center. Over 150 individuals from across the state attended, including representatives from government, policy makers, private sector, experts in transportation, housing, planning, and the community.

Sandy Markwood, CEO of National Association of Area Agencies on Aging, served as keynote speaker and asked participants three critical questions:

Participants joined one of many workgroups (health, human services, and public safety; housing and land use; recreation, education, and civic engagement; transportation; and workforce and economic development) to discuss the range of critical issues facing Hawaii's aging society and to make recommendations for actions/strategies.

Following the work group deliberations, participants were asked to join their respective county teams and "huddle" on how best to prepare for the future. Each county team was asked: What are opportunities for collaboration? Who else needs to be in discussion? Who will take leadership? The teams then decided on meeting dates to follow up.

Objective:

1. By October 2007, AAA and County partners will meet to address priority issues.
2. By November 2007, EOA and partners will co-sponsor and conduct the Second Annual Conference on Designing Services for a Livable Community.

Business Development:

Needs and demands for aging services continue to increase across the State. With the aging of the baby boomers, service demands will likely be different from familiar traditional services of today. Efforts need to be taken to “grow” new business models and innovative services to meet future needs.

Objectives:

1. By November 2007, EOA, AAA will partner with the Department of Business, Economic Development and Tourism, Department of Commerce and Consumer Affairs, University of Hawaii, and network of business assistance and loan program agencies, to understand the issues relating to developing new businesses and innovations in the aging and long term care market.
2. By 2011, older adults and caregivers will have an array of innovative services to meet their changing needs.

Workforce Development:

There is a shortage of qualified workers in the health and long term care industries. The Hawaii Department of Health in partnership with Hawaii Department of Labor and Industrial Relations, Hawaii Department of Human Services, and the U.S. Department of Labor worked together to address the critical shortage of caregivers and chronic turnover of long term care employees. Under the U.S. Department of Labor grant, the Department of Health is implementing a certified nurse aide program and apprenticeship program.

Objective:

1. On an ongoing basis, EOA will collaborate with DOH to support the sustainability of the CNA training and apprenticeship program.

Healthy Built Environments: In September 2006, the Department of Health created the Built Environment Working Group (BEWG) to develop a cross-programmatic effort within the Department that would address the public health impacts of the community built environment. The working group is dedicated to improving the health and safety of Hawaii's residents by promoting community design policies and practices that reduce suburban sprawl and auto-dependency; promote walking, biking and transit as safe, pleasant and accessible transportation options for all people and all ability levels; promote social networks; and preserve open space.

Transportation: Transportation is a means by which older adults maintain their independence and self sufficiency. Having the ability to get from place to place is critical to ensuring self sufficiency.

Rural older adults do not have access to public transportation. According to area plans on aging, transportation ranks among the top priority service needs identified by older adults, their caregivers, and providers of services. EOA and AAA want to be assured that transportation services are responsive to the needs of older adults today and aging baby boomers of tomorrow.

Objectives:

1. On a regular basis, EOA will collaborate with the Department of Health's BEWG to promote safe, healthy, and equitable community built environments.
2. By December 2007, EOA will participate in building the BEWG's knowledge on designing livable communities for older adults.
3. By December 2007, EOA will work with BEWG to identify priority policy targets and actions to be addressed for an aging society.

Objectives:

1. By December 2007, EOA, in partnership with the State Department of Transportation, will work closely with the AAA to assess the needs of older adults for transportation services.
2. By December 2008, EOA and AAA will participate in local and statewide transportation coordination meetings.
3. By 2011, older adults will have a range of transportation options.

Pedestrian Safety: Hawaii ranks number 1 with the highest pedestrian fatality rate for individuals 65 years and older in the nation.

Objectives:

1. On an ongoing basis, EOA and AAA will participate in the State Department of Transportation planning processes to ensure that the State Highway Safety Plan includes strategies to reduce older adult pedestrian casualties in the state.
2. On an on-going basis, EOA will collaborate with the State Department of Transportation in implementing the State Highway Safety Plan.

Strategy 1-2: Partner with stakeholders to ensure overall well being of older adults in time of disaster.

Preparing for Disasters: The State disaster assistance planning committee for special needs populations has determined that individuals need to plan and prepare for themselves. Especially vulnerable are individuals who are living alone and have no natural support system to rely on to help prepare for or deal with disasters that are severe enough to cripple the State's and Counties' infrastructures.

Pursuant to OAA Sec 307(a)(30), the Executive Director of EOA is participating in the DOH Interagency Work Group on Emergency Preparedness of Persons with Disabilities and Special Health Needs and will work closely with the DOH and Civil Defense in the development, revision, and implementation of emergency preparedness plan.

Special Needs: The Department of Health and EOA are working closely with State Civil Defense in addressing special needs population. Significant attention is being given to educate Adult Residential Care Home (ARCH) providers on emergency preparedness.

Objectives:

1. By December 2007, EOA will examine the County Emergency Preparedness and Response Plans pertaining to older adults.
2. By December 2007, in partnership with the Department of Health and Civil Defense will identify gaps in planning and response.
3. By December 2008, EOA will work closely with the Department of Health and Civil Defense in the development of long-range emergency preparedness plans.

Objectives:

1. By October 2007, the Department of Health will execute a Memorandum of Agreement with State Civil Defense to educate ARCH providers on emergency preparedness and evacuation planning.
2. By October 2007, Disaster Preparedness Toolkits will be developed for ARCH providers.
3. By July 2008, all ARCH providers will have increased understanding on evacuation planning.
4. By July 2008, DOH and State Civil Defense data systems will have information on ARCH's evacuation plans and sheltering capability.

Strategy 1-3: Partner with Department of Health and stakeholders to ensure that Hawaii's residents plan for a long life.

Planning for Long Term Living:

Hawaii's residents enjoy the benefits of a long life – they have the longest life expectancy in the nation. Yet, many are not prepared to adequately address the issues related to longevity and long term care.

Individuals need to be prepared for longevity, long term care, and its potential impact on family life and resources.

Objectives:

1. By December 2008, the EOA and DOH will work together to design a public education initiative aimed at preparing individuals for a long life and long term care.
2. By June 2009, partners will implement a public education initiative on planning for long term living and long term care.
3. By December 2010, individuals will be better prepared for a long life and long term care needs.

Goal 2: Older adults and their caregivers have access to information and an integrated array of health and social supports.

Strategy: Develop statewide resource center that provides citizen-centered “one-stop” entry to array of health and social supports.

Aging and Disability Resource Centers (ADRC) provide accurate and unbiased information on all services and programs for older adults or persons with a disability. Under the U.S. Administration on Aging (AoA) and Centers for Medicare and Medicaid Services *Aging and Disability Resource Center Grant Program*, EOA is working closely with the AAA to create a single, coordinated system of information and access for all persons. The ADRC serves as a one-stop-shop for information and resources to enable individuals to make informed decisions.

ADRC serves as a catalyst to system transformation through collaborative efforts between AoA and Centers for Medicare and Medicaid Services. It is intended to improve coordination of services and programs for older adults and persons with disabilities. The ADRC:

- Integrates a comprehensive array of information, intake and referral, and counseling services;
- Expands service provisions to private pay and non-elderly clients;
- Helps individuals become aware of the importance of planning ahead for long term care and of available resources to assist in such planning.

Objectives:

1. By September 2009, all of Hawaii’s AAA will have a comprehensive inventory of services available to aging and disability networks.
2. By September 2009, all of Hawaii’s AAA will have a work plan for an efficient information access system.
3. By September 2010, all of Hawaii’s AAA will have the infrastructure to establish an ADRC.
4. By October 2010, each county AAA will operate an ADRC.
5. By October 2010, older adults, persons with disabilities, and their caregivers in each of the counties will have increased understanding of ADRC and know what number to call for help.
6. By October 2010, older adults, persons with disabilities, and their caregivers in each of the counties will have increased understanding of the need to plan for long term care and who to call for help.

Goal 3: Older adults are active, healthy, and socially engaged.

Strategy 3-1: Implement evidence-based disease prevention interventions.

Hawaii Healthy Aging Partnership: This statewide partnership including public and private sector organizations and community is dedicated to improving the health status of older adults through increased physical activity and improved nutrition. With a grant from the U.S. Administration on Aging to EOA, the Healthy Aging Partnership is implementing two evidence-based interventions across the State:

- *Enhance Fitness (EF) Program:* A stretching, flexibility, balance, low impact aerobics, and strength training exercise program.
- *Chronic Disease Self Management Program (CDSMP):* A self-management program for chronic health problems.

Objectives:

1. By October 30, 2007, the Kauai County Agency on Elderly Affairs and Hawaii County Office on Aging will have a cadre of instructors certified in Enhance Fitness (EF) program.
2. By October 30, 2007, the City and County of Honolulu's Elderly Affairs Division and the Maui County Office on Aging will have a cadre of individuals certified in the Chronic Disease Self Management Program (CDSMP).
3. By October 30, 2007, Aging Service Providers will have the skills to implement the EF program or the CDSMP.
4. By July 31, 2009, the EF program will be replicated with fidelity in the County of Kauai and County of Hawaii.
5. By July 31, 2009, the CDSMP will be replicated with fidelity in the City and County of Honolulu and County of Maui.
6. By 2011, EF program and CDSMP will be embedded into the Aging Network.

Strategy 3-2: Partner to reduce falls among older adults.

Falls and fall related injuries of the elderly population impose an enormous burden on individuals, society and Hawaii's health care system. In Hawaii, falls are the leading cause of fatal injuries and injury-related hospitalizations for seniors 65 and older.

The Injury Prevention and Control Program (IPCP) is the Department's focus for injury prevention in communities throughout the state, and fall prevention is one of its priorities. The Hawai'i Fall Prevention Consortium was formed in 2003 with support and leadership from the IPCP of the Hawai'i Department of Health. Its purpose is to provide organizations, professionals, caregivers, advocates and interested individuals the opportunity to network, share information and collaborate on projects that reduce the incidence and severity of fall injuries among older adults.

In the Hawaii Injury Prevention Plan the three goals of fall prevention are:

- Enhance public awareness that falls are preventable and promote actions that reduce the risk of injury.
- Increase availability and accessibility of fall prevention programs statewide for caregivers and the elderly on how to prevent falls and effectively use community resources.
- Expand the role of medical and health care professionals in screening, educating, and referring elderly to fall prevention programs.

Objectives:

1. EOA will collaborate, on an ongoing basis, with the Falls Consortium by helping to oversee the development and implementation of the three goals of fall prevention.
2. On an ongoing basis, EOA will collaborate with the Falls Consortium to educate the public on actions that prevent falls.
3. The EOA will assist the Falls Consortium and the IPCP to identify additional resources, organizations and programs to be included in the Fall Prevention Resource Guide.

Strategy 3-3: Partner to increase awareness on Medicare Preventive Benefits.

Preventive Benefits: The Medicare Modernization and Improvement Act of 2003 lays the foundation for older persons and their caregivers to better understand their health care options and prevention benefits, including the prescription drug benefit and prevention services.

Death and illness related to influenza and pneumonia often can be prevented through vaccinations. Malignant neoplasms are one of the leading causes of death among older adults in Hawaii. Two major approaches exist to address this: 1) prevent it from occurring and 2) detect it early. Older adults need to take advantage of the prevention benefits including immunization (flu and pneumococcal shots) and health screening (cardiovascular and diabetes screenings, smoking cessation counseling).

Objectives:

1. On an annual basis, the Centers for Medicare and Medicaid Services, DOH, and Sage PLUS partnership will conduct a statewide public awareness campaign to increase awareness and utilization of preventive benefits including Medicare Part D.
2. On an on-going basis, Sage PLUS will conduct educational sessions with older adults to encourage beneficiaries to speak to healthcare providers about the preventive benefits available to them.

Strategy 3-4: Partner with the Department of Health and stakeholders to increase support for older adults with mental health issues.

Mental Health: Mental illness is a silent epidemic and public health problem with insufficient resources to meet the community's needs. In particular, adults age 60 and older are underserved by community mental health providers, a situation which will become more severe with the demographic shifts occurring. Evidence exists on the effectiveness of treatment for mental illness; however, current treatment is not reaching those most in need. Under a Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Mental Health Services (CMHS) grant awarded to the Department of Health's Adult Mental Health Division (AMHD) branch, Project OASIS (Older Adults Specialized Information Services) was created to increase the capacity of the State to provide specialized and enhanced mental health and social services to people 60 years of age and older.

Preventive Benefits: Older adults with mental health issues need to have access to Medicare Part D's prevention benefits.

Objectives:

1. EOA will continue to participate on the Project OASIS Advisory Council to increase the capacity of the State to provide specialized and enhanced mental health and social services to people 60 years of age and older.
2. EOA will continue to participate in the Project OASIS Advisory Council's operational planning processes for the duration of the project.
3. EOA will continue to support Project OASIS implementation activities.
4. By 2009, EOA and Project OASIS will see increases in the number of collaborations between mental health and older adult service providers.

Objectives:

1. By September 2008, service providers will have increased understanding of Medicare Part D's health care options and prevention benefits through Sage PLUS public education initiatives.
3. By September 2008, family members and individuals will have increased understanding of Medicare Part D's health care options and prevention benefits through Sage PLUS public education initiatives.

Goal 4: Families are supported in caring for their loved ones.

Strategy: Establish comprehensive and sustainable, community based family caregiver support system.

In 2001, EOA began planning processes to establish a caregiver program in Hawaii, known as the *Caregivers Resource Initiative*. The goal is to assist and enhance caregiver support efforts at State and local levels through partnership and collaboration with various stakeholders to develop caregiver resources, increase access to information, and increase support for caregivers.

The Hawaii State Legislature in 2006 recognized family caregivers as an important component in the health and long term care system, and established the Joint Legislative Committee on Family Caregiving under Act 285, Session Laws of Hawaii 2006. The purpose of the Joint Legislative Committee is to develop public policy to strengthen support for family caregivers by establishing a comprehensive and sustainable community-based family caregiver support system that maximizes resources in all communities. Valid and reliable data on the needs of family caregivers and care recipients are critical to the development of public policy.

Objectives:

1. By November 2007, EOA will submit a research report on the *needs of grandparents raising grandchildren* in Hawaii to the Joint Legislative Committee on Family Caregiving.
2. By November 2007, EOA will submit a research report *on tax credits to caregivers* to the Joint Legislative Committee on Family Caregiving.
3. By January 2008, the Joint Legislative Committee on Caregiving will complete a comprehensive assessment of the needs of family caregivers and care recipients.
4. By January 2009, EOA and stakeholders will develop strategies for the establishment of comprehensive and sustainable, community based family caregiver support system.
5. By 2011, the Hawaii State Legislature will adopt policy to strengthen support for family caregivers by establishing a comprehensive and sustainable community-based family caregiver support system.

Goal 5: Older adults have in-home and community based long term care options.

Strategy 5-1: Re-examine and transform Kupuna Care as part of long term care systems reform.

Kupuna Care (KC) is a state funded long-term care program created to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. The program provides in-home and community-based services including adult day care, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care. To be eligible, an individual must be a U.S. citizen or legal alien 60 years of age or older, not covered by any comparable government or private home and community-based services and not residing in an institution.

According to the Report to the Twenty-Fourth Legislature State of Hawaii, 2007, as required by Senate Concurrent Resolution 115, older adults, regardless of disability, want to live at home for as long as possible supported by family and a comprehensive system of home and community-based long term care services. The report's recommendations included: expanding resources and funding for Kupuna Care and other home and community based services, and, streamlining State and County procedures on procurement, licensing, certification, and contracting. These recommendations may encourage new businesses to enter the market.

KC must be transformed to be a viable and cost effective program responsive to the needs and preferences of older adults, and promotes community living.

Objectives:

1. By June 30, 2008, EOA and AAA will have a strategic plan that transforms KC to be a viable and cost effective program responsive to the needs and preferences of older adults, and promotes community living.
2. By June 2009, EOA and AAA will update KC service standards.
3. By July 2009, EOA and AAA will pilot the transformed KC.
4. By December 2010, EOA and AAA will complete the evaluation of the pilot.
5. By July 2011, EOA and AAA will fully implement the transformed KC.

Strategy 5-2: Continue to offer nutrition and supportive services.

Title III Nutrition and Supportive Services

Title III of the OAA provides for nutrition and supportive services, which includes access (transportation, health including mental health, outreach, information and assistance, and case management), in-home, and community-based services. EOA receives funds from AoA under Title III of the OAA. Based on an approved Intrastate Funding Formula, these funds are allocated to the four AAA. The AAA then contract with service providers who deliver a variety of services to older adults.

Objectives:

AAA objectives are shown in Appendix B.

Strategy 5-3: Develop consumer-directed long term care options.

Flexible Service Models and Consumer-Directed or Self-Directed Long Term

Care offer individuals who are at high-risk of institutionalization the option to manage funds from government sources. Flexible and consumer-directed models of care offer more choices to individuals. This model empowers individuals to use their funds and make their own decisions on the types of care they receive and the way in which it is provided.

Objectives:

1. By November 2007, EOA will prepare a report on the Cash and Counseling Model to be submitted to Joint Legislative Committee on Family Caregiving.
2. By September 2008, EOA and AAA will examine various options (flexible service models) for long term care, including the Cash and Counseling Model.
3. By September 2009, EOA and AAA will pilot a self-directed long term care program to ensure that consumers have control over the care they receive.
4. By December 2010, EOA and AAA will evaluate the self-directed program to determine its merits in enabling an individual to remain in their own home and community for as long as possible.
5. By October 2011, EOA and AAA will implement a self-directed program statewide if evaluation results show favorable outcomes.

Goal 6: Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

Strategy 6-1: Partner to develop a comprehensive elder justice system.

Comprehensive Elder Justice System:

There is a need to develop comprehensive elder justice system for preventing, detecting, and addressing elder abuse, neglect, and exploitation.

Objective:

1. By September 2008, EOA will convene public, private sectors, and community to create a strategic plan for a comprehensive elder justice system.
2. By January 2009, a strategic plan for a comprehensive elder justice system will be developed.
3. On an on-going basis, EOA, AAA and other stakeholders will partner to implement the plan for comprehensive elder justice system.

Strategy 6-2: Advocate for older adults in LTC facilities.

Long Term Care Ombudsman (LTCO):

The LTCO counsels, advocates and responds to complaints and problems on behalf of residents of nursing homes, adult residential care homes, and assisted living facilities. The LTCO works with various organizations and residents to improve the quality of a LTC resident's life by providing information, referrals, and consultations to families, service providers and the general public. The LTCO also works with licensing and certification agencies to improve quality of care in the LTC facilities.

Objectives:

1. On an annual basis, the LTCO will respond to complaints related to LTC facility and care home residents within 72 hours.
2. On an annual basis, older adults, family members, and the community will know who to call to protect the rights of residents in LTC facilities and care homes.
3. By January 2008, the Hawaii State Legislature adopts policy regarding the LTCOP consistent with the Older American Act, as amended.
4. By July 2008, the LTCO will have a plan to expand support across the state in protecting the rights of residents in LTC settings.

Strategy 6-3: Develop a cadre of trained LTCO Volunteers.

Long Term Care Ombudsman Volunteer Program (LTCOVP)

The Purpose of the Long Term Care Ombudsman Volunteer Program is to assist the office of the LTCO in meeting the requirements stated in the OAA, as amended:

Trained and certified volunteers in the Hawaii LTCO Program are designated as representatives who have the capability and responsibility of supporting, educating, and empowering individuals with information to protect themselves from abuse, neglect and exploitation and advocate for their rights and quality of life.

Objectives:

1. By January 2008, the LTCOP, EOA, AAA and community stakeholders will establish a partnership to ensure residents are informed of their rights and protected from abuse, neglect and exploitation.
2. By September 2008, the LTCOP, EOA, AAA and community stakeholders will partner and create a plan for recruiting, training and supporting volunteers to speak on behalf of residents in long term care settings.
3. By September 2009, there will be at least one LTCO Volunteer Representative for each nursing facility and assisted living facility in the state to advocate on behalf of residents.
4. By September 2011, older adults residing in LTC settings will be informed of their rights, benefits and services as a result of the LTCO Volunteer Representatives.

Strategy 6-4: Partner with stakeholders to enroll individuals in appropriate plans.

Sage PLUS is the Hawaii designated State Health Insurance Assistance Program (SHIP). The program is a volunteer peer based organization with two full-time staff and volunteers in each county and is supported by a grant from the Centers for Medicare and Medicaid Services. The program goals are to provide information and assistance to members with Medicare (186,000 in the State), their families, caregivers and agencies throughout the State. Certified volunteer counselors provide one-on-one assistance, either through the dedicated hotline or face-to-face sessions. Volunteers also provide assistance at community presentation, health and community fairs and other events to provide information to Medicare members. Sage PLUS partners with a network which includes programs and services for both the elderly and disabled populations to provide current information about the benefits available to those with Medicare.

Objectives:

1. On an annual basis the Sage PLUS Program, Hawaii's SHIP will provide training for interested staff of aging and disability program network organizations to become trained and certified as SHIP Counselors or SHIP liaison members.
2. On an annual basis, Hawaii SHIP will increase partner participation through MOAs/MOUs in each county by 5 percent.
3. On an annual basis, Sage PLUS will provide at least two trainings to aging and disability program network organizations per County (at least one trainings will be in a rural community) on how to compare and enroll members with Medicare in appropriate health and drug plans.
4. On an annual basis, Sage PLUS will partner with aging and disability program network organizations to conduct local public events during Medicare annual enrollment periods. (Provide at least two events per county, with at least one in a rural locality. For those counties that consist of more than one island, there will be at least one event per island.)

Strategy 6-5: Partner with stakeholders to prevent fraud, waste and abuse.

SMP Hawaii (SageWatch Program) is aimed at educating seniors about preventing Medicare and Medicaid fraud, error and abuse. SMP Hawaii develops formal partnerships with law enforcement agencies, consumer advocates, and public and private sectors to prevent healthcare fraud and related crimes.

Objectives:

1. By October 2007, a Senior Fraud Squad (one squad in each county) will be established to educate older adults on the prevention of consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
2. By December 2007, the Kupuna Financial Exploitation Task Force (KFETF), a statewide partnership with law enforcement, consumer advocacy, and public and private sector agencies, will be established with Memorandum of Understandings to prevent consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
3. By July 2008, KFETF will have a strategic plan to identify and address problems of consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
4. By December 2009, KFETF will develop a comprehensive statewide hotline to respond to consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
5. On an annual basis, the SMP Hawaii program will see a 5% increase in the number of beneficiaries educated on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.

6. By 2011, SageWatch will have 100 volunteers trained and certified to provide educational sessions for beneficiaries.

7. By 2011, older adults will have increased understanding on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.

Strategy 6-6: Partner with stakeholders to develop culturally appropriate materials to target hard to reach populations.

Preliminary data indicate that Native Hawaiian, Pacific Islander, and Southeast Asian populations are vulnerable to healthcare fraud schemes due to language and cultural barriers. **SMP Hawaii** is giving special attention to address this issue. SMP Hawaii in partnership with Alu Like, Inc. will develop advisory councils on each island across the state to address the financial victimization of Kupuna (older adults.). In addition, SMP Hawaii is partnering with Kokua Kalihi Valley Health Center to educate Southeast Asian and Pacific Island communities on Oahu.

Objectives:

1. By October 2007, the SMP Advisory Council on each island will have an outreach plan for consumer, financial, and Medicare/Medicaid fraud, waste and abuse of Kupuna.
2. By July 2008, each SMP Advisory Council will implement its outreach plan on preventing consumer, financial, and Medicare/Medicaid fraud, waste and abuse of Kupuna.
3. By October 2007, SageWatch in partnership with Kokua Kalihi Valley Health Center (KKV) will develop educational campaign for Southeast Asian and Pacific Island communities on consumer, financial, and Medicare/Medicaid fraud, waste and abuse.
4. By December 2007, KKV will translate and test culturally appropriate materials for dissemination among ethnic communities on consumer, financial, and Medicare/Medicaid fraud, waste and abuse on Kupuna.
5. By December 2009, SageWatch and KKV will have a cadre of Southeast Asian and Pacific Island volunteers (10 from each targeted population: Native Hawaiian, Filipino, Samoan, and Micronesian) trained to educate individuals on consumer, financial, and

Medicare/Medicaid fraud, waste and abuse.

6. By September 2010, older adults from ethnic communities will have increased understanding on preventing consumer, financial, and Medicare/Medicaid fraud, waste, and abuse.

Targeting Services – The Next Four Years

With respect to older individuals with the greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), EOA, through all designated AAA, will conduct the Title III program under the OAA in such a manner as to ensure that this target group will be given service preference.

Methods used for giving preference to this targeted population includes:

- The State's Intrastate Funding Formula for allocating Title III funds includes factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.
- Each area plan submitted by an AAA for approval by the State agency, provided assurances that the AAA will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals, and including proposed methods of carrying out the preferences in the area plan.
- Each agreement made with AAA under this title includes a requirement that sub-contractors of service will specify how they intend to satisfy the service needs of greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- Each AAA developed and published methods by which priority of services is determined. Such methods included factors that affirmatively provide service preference to meeting service needs of older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, and older individuals residing in rural areas).
- EOA's area plan guidelines and format instructed AAA to include specific objectives relating to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and older individuals at risk for institutional placement.

- EOA's area plan guidelines and format instructed AAA to describe the methods used to target services to reach older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), older individuals at risk for institutional placement, and Native Americans.
- EOA's area plan guidelines and format instructed AAA to describe the AAA previous years targeting methods, including describing the characteristics of older individuals (the number) with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), older individuals at risk for institutional placement, and Native Americans; and the extent to which AAA met the objectives described.
- EOA continues to work closely with AAA minority issues coordinators in targeting services and monitoring the AAA activities.

With respect to Native American individuals service needs, the EOA, through all designated AAA, will conduct the Title III programs under the OAA, as amended in 2006, in such a manner as to ensure that this target group will be met.

- Each area plan submitted by an AAA for approval by the State agency, provide assurances that the AAA will pursue activities to increase access by older individuals who are Native Americans to all aging program and benefits provided by the agency, including programs and benefits under Title III, if applicable.
- The AAA will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans toward gaining their assistance in identifying problems, and inform such agencies and organizations of their availability of service under area plans.
- The State thru its Healthy Aging Partnership – Empowering Elders project is replicating the Chronic Disease Self Management Program thru Alu Like, Inc. to address health issues of Native Hawaiians

Targeting Services – The Previous Year, 2006

According to the Bureau of Census 2000, over 15,000 persons 60 years of age and older were below poverty, representing 7.4% of the total elderly population. Minority older adults who were below the low-income level were 7.7 %. Subscribing to the U.S. Bureau of Census, 16,130 older adults reside in rural areas. Applying the AoA State Performance Reporting definition, there are nearly 49,000 older adults residing in rural areas.

The following methods were used to satisfy the service needs of low-income minority individuals and those residing in rural areas.

- The State included in its uniform area plan format the criteria for determining funding priorities. One of the criteria was that low income minority older adults are targeted.
- The State included in its uniform area plan format instructions requiring the AAA to include objectives relating to providing services to older individuals with greatest economic needs, greatest social needs, at risk for institutional placement, low-income minority older individuals, with limited English proficiency, and in rural areas.
- The State included in its uniform area plan format targeting requirements to comply with statutory provisions.
- The State monitored and evaluated the AAAs previous year's targeting methods and outcomes.
- The State's Intrastate Funding Formula for allocating Title III funds included factors and appropriate weights which reflected the proportion among the planning and service areas of low income minority.
- Each AAA provided assurances that it will include in each agreement made with providers of any service under this title, a requirement that such provider will specify how the provider intends to satisfy the service needs of low income minority individuals.
- EOA compiles, assessed and finalized its annual targeting reports to the U.S. Administration on Aging.
- Rurality and isolated areas were given special consideration in the intrastate funding formula in allocating Title III funds.

EXPENDITURE PLAN

This part of the plan provides information on the existing and approved Intra-state Funding Formula (IFF); Title III allotment and allocations to PSA: 2008; previous year's expenditures for priority services; minimum percentage Title III Part B categories of services; and additional costs of providing services to older individuals in rural areas.

Existing and Approved Intra-state Funding Formula

The Executive Office on Aging is the designated State agency responsible for developing an Intrastate Funding Formula (IFF) to distribute Older Americans Act Title III funds to its planning and service areas. In September 2004, the Assistant Secretary for Aging, U.S. Administration on Aging, approved the Amendment to the Hawaii State Plan on Aging (2004-2007) relating to the IFF. The IFF reflected the best available data, used the criteria of the Older Americans Act, and was published for review and comment. The approved IFF stands today. The following is a description of Hawaii's IFF.

I. Goals.

The following goals were developed for Hawaii's IFF.

- 1) Follow OAA provisions and program instructions concerning intrastate funding formula development.
- 2) Distribute funds in a fair and equitable manner.
- 3) Consider the following distributions among PSAs:
 - a) all older adults
 - b) older adults with greatest economic need
 - c) older adults with greatest social need
 - d) older adults who are low income minorities
 - e) older adults living in rural areas
- 4) Assure timely responses to the dynamic changes in population characteristics occurring among PSAs by using the best available census data, while minimizing disruption in services to older persons in need.
- 5) Ensure open, adequate, and inclusive discussion on factors and their definitions, base amounts, and weights.

II. Assumptions.

In selecting factors, the EOA made the following assumptions.

Low income: Older persons with income at or below the poverty line have difficulty meeting the costs of basic daily life and health care.

Low income minority: Many low income minority persons disproportionately experience social and economic hardship or challenges.

Disabilities: Older persons with physical and mental disabilities, whatever the causes, require a variety of support services to remain independent in their own home or in the community.

Language barriers: Many elders who are unable to speak English or speak English “not well” may have limited access to information and services and may require additional support services.

Geographic isolation: Older persons who live in rural areas are often isolated from family and friends and formal support services. In addition, isolated areas may not have the service infrastructure to provide needed support services.

III. Application of the Definitions of Greatest Economic or Social Need.

The following are descriptions of greatest economic and social need as found in the OAA.

Greatest Economic Need (GEN):

The term “greatest economic need” means the need resulting from an income at or below the poverty line as defined by the Office of Management and Budget and adjusted by the Secretary for the U.S. Department of Health and Human Services (DHHS).

[OAA Section 102(27) and (38)]

Greatest Social Need (GSN):

The term “greatest social need” means 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 Section 102(28)]

IV. Factors and Their Definitions.

The following factors and their definitions were chosen for Hawaii’s IFF

Older adults (OA): Individuals age 60 years and older.

Greatest Economic Need (GEN): Older adults with income at or below the DHHS 115% poverty level.

Low Income Minority (LIM): Older adults who are either African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or Hispanic and in greatest economic need.

Greatest Social Need (GSN): Older adults with the following characteristics:

Disabilities (DA): Who have one or more disability.

Language Barrier (LB): Who speak English “not well” or “not at all”.

Geographic Isolation (GI): Who live in a rural area.

Inverse Population Density (IPD): An indicator of decreased service access and associated higher costs of delivering priority services in such areas. This uses the relationship of geographic size and total population.

V. Numerical Statement.

The following base amounts and weights were chosen for Hawaii’s IFF

	Part B	Part C1	Part C2	Part D	Part E
	Supportive Services	Congregate Meals	Home Delivered Meals	Disease Prevention and Health Promotion	Caregiver Support
Base amount	\$128,758	\$75,600	\$12,375	--	--
Factors					
OA	.25	.25	.25	--	.25
GEN	.30	.30	.30	.40	.30
LIM	.20	.20	.20	.20	.20
GSN	.20	.20	.20	.40	.20
DA	(.45)	(.45)	(.45)	(.45)	(.45)
LB	(.20)	(.20)	(.20)	(.20)	(.20)
GI	(.35)	(.35)	(.35)	(.35)	(.35)
IPD	.05	.05	.05	--	.05

Weighted Proportions.

After base amounts are granted, the following formula is used to calculate the proportion of the remaining funds each PSA will receive.

Parts B, C1, C2, and E

$$\text{Weighted proportion} = .25(pOA) + .30(pGEN) + .20(pLIM) + .20(pGSN) + .05(pIPD)$$

Part D

$$\text{Weighted proportion} = .40(pGEN) + .20(pLIM) + .40(pGSN)$$

Where

$$pGSN = .45(pDA) + .20(pLB) + .35(pGI)$$

and

p is the proportion a PSA has of a specific factor.

The following table shows the weighted proportions calculated using the data listed on page 8.

	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
Weighted proportions	KAEA	EAD	MCOA	HCOA	
Part B, C1, C2, E	7.0704%	64.3096%	12.0389%	16.5811%	100%
Part D	7.3031%	63.4714%	13.2453%	15.9802%	100%

VI. Descriptive Statement.

Part B.

Each PSA will receive a base amount of \$128,758.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part C1.

Each PSA will receive a base amount of \$75,600.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part C2.

Each PSA will receive a base amount of \$12,375.

The remainder of the funds will be distributed using the weighted proportions listed on the previous page.

Part D.

All funds will be distributed using the weighted proportions listed on the previous page.

Part E.

All funds will be distributed using the weighted proportions listed on the previous page.

VII. Demonstration of Allocation of Title III Funds to PSAs.

The following tables summarize the allocations to each PSA using the IFF.

FY 07 and beyond*	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
	KAEA	EAD	MCOA	HCOA	
Total	\$502,169	\$2,809,758	\$703,623	\$884,884	\$4,900,433
Part B	\$213,017	\$895,146	\$272,228	\$326,358	\$1,706,749
Part C1	\$155,975	\$806,659	\$212,456	\$264,091	\$1,439,180
Part C2	\$71,843	\$553,277	\$113,633	\$151,837	\$890,590
Part D	\$7,877	\$68,460	\$14,286	\$17,236	\$107,858
Part E	\$53,456	\$486,217	\$91,021	\$125,362	\$756,056
* The sum of Parts B-E figures may not add to total figures due to rounding.					

VIII. A Listing of Population, Economic, and Social Data Used.

Data used in the Hawaii IFF.

	PSA 1	PSA 2	PSA 3	PSA 4	TOTAL
Factors	KAEA	EAD	MCOA	HCOA	
OA ^{/1}	10922	158912	20719	27258	217881
GEN ^{/2}	1383	18412	2876	3804	26474
LIM ^{/2}	1067	15538	2122	2522	21249
GSN					
DA ^{/2}	4261	60780	8006	10650	83698
LB ^{/2}	934	19414	2355	1765	24469
GI ^{/2,3}	10992	5920	16227	18363	51502
IPD					
Total population ^{/1}	59946	896019	134139	154794	1244898
Land area (square mile) ^{/4}	622.44	599.77	1172.41	4028.02	6422.64
Population density	96	1494	114	38	194
Inverse ranking	0.39902	0.02572	0.33588	1	1.76063
/1 U.S. Census Bureau, Population Estimates Branch, July 1 2002 estimates.					
/2 U.S. Census Bureau, Census 2000 Special Tabulation, updated with 2002 60+ estimates.					
/3 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.					
/4 The State of Hawaii Data Book 2002					
* Figures may not add to totals due to rounded figures being used for this presentation. Figures used in IFF calculations are not rounded.					

IX. Additional Notes on the IFF and the Title III Expenditure Plan.

State Administrative and Title VII allocations.

The amount available for IFF allocation is calculated by subtracting from the State's total Title III grant \$500,000 for the State to carry out the purposes of Title III (applying OAA Section 308(b)) and \$45,000 to conduct an effective Ombudsman program under OAA Section 703(a)(9) (applying OAA Section 304(d)(1)(B)). Administrative funds for EOA will be taken from Part C1. Ombudsman funds will be taken from Part B.

Demonstration project allocations.

Pursuant to OAA Section 304(d)(1)(C), not less than \$150,000 and not more than four (4) percent of the amount allotted to the State for carrying out Part B, shall be available for conducting outreach demonstration projects under OAA Section 706. These funds shall be subtracted from the total Part B grant prior to IFF allocations to the PSAs, as demonstration projects become applicable.

Administration of Area Plans.

Not more than 10 percent of a PSA's total allocation of Parts B, C1, C2, and E funds, as determined by EOA, shall be available for paying not more than 75 percent of the cost of administration of approved area plans, in accordance with OAA Section 304(d)(1)(A).

Services for older adults residing in rural areas.

Pursuant to OAA Section 307(a)(3)(B)(i), with respect to the services for older individuals residing in rural areas, the State will spend, for each federal fiscal year, not less than the amount expended for such services for fiscal year 2000.

EXECUTIVE OFFICE ON AGING
 TITLE III FUNDS ALLOTMENT AND ALLOCATION TO PSA
 FISCAL YEAR 2008

FUND SOURCES	AUTHORIZED AMOUNT	STATE AGENCY ALLOCATION	NET ALLOC. SUBJECT TO 10% ADM	STATE OMBUDSMAN ALLOCATION	NET PSA ALLOTMENT (AAA)	BASE GRANT	IFF ALLOCATION	KAUAI	HONOLULU	MAUI	HAWAII
SUPPORTIVE SERVICES PART B	\$1,735,445	\$0	\$1,735,445	\$45,000	\$1,690,445	\$515,032	\$1,175,413	\$211,885	\$884,661	\$270,265	\$323,654
CONGREGATE MEALS PART C1	\$1,974,649	\$500,000	\$1,474,649	\$0	\$1,474,649	\$302,400	\$1,172,249	\$158,483	\$829,468	\$216,726	\$269,972
HOME DELIVERED MEALS PART C2	\$932,110	\$0	\$932,110	\$0	\$932,110	\$49,500	\$882,610	\$74,779	\$579,978	\$118,632	\$158,721
FAMILY CAREGIVER SUPPORT PART E	\$773,027	\$0	\$773,027	\$0	\$773,027	\$0	\$773,027	\$54,656	\$497,131	\$93,064	\$128,176
PREVENTIVE HEALTH PART D	\$105,930	\$0	\$105,930	\$0	\$105,930	\$0	\$105,930	\$7,736	\$87,235	\$14,031	\$16,928
TOTAL AUTHORIZED ALLOTMENT AND ALLOCATION	\$5,521,161	\$500,000	\$5,021,161	\$45,000	\$4,976,161	\$866,932	\$4,109,229	\$507,519	\$2,858,473	\$712,718	\$897,451

AAA RATE OF ADMINISTRATION (1)
 BREAKDOWN OF ALLOTMENT AND ALLOCATION
 ADMINISTRATION PSA

	10%	10%	10%	10%
	\$50,752	\$285,847	\$71,272	\$89,746
	\$487,617			

For Area Agencies on Aging allocation plans, see Appendix C.

Chapter 5

Previous Year's Expenditures for Priority Services

In accordance with the Older Americans Act (Section 306(a)(2)) the Area Agencies on Aging are disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

Kauai Agency on Elderly Affairs

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	31,839	111,332	53%
In-Home	10,614	66,694	32%
Legal	42,452	91,082	43%
Title III Part B TOTAL	84,905	269,108	

Elderly Affairs Division

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	314,654	301,077	26.4%
In-Home	215,762	179,863	15.8%
Legal	130,970	125,884	11.1%
Title III Part B TOTAL	661,386	606,824	53.3%

Maui County Office on Aging

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	161,931	169,827	
In-Home	4,995	30,000	
Legal	32,865	54,000	
Title III Part B TOTAL	199,791	253,827	

Hawaii County Office of Aging

Service	Budgeted Compliance Amount (\$)	FY 06 Actual Expenditures	% for Title III Categories
Access	363,792	339,683	78.7%
In-Home	5,000	4,558	1.1%
Legal	62,515	61,247	14.2%
Other	53,441	26,050	6%
Title III Part B TOTAL	484,748	431,538	

Minimum Percentages

For the duration of the Area Plan, the AAA assure 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	Kauai Agency for Elderly Affairs	Elderly Affairs Division	Maui County Office on Aging	Hawaii County Office of Aging
Access	15	22	32	30
In-Home	5	10	1	1
Legal	20	10	7	9
Total Percent	40	42	40	40

Additional Costs of Providing Services to Rural Areas

Area Agency on Aging	FY 2006 Actual Costs	Projected Costs
Kauai Agency on Elderly Affairs		
Elderly Affairs Division	295,658	260,789
Maui County Office on Aging	50,792	53,331
Hawaii County Office of Aging	897,885	897,451

The EOA required all AAA to develop and implement an evaluation plan of their respective Area Plans. The evaluation plan is based on the stated goals and objectives as described in the Area Plan. EOA required AAA to have plans that consisted of process and outcome evaluations to determine:

Process evaluation:

1. To what extent were the stated activities met?
2. Who and how many were served?
3. To what extent were the targeted populations served?
4. To what extent were the services utilized?
5. How does current performance compare to previous performance?

Outcome evaluation:

6. To what extent were the stated objectives met?
7. How satisfied were the clients with the services provided?
8. To what extent were there changes in the clients' knowledge, attitude, and behavior?
9. How successful were the services in terms of cost-benefit?

The AAA drafted program logic models for each stated goal. The models identified anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool.

The evaluation will be conducted through the use of uniform survey instruments developed by the EOA and the AAA. The AAA are expected to submit an Annual Cumulative Area Plan Evaluation Report to the EOA. This narrative report will be based on data gathered from the evaluation conducted according to the evaluation plan as well as other reports listed in the Federal and State Reporting Requirements for AAAs.

APPENDIX A:
Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

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);

(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 agency 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;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in

the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan 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 State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

- (2) The State agency:
 - (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

- (5) The State agency:
 - (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

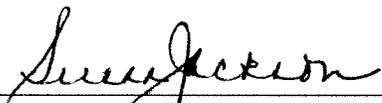
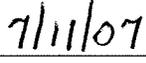
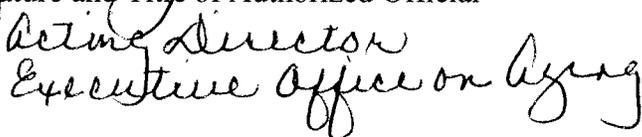
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

 _____ Signature and Title of Authorized Official	 _____ Date
	

**APPENDIX B:
Objectives, by Area Agencies on Aging**

Kauai Agency on Elderly Affairs

Goal	Objectives
Goal 1: The AEA will develop a comprehensive and coordinated system of supportive services responsive to the needs and preferences of older adults and their family caregivers and in accordance with all federal requirements.	1-1 Older adults with greatest economic need will be given preference for services.
	1-2 Older adults with disabilities and in greatest social need will be given preference for services.
	1-3 Older adults with limited English proficiency or language barriers and in greatest social need will be given preference for services.
	1-4 The AEA will have a disaster plan in place and have staff trained and informed on disaster preparedness procedures for AEA and the education of older adults.
	1-5 The AEA will provide for and encourage capacity-building opportunities for service providers and make efforts to identify other potential resources.
	1-6 EOA and AEA will work collaboratively on Medicaid Long Term Care Reform issues and activities, with guidance from the Administration on Aging.
Goal 2: Older adults and their caregivers have access to information and an integrated array of health and social supports.	2-1 60% of older adults served will have increased knowledge on how to access programs and services.
	2-2 75% of older adults served will be linked to programs and services.
	2-3 60% of older adults served were successfully linked or eligible for services and benefits, including assistance with Medicare Part D enrollment.
	2-4 By 2009, AEA will have a comprehensive inventory of services available to aging and disability networks.
	2-5 By 2009, AEA will have a workplan for an efficient information access system.
	2-6 By 2010, KAEA will have the infrastructure to establish an ADRC.
	2-7 By 2010, AEA will operate an ADRC for its county.
	2-8 By 2011, older adults, persons with disabilities, and caregivers identified will have increased understanding of ADRC and know what number to call for help.
	2-9 By 2011, older adults, persons with disabilities, and caregivers identified will have increased understanding on the need to plan for eldercare and who to call for help.

Goal	Objectives
Goal 3: Older adults are active, healthy, and socially engaged.	3-1 65% of older adult volunteers expressed satisfaction in remaining active and socially engaged thru volunteerism.
	3-2 65% of older adults who volunteer improve/retain physical, mental, and/or emotional well-being.
	3-3 75% of volunteer stations express positive impact on their agency and services as a result of services received by volunteers.
	3-4 Community agencies and government have cost-savings as a result of volunteer services.
	3-5 By October, 2007, 100% of partners are satisfied with the 1 st year implementation of the evidence-based physical activity program called Enhance Fitness.
	3-6 By October, 2007, the AAA has a cadre of instructors certified in an evidence-based physical activity program called Enhance Fitness.
	3-7 By October, 2007, aging service provider has the skills to implement the program.
	3-8 By 2010, six sites have successfully implemented the evidence-based disease prevention program called Enhance Fitness.
	3-9 By 2010, Enhance Fitness program is replicated with fidelity.
	3-10 By October, 2007, 75% of participants have improved strength, balance, and walking.
	3-11 By 2010, 75% of participants have improved strength, balance, and walking as a result of the evidence-based physical activity intervention (Enhance Fitness).
	3-12 By 2010, 120 participants have successfully completed an evidence-based physical activity program (Enhance Fitness).
Goal 4: Families are supported in caring for their loved ones.	4-1 60% of family caregivers identified have support options in caring for their older adults.
	4-2 60% of family caregivers identified are satisfied with the services provided.
	4-3 By 2009, KAEA will increase services to caregivers, through support groups, training sessions, and informational activities.
	4-4 By 2011, KAEA will expand on the existing system to support family caregivers in: <ul style="list-style-type: none"> • coordinated services; • training and education; • respite services • balancing work and caregiving.

Goal	Objectives
Goal 5: Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.	5-1 75% of older adults served have increased knowledge on how to access legal services.
	5-2 75% of older adults served can accurately identify at least two resources on rights, benefits, and protection from abuse.
	5-3 By September, 2009, partnerships are established and scope and protocol clarified with AEA and community agencies to collaborate on inter-agency communication and procedures.
	5-4 By January 2008, EOA will establish community partnerships, with support from the AEA, to address resident rights in long term care facilities.
	5-5 By September 2008, the EOA, AEA and community partners have a plan for recruiting, training, and supporting volunteers to speak on behalf of residents in long term care facilities.
	5-6 By September 2008, volunteers will have successfully completed Long Term Care Ombudsman (LTCO) training.
	5-7 By September 2009, there will be at least one LTCO Volunteer Representative in each nursing facility and assisted living facility to advocate on behalf of residents.
Goal 6: Older adults have in-home and community based long term care options.	6-1 60% of clients and families served, including those at-risk for institutional placement, have support options to remain at home in the community.
	6-2 60% of clients and families served are satisfied with the services provided.
	6-3 60% of clients and families served expressed that service(s) received helped them to remain at home.
	6-4 By September 2008, EOA and KAEA examine various options for long term care, including cash and counseling.
Goal 7: Hawai'i's communities have the necessary economic, workforce, and physical capacity for an aging society.	7-1 By September, 2009, minimum of five partnerships are developed between AEA and community agencies to collaborate on workforce development strategies.
	7-2 By September, 2009, AEA will have a list of workforce development resources.
	7-3 KAEA will support the State Highway Safety Plan which will include strategies to reduce older adult pedestrian casualties in the state.

City and County of Honolulu

Goal	Objectives
Goal 1: Older individuals and their caregivers have access to information and an integrated array of health and social supports.	1-1 Clients using the ADRC will say they were able to access information to health and social supports for older individuals, persons with disabilities, caregivers and others, will have an increased understanding of the need to plan for long-term care; and will know who to call for help.
	1-2 As a result of EAD's ability to fully staff its I&A section, 1 on 1 contacts to targeted older individuals (older individuals residing in rural areas, with greatest economic need, with greatest social need, with severe disabilities, with limited English-speaking ability, with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, at risk of institutional placement) and their caregivers will increase by 25%.
	1-3 As a result of the development and implementation of a training program, I&A staff will be prepared to support the implementation of the virtual ADRC.
	1-4 Information made available through EAD's publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	1-5 Clients receiving one on one assistance by I&A staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment.
Goal 2: Older individuals are active, healthy and socially engaged.	2-1 The Chronic Disease Self-Management program is embedded in the Aging Network.
	2-2 Health Maintenance will be transitioned to an evidence-based program resulting in participants reporting reduce illness and injury as well as improved strength, balance and well-being.
	2-3 Nutrition Education will be transitioned to an evidence-based program resulting in the improved nutritional risk status for participants.
	2-4 New partnerships with the State Department of Health will result in the increased rate of immunization among older adults.
	2-5 The rate of falls involving older individuals is reduced as a result of collaborative efforts in falls prevention.
	2-6 Older adult volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional well-being as a result of their volunteer experience.

<p>Goal 3: Families are supported in caring for their loved ones.</p>	<p>3-1 Caregivers have access to services a coordinated system of in-home, community based services, for the older individuals through the Kupuna Care program and report these services meet their needs and support their ability to continue providing care.</p>
	<p>3-2 Caregivers have access to services through a coordinated system of gap-filling, supportive, community based services for older individuals funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.</p>
	<p>3-3 Caregivers have access to services for themselves through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.</p>
	<p>3-4 Improved access to information and support to caregivers through the WE CARE program will reduce stress and absenteeism and support their ability to continue providing care as well as increase productivity benefiting employees as well as employers.</p>
	<p>3-5 Improved access to information and support to caregivers through the MAKING THE LINK program will reduce stress and increase their access to health care supporting their ability to continue providing care.</p>
<p>Goal 4: Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.</p>	<p>4-1 Older residents residing in long-term care facilities are ensured of their rights and benefits as a result of the partnership of the State Executive Office on Aging's Long-Term Care Ombudsman and EAD to develop a cadre of Volunteer Representatives.</p>
	<p>4-2 At least 500 at risk older individuals will receive legal services and report they feel less at risk for abuse, neglect and exploitation.</p>
	<p>4-3 As a result of the Case Management Service for Abused Elders program, abuse, neglect and/or exploitation of program participants will be reduced.</p>
	<p>4-4 Information made available through EAD's legal publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.</p>
	<p>4-5 As a result of access to information about legal services, older individuals can accurately identify at least 2 resources on rights, benefits or protection from abuse.</p>
<p>Goal 5: Older individuals have in-home and community based long-term care options.</p>	<p>5-1 By September 2008 the State Executive Office on Aging and the Area Agencies on Aging will examine various options for long-term care financing including but not limited to cash and counseling.</p>
	<p>5-2 At least 3,300 frail older individuals will receive services through the Kupuna Care program, a coordinated system of in-home, community based services. They will report that these services meet their needs and support their ability to remain at home.</p>

	5-3 At least 10,000 older individuals will receive services through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding,. They will report that these services meet their needs and support their ability to remain at home.
Goal 6: Hawaii’s communities have the necessary economic, workforce and physical capacity for an aging society.	6-1 On an ongoing basis, EAD will participate in groups working to ensure the development and availability of a comprehensive, affordable and accessible public transportation system that supports the ability of older individuals to age in place in the community of their choice.
	6-2 On an ongoing basis, EAD will participate in groups working to ensure that the State and County Highway Safety Plans include strategies to reduce casualties to older individuals as a result of walking, riding bicycles and/or driving or riding in/on a motorized vehicle.
	6-3 On an ongoing basis, EAD will work with housing authorities, developers, owners and non-profits to ensure the development of comprehensive and affordable housing that supports the older individuals’ ability to age in place in the community of their choice.
	6-4 On an ongoing basis, EAD will work with groups to develop strategies to address the development of an adequate workforce to assist older individuals, whether they live at home or in institutional settings.

County of Maui

Goal	Objectives
Goal 1: Older Adults and their caregivers have access to information and an integrated array of health and social supports.	1-1 Older adults receive I&A services and are linked to appropriate services or resources.
	1-2 Older receive I&A services, and are able to make informed decisions on available services and programs.
	1-3 Older adults will be informed of programs, services, and issues that relate to aging.
	1-4 Older adults who have greatest social need (GSM), especially those who are frail, geographically isolated and who have no capacity to speak English, will have access to appropriate services and will increase their understanding of aging issues.
	1-5 Older adults with Greatest Social Need (GSN), Greatest Social Need and Living Alone (GSNLI) and Living Alone (LI), especially those with low income and in who are of ethnic minorities, will be outreached and provided with information assistance and referral.
	1-6 Older adults residing in rural areas will have access to information assistance, outreach and referral services.
	1-7 Maui County will strive to have an ADRC on each island in Maui County with Executive Office on Aging Support.
Goal 2: Older Adults are active, healthy, and socially engaged.	2-1 Older adults will have their needs met by receiving community-based services.
	2-2 Frail older adults will receive case management services to be able to live independent, meaningful and dignified lives and remain at home.
	2-3 Frail older adults identified by the Maui County Office on Aging will receive personal care services to be able to live independent, meaningful and dignified lives and remain at home.
	2-4 Frail older adults will receive home maker/ house keeping services to be able to live independent, meaningful and dignified lives and remain at home.
	2-5 Frail older adults will receive Kupuna Care Transportation Services to be able to live independent, meaningful and dignified lives and remain at home.
	2-6 Frail older adults will receive home delivered nutrition services to be able to live independent, meaningful and dignified lives and remain at home.
	2-7 Frail older adults will participate in friendly visiting/ telephone reassurance services to help them live independent, meaningful and dignified lives by decreasing their feeling of loneliness and isolation.

	2-8 Frail older adults will participate in an adult day care program and will be prevented from premature institutionalization
	2-9 Caregivers of older adults will participate in support services to prevent them from experiencing burn out.
	2-10 Grandparents Raising Grandchildren will participate in support services to prevent them from experiencing burn out.
Goal 3: Families are supported in caring for their loved ones.	3-1 Family Caregivers will receive supportive caregiver services and an increase the amount of time for them to tend to their own daily activities.
	3-112 An annual Caregiver Conference will provide Family Caregivers information on available resources, skill-building and techniques for caring for frail and vulnerable older adults and themselves.
	3-4 A Family Caregiver Counseling Program will assist Family Caregivers in their roles and tasks to improve their care giving capacity and to avoid burn out.
	3-5 Family Caregiver Support groups will be available through agencies and organizations that provide services to support Family Caregivers.
	3-6 "Sundowner" nights will be available to support Family Caregivers.
	3-7 MCOA will collaborate and coordinate with agencies and organizations to expand respite services to Family Caregivers.
Goal 4: Older Adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.	4-1 MCOA will collaborate with the Executive Office on Aging to establish Ombudsman programs on each island in Maui County.
	4-2 Older adults who are Medicare/Medicaid beneficiaries are more aware of elder rights and benefits through the Sage Watch Program.
	4-3 Older adults who are Medicare/ Medicaid beneficiaries are more aware of elder rights and benefits through the Sage Plus Program.
	4-4 Older adults who participate in End Of Life programs, seminars and other educational opportunities will increase their knowledge of their rights, benefits and privileges.
	4-5 Older adults who participate in elder abuse and neglect programs, seminars and other educational opportunities will increase knowledge of their rights to protect themselves from becoming victims.
	4-6 Older adults who request information about legal advice, counseling, and representation are linked to the appropriate legal resources.
	4-7 Older adults who request legal assistance receive any of the following services: legal advice, counseling and representation.
	4-8 MCOA will advocate and educate for legislation in congruence with federal elder abuse and exploitation laws which will help the elderly to feel less vulnerable by removing language related to dependency.

Goal 5: Older adults have in-home and community-based long term care options	Older adults who may be at risk of institutional placement will receive chore services
	Older adults at risk of institutional placement will receive nutrition, nutrition counseling, and meal delivery to maintain them at home and in community
	Older adults who are at risk of institutional placement will be provided Assistive Technology.
	Older adults at risk of institutional placement will receive personal care services to maintain them at home.
	Older adults who may become at risk of institutional placement will participate in health promotion activities to maintain them at home.
	Older adults who may become at risk will participate in disease prevention services to postpone placement.
	Adults who may become at risk for out of home placement will participate in retirement planning to anticipate needs and resources to remain in home.
	Older adults will participate in long term care planning.
	MCOA will partner with other members of the state and national aging networks to advocate for Insurance premium rebates to participants in health promotion/disease prevention programs and activities.
Goal 6: Hawaii's Communities have the necessary economic, workforce, and physical capacity for an aging society.	6-1 MCOA will collaborate with employers and educational institutions to provide opportunities for individuals to become CNA's
	6-2 MCOA will partner with nursing programs and the Department of Health to develop interest in student nurses for skills and careers in gerontology nurses.
	6-3 MCOA will partner with media outlets and other organizations to educate the public and potential workforce concerning the need for specialization in geriatric services.
	6-4 MCOA will partner with the university, hospital, long term care facilities and other members of the aging network to raise awareness regarding the need for Social workers and mental health professionals in gerontology and to develop curricula and learning experiences.
	6-5 MCOA will take a leadership role with partners and stakeholders in the university and professional schools to Maui aging network to raise awareness of the need for gerontologist (MD, MSN, OT, PT) fields, assist to develop curricula and learning experiences, internships and residencies, etc.
	6-6 MCOA will partner with builders and developers to implement the principals of Designing Livable Communities in future projects.
	6-7 MCOA will support and encourage proactive building codes to build aging friendly communities.

	6-8 MCOA will partner with other stakeholders to educate the community and legislators about the importance of retrofitting existing homes so that the elderly can age in place.
	6-9 MCOA will partner with other stakeholders to educate and encourage legislators on the local, state and federal levels to develop tax incentives for new construction and retrofitting with aging compliant features.
	6-10 MCOA will encourage and recognize organizations in the aging network who collaborate to co-locate components of the system of care (i.e., adult day care, affordable housing, nutrition sites, multi-purpose centers, ICF & SNF, support services and personnel care, etc.).

County of Hawaii

Goal	Objective
<p>Goal 1: Older adults and their caregivers have access to information and an integrated array of health and social supports.</p> <p><u>Services/Categories:</u> Aging and Disability Resource Center (ADRC): Information and assistance and/or referral, outreach, public education</p>	<p>1-1 On an annual basis, at least 15% of older adults and caregivers who received information and assistance services will be connected to appropriate service(s) and resources.</p> <p>1-2 On an annual basis, at least 75% of I&A clients will make appropriate decision(s) as a result of information and assistance received.</p> <p>1-3 To conduct follow-up interviews to 1,800 older adults identified and or referred by HCOA and the ADRC as potentially needing eldercare services.</p> <p>1-4 To identify at least 900 older adults annually and be issued with a senior citizen ID card that could be used as a means of obtaining discounted products and services.</p> <p>1-5 To provide 4,000 older adults, caregivers and service providers with timely, meaningful and useful information by distributing the monthly Silver Bulletin newsletter.</p>
<p>Goal 2: Older adults are active, healthy and socially engaged.</p> <p><u>Services/Categories:</u> Community-Based Services, Health Promotion</p>	<p>2-1 Establish a Healthy Aging Partnership with public and private agencies and elderly consumers.</p> <p>2-2 For the 4 year planning period, implement the Enhanced Fitness program in 8 nutrition sites.</p>
<p>Goal 3: Families are supported in caring for their loved ones.</p> <p><u>Services/Categories:</u> National Family Caregiver Support Program, Aging and Disability Resource Center (ADRC), Caregiver Support, Education, and Training</p>	<p>3-1 To develop and maintain information and outreach displays and presentations about the availability of support services in the community through public education in group settings (health fairs, community service fairs, or community organization meetings.)</p> <p>3-2 Caregivers with access to information and educational materials will be satisfied that the resource materials were pertinent and useful in their role as caregiver.</p> <p>3-3 To provide access to all districts of the island, trained individuals to assess caregiver needs, provide information and assistance that link caregivers to needed services and provide follow-up on an as-needed basis.</p> <p>3-4 Continue to support family caregivers in ways that improve and extend the ability to provide care by strengthening and integrating existing services and expanding innovative services.</p> <p>3-5 To support, plan and/or coordinate three training sessions or conferences relating to caregiver concerns and issues each year.</p>

<p>Goal 4: Older adults are ensured of their rights and benefits and protected from abuse, neglect and exploitation.</p> <p><u>Services/Categories:</u> Legal, Abuse and Neglect, Advocacy</p>	<p>4-1 Establish an advisory committee to address resident rights in long term care facilities through the formation of Volunteer Family Councils.</p> <p>4-2 Advisory committee creates a strategic plan for recruiting, training, and supporting volunteers to advocate on behalf of residents of long term care facilities.</p> <p>4-3 VFC representatives are selected, trained, and placed in long term care and assisted living facilities to advocate on behalf of residents.</p> <p>4-4 On an annual basis, at least 85% of older adults who request information about legal advice, counseling, and representation will be linked to legal resources.</p> <p>4-5 On an annual basis, at least 200 older adults will improve their knowledge of entitlement programs, the legal process, and individual rights.</p> <p>4-6 On an annual basis, at least 10% of older adults receiving legal assistance will increase their ability to make informed legal decisions through the receipt of advice, counseling and representation.</p>
<p>Goal 5: Older adults have in-home and community-based long term care options.</p> <p><u>Services/Categories:</u> Homemaker services, Chore services, Congregate Meals, Nutrition Education, Home Delivered Meals, Kupuna Care, Home Modification Transportation, Assisted Transportation, Service Preference</p>	<p>5-1 For each service year, at least 80% of older adults who receive homemaker/chore POS remain in their home for a minimum of three months.</p> <p>5-2 For each service year, at least 70% of continuing nutrition program participants maintain or improve their nutritional status for three months.</p> <p>5-3 For each service year, at least 70% of congregate meal participants maintain or improve their social well-being.</p> <p>5-4 For each service year, at least 70% of continuing nutrition program participants who receive nutrition education maintain or improve their nutritional status.</p> <p>5-5 For each service year, at least 70% of home-delivered nutrition program participants maintain or improve their nutritional status for six months.</p> <p>5-6 For each service year, at least 75% of Kupuna Care clients who receive home and/or community-based services through the KC program remain in their homes at least three months.</p> <p>5-7 For each service year, at least 75% of KC clients surveyed report their care needs are being met by the program.</p> <p>5-8 For each service year, a minimum of 450 older adults are transported to a congregate meal site three to five days per week.</p> <p>5-9 For each service year, a minimum of 900 older adults receive transportation services to medical health service, shopping assistance and access to other community services.</p> <p>5-10 On an annual basis, at least 75% of older adults who receive home modification services will remain within their homes in a safer environment due to renovations, modifications, and/or adaptations provided by the service.</p>

	<p>5-11 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to low-income minority individuals having greatest economic and social needs so at least 50% of individuals served will be of low-income minority.</p> <p>5-12 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to older individuals living in rural areas so at least 75% of individuals served will be older individuals living in rural areas.</p> <p>5-13 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to those at risk for institutional placement and those with limited English proficiency so that at least 50% of individuals served will be from these target groups.</p>
<p>Goal 6: Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.</p> <p><u>Services/Categories:</u> Community Planning, Safety, Information Technology, Older Worker Training and Employment, Workforce Development and Training, Caregiver Training</p>	<p>6-1 AAA staff will serve as liaisons to state agencies on pedestrian safety issues for older adults as part of planned statewide taskforce.</p> <p>6-2 Develop and maintain a database, and resource information on older individuals in Hawaii County to assist private, public, and community agencies in service and program planning related to pedestrian safety.</p> <p>6-3 Provide training and part-time community service employment opportunities to at least 58 older individuals annually.</p> <p>6-4 For the 4 year planning period, support and coordinate a minimum of 4 workshops and educational seminars for ADRC service providers and additional service providers that reflect identified needs of providers in order to assist them in better serving aging and disabled populations.</p> <p>6-5 For the 4 year planning period, support and coordinate a minimum of 4 workshops and educational seminars for caregivers that reflect identified needs of caregivers.</p>

APPENDIX C: ALLOCATION PLANS, BY AREA AGENCIES ON AGING

County of Kauai

Year 2008

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	36	6,489 Hours	\$19.75	\$97,387	A
Personal Care	28	3,815 Hours	\$22.00	\$84,681	A
Adult Day Care	62	20,616 Hours	\$4.31	\$88,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
<i>Caregiver Support Services</i>					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
Disease Prevention- Enhance Fitness	40	288 sessions	\$190	\$54,690	NO
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

- 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

**Planned Service Outputs and
Resources Allocation Levels**

Year 2009

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	25	3,412 Hours	\$19.75	\$67,392	A
Personal Care	25	3,403 Hours	\$22.00	\$74,880	A
Adult Day Care	50	15,976 Hours	\$4.31	\$68,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
<i>Caregiver Support Services</i>					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
Disease Prevention-Enhance Fitness	40	288 sessions	\$190	\$54,690	NO
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

- 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

**Planned Service Outputs and
Resources Allocation Levels**

Year 2010

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	25	3,412 Hours	\$19.75	\$67,392	A
Personal Care	25	3,403 Hours	\$22.00	\$74,880	A
Adult Day Care	50	15,976 Hours	\$4.31	\$68,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
<i>Caregiver Support Services</i>					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

- 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

**Planned Service Outputs and
Resources Allocation Levels**

Year 2011

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	25	3,412 Hours	\$19.75	\$67,392	A
Personal Care	25	3,403 Hours	\$22.00	\$74,880	A
Adult Day Care	50	15,976 Hours	\$4.31	\$68,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
<i>Caregiver Support Services</i>					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

- 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

**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu**

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units																
	2008		2009		2010		2011		2008		2009		2010		2011		
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	
ACCESS																	
Information & Assistance	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	\$ 172,228	XS							
Outreach	43,600	43,600	43,600	43,600	43,600	43,600	43,600	43,600	\$ 269,282	XS							
Case Management	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	\$ 534,959	A NE XO PI							
Case Management - Abused Elders	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	\$ 123,710	A XO PI							
Transportation - Kupuna Care Regular Alternative	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI							

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 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

I:\GENERAL\AREAPLAN\07-11 new data info\Exhibits\U-1

**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu**

Programs, Services and Activities	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME																
Attendant Care	582	26,935	582	26,935	582	26,935	582	26,935	\$ 99,525 \$ 1,200	A PI						
Chore - Major Regular	10 700	750 750	10 700	750 750	10 700	750 750	10 700	750 750	\$ 20,000	A						
Homemaker	240	2,850	240	2,850	240	2,850	240	2,850	\$ 69,695	A						
HD Meals	1,800	185,684	1,750	180,134	1,750	180,134	1,750	180,134	\$ 552,057	A						
Nutrition Counsel	152	152	152	152	152	152	152	152	\$ 356,186	NC-2						
Nutrition Educ.	1,800	6	1,800	6	1,800	6	1,800	6	\$ 39,576	XO						
Outreach	2,500	3,000	2,500	3,000	2,500	3,000	2,500	3,000	\$ 135,580	NO						
Housing Assistance Linkages	550 200	4,600 N/A	550 200	4,600 N/A	550 200	4,600 N/A	550 200	4,600 N/A	\$ 259,666 \$ 25,852	NB XO						

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 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

EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units						2008		2009		2010		2011		2009		2010		2011				
	Units		Persons		Units		Persons		Units		Persons		Units		Allocation		Source		Allocation		Source		
SUPPORTIVE SERVICES - IN HOME																							
Para-Professional Services: Counseling	800	2,200	800	2,200	800	2,200	800	2,200	800	2,200	800	2,200	2,200	\$ 66,023	NB	\$ 66,023	NB	\$ 66,023	NB	\$ 66,023	NB		
														\$ 9,336	XO	\$ 9,336	XO	\$ 9,336	XO	\$ 9,336	XO		
														\$ 2,900	PI	\$ 2,900	PI	\$ 2,900	PI	\$ 2,900	PI		
Escort	125	800	125	800	125	800	125	800	125	800	125	800	800	\$ 29,344	NB	\$ 29,344	NB	\$ 29,344	NB	\$ 29,344	NB		
														\$ 3,260	XO	\$ 3,260	XO	\$ 3,260	XO	\$ 3,260	XO		
														\$ 1,300	PI	\$ 1,300	PI	\$ 1,300	PI	\$ 1,300	PI		
Literacy/ Language Assistance	265	1,100	265	1,100	265	1,100	265	1,100	265	1,100	265	1,100	1,100	\$ 51,351	NB	\$ 51,351	NB	\$ 51,351	NB	\$ 51,351	NB		
														\$ 5,706	XO	\$ 5,706	XO	\$ 5,706	XO	\$ 5,706	XO		
														\$ 2,300	PI	\$ 2,300	PI	\$ 2,300	PI	\$ 2,300	PI		
Personal Care	775	28,305	775	28,305	775	28,305	775	28,305	775	28,305	775	28,305	28,305	\$ 877,445	A	\$ 877,445	A	\$ 877,445	A	\$ 877,445	A		
														\$ 43,800	XO	\$ 43,800	XO	\$ 43,800	XO	\$ 43,800	XO		
														\$ 17,700	PI	\$ 17,700	PI	\$ 17,700	PI	\$ 17,700	PI		
Respite: Counseling	610	1,500	610	1,500	610	1,500	610	1,500	610	1,500	610	1,500	1,500	\$ 55,382	NB	\$ 55,382	NB	\$ 55,382	NB	\$ 55,382	NB		
														\$ 6,153	XO	\$ 6,153	XO	\$ 6,153	XO	\$ 6,153	XO		
														\$ 929	PI	\$ 929	PI	\$ 929	PI	\$ 929	PI		
Information & Assistance	860	2,000	860	2,000	860	2,000	860	2,000	860	2,000	860	2,000	2,000	\$ 42,250	NB	\$ 42,250	NB	\$ 42,250	NB	\$ 42,250	NB		
														\$ 4,694	XO	\$ 4,694	XO	\$ 4,694	XO	\$ 4,694	XO		
														\$ 649	PI	\$ 649	PI	\$ 649	PI	\$ 649	PI		
Linkages	230	260	230	260	230	260	230	260	230	260	230	260	260	\$ 45,104	NB	\$ 45,104	NB	\$ 45,104	NB	\$ 45,104	NB		
														\$ 5,011	XO	\$ 5,011	XO	\$ 5,011	XO	\$ 5,011	XO		
														\$ 162	PI	\$ 162	PI	\$ 162	PI	\$ 162	PI		

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 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

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units																
	2008		2009		2010		2011		2008		2009		2010		2011		
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	
SUPPORTIVE SERVICES - COMMUNITY BASED																	
Adult Day Care	30	1,876	30	1,876	30	1,876	30	1,876	\$ 30,000	A	\$ 30,000	A	\$ 30,000	A	\$ 30,000	A	
Health Maintenance Counseling Educ/Promo Screening	320 300 300 320	2,300 900 900 1,150	350 330 355	2,500 900 1,150	380 363 390	2,725 900 1,150	414 399 429	2,970 900 1,150	\$ 179,745 \$ 19,972 \$ 22,500	NB XO PI	\$ 179,745 \$ 19,972 \$ 22,500	NB XO PI	\$ 179,745 \$ 19,972 \$ 22,500	NB XO PI	\$ 179,745 \$ 19,972 \$ 22,500	NB XO PI	
Health Prevention Chronic Disease Self Management Pgm																	
Congregate Meals	1,762 460 2,550 1,600	141,017 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000	\$ 70,887 \$ 513,360 \$ 64,916 \$ 188,600 \$ 64,560	NB NC-1 XO PI NO	\$ 70,887 \$ 513,360 \$ 64,916 \$ 188,600 \$ 64,560	NB NC-1 XO PI NO	\$ 70,887 \$ 513,360 \$ 64,916 \$ 188,600 \$ 64,560	NB NC-1 XO PI NO			
LEGAL																	
Education Sessions	1,500	50	1,700	60	1,900	70	2,100	80	\$ 119,074 \$ 132,230	NB XO	\$ 119,074 \$ 132,230	NB XO	\$ 119,074 \$ 132,230	NB XO			
Cases - Complex Simple Service	N/A N/A 400	25 375 2,000	N/A N/A 400	28 400 2,000	N/A N/A 400	31 425 2,000	34 450 2,000										

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 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

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons					Units of Service					Unit	Total Amount					Source Code
	2008	2009	2010	2011		2008	2009	2010	2011			2008	2009	2010	2011		
ACCESS																	
Information & Assistance	2,293	2,293	2,293	2,293		5,774	5,774	5,774	5,774		Contacts	\$159,748.00	\$159,748.00	\$159,748.00	\$159,748.00		NB
Outreach	412	412	412	412		412	412	412	412		Contacts	\$10,078.00	\$10,078.00	\$10,078.00	\$10,078.00		NB
Case Management	38	38	38	38		1,717	1,717	1,717	1,717		Hours	\$68,714.38	\$68,714.38	\$68,714.38	\$68,714.38		A
Transportation	530	530	530	530		20,978	20,978	20,978	20,978		Trips	\$146,068.00	\$146,068.00	\$146,068.00	\$146,068.00		A
Transportation												\$381,983.00	\$381,983.00	\$381,983.00	\$381,983.00		S
Transportation												\$24,909.00	\$24,909.00	\$24,909.00	\$24,909.00		PI
SUPPORTIVE: IN-HOME																	
Chore	164	164	164	164		741	741	741	741		Hours	\$15,709.00	\$15,709.00	\$15,709.00	\$15,709.00		A
Chore												\$138.00	\$138.00	\$138.00	\$138.00		PI
Homemaker	217	217	217	217		3,146	3,146	3,146	3,146		Hours	\$72,000.00	\$72,000.00	\$72,000.00	\$72,000.00		A
Homemaker												\$434.00	\$434.00	\$434.00	\$434.00		PI
Personal Care	112	112	112	112		7,838	7,838	7,838	7,838		Hours	\$184,087.00	\$184,087.00	\$184,087.00	\$184,087.00		A
Personal Care												\$2,366.64	\$2,366.64	\$2,366.64	\$2,366.64		PI
Adult Day Care	45	45	45	45		6,384	6,384	6,384	6,384		Hours	\$55,860.00	\$55,860.00	\$55,860.00	\$55,860.00		A
Friendly Visiting	275	275	275	275		6,000	6,000	6,000	6,000		Visits	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00		NB
Telephone Reassurance	225	225	225	225		7,250	7,250	7,250	7,250		Calls	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00		NB
NUTRITION																	
Congregate Meals	1,343	1,343	1,343	1,343		96,842	96,842	96,842	96,842		Meals	\$123,651.00	\$123,651.00	\$123,651.00	\$123,651.00		NC1
Congregate Meals												\$55,476.45	\$55,476.45	\$55,476.45	\$55,476.45		NO
Congregate Meals												\$683,442.00	\$683,442.00	\$683,442.00	\$683,442.00		S
Congregate Meals												\$211,102.00	\$211,102.00	\$211,102.00	\$211,102.00		PI
Home Delivered Meals	741	741	741	741		104,544	104,544	104,544	104,544		Meals	\$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00		NC2
Home Delivered Meals												\$546,354.00	\$546,354.00	\$546,354.00	\$546,354.00		S
Home Delivered Meals												\$59,546.00	\$59,546.00	\$59,546.00	\$59,546.00		NO
Home Delivered Meals												\$90,595.00	\$90,595.00	\$90,595.00	\$90,595.00		A
Home Delivered Meals												\$112,596.00	\$112,596.00	\$112,596.00	\$112,596.00		PI
Nutrition Education	1,220	1,220	1,220	1,220		172	172	172	172		Sessions	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00		ND

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2008	2009	2010	2011	2008	2009	2010	2011		2008	2009	2010	2011	
LEGAL														
Legal	312	312	312	312	1,407	1,407	1,407	1,407	Hours	\$54,000.00	\$54,000.00	\$54,000.00	\$54,000.00	NB
Legal										\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	PI
CAREGIVER SUPPORT														
Information Services	2,356	2,356	2,356	2,356	50	50	50	50	Activity	\$4,104.00	\$4,104.00	\$4,104.00	\$4,104.00	NE
Support Groups	139	139	139	139	72	72	72	72	Sessions	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	NE
Training	536	536	536	536	14	14	14	14	Sessions	\$1,800.00	\$1,800.00	\$1,800.00	\$1,800.00	NE
Respite - Day Care	19	19	19	19	1,132	1,132	1,132	1,132	Hour	\$9,905.00	\$9,905.00	\$9,905.00	\$9,905.00	NE
Respite - Personal Care	27	27	27	27	2,472	2,472	2,472	2,472	Hour	\$55,713.00	\$55,713.00	\$55,713.00	\$55,713.00	NE
Respite - Personal Care										\$3,092.90	\$3,092.90	\$3,092.90	\$3,092.90	PI
Respite - In Home	25	25	25	25	2,492	2,492	2,492	2,492	Hour	\$15,600.00	\$15,600.00	\$15,600.00	\$15,600.00	NE
Supplemental Services: Legal	6	6	6	6	49	49	49	49	Reequists	\$1,940.00	\$1,940.00	\$1,940.00	\$1,940.00	NE

Funding codes are as follows:

- 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)
- 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

ALLOCATION PLAN AND SERVICE OUTPUTS: HAWAII COUNTY OFFICE OF AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2008	2009	2010	2011	2008	2009	2010	2011		2008	2009	2010	2011	
Case Management	300	300	300	300	11,000	11,000	11,000	11,000	Hour	319,928	319,928	319,928	319,928	A
Adult Day Care	25	25	25	25	5,000	5,000	5,000	5,000	Hour	25,000	25,000	25,000	25,000	A
Assisted Transportation	20	20	20	20	750	750	750	750	Trip	24,000	24,000	24,000	24,000	A
Heavy Chore	5	5	5	5	150	150	150	150	Hour	1,000	1,000	1,000	1,000	A
Homemaker	50	50	50	50	1,200	1,200	1,200	1,200	Hour	20,000	20,000	20,000	20,000	A
Personal Care	125	125	125	125	6,500	6,500	6,500	6,500	Hour	150,585	150,585	150,585	150,585	A
Transportation - CSE	1,100	1,100	1,100	1,100	33,000	33,000	33,000	33,000	Trip	33,000	33,000	33,000	33,000	NB
Transportation - CSE										300,000	300,000	300,000	300,000	XS
Transportation - CSE										15,000	15,000	15,000	15,000	PI
Transportation - HCEOC	400	400	400	400	55,500	55,500	55,500	55,500	Trip	166,171	166,171	166,171	166,171	NB
Transportation - HCEOC										140,950	140,950	140,950	140,950	XO
Transportation - HCEOC										2,000	2,000	2,000	2,000	PI
Transportation - HCNP	150	150	150	150	17,000	17,000	17,000	17,000	Trip	40,245	40,245	40,245	40,245	NB
Transportation - HCNP										56,552	56,552	56,552	56,552	XS
Transportation - HCNP										2,500	2,500	2,500	2,500	PI
Congregate Meals	1,000	1,000	1,000	1,000	84,000	84,000	84,000	84,000	Meal	196,700	196,700	196,700	196,700	NC-1
Congregate Meals										370,552	370,552	370,552	370,552	XS
Congregate Meals										80,000	80,000	80,000	80,000	PI
Congregate Meals										45,000	45,000	45,000	45,000	NO
Home Delivered Meals	300	300	300	300	41,116	41,116	41,116	41,116	Meal	86,755	86,755	86,755	86,755	NC-2
Home Delivered Meals										86,291	86,291	86,291	86,291	XS
Home Delivered Meals										54,000	54,000	54,000	54,000	PI
Home Delivered Meals										20,000	20,000	20,000	20,000	NO
KC Home Delivered Meals	200	200	200	200	27,383	27,383	27,383	27,383	Meal	62,159	62,159	62,159	62,159	A
KC Home Delivered Meals										129,252	129,252	129,252	129,252	XS
KC Home Delivered Meals										36,000	36,000	36,000	36,000	PI
KC Home Delivered Meals										25,000	25,000	25,000	25,000	NO
Nutrition Education	1,500	1,500	1,500	1,500	4,500	4,500	4,500	4,500	Session	7,500	7,500	7,500	7,500	NC-1

APPENDIX D: Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Personal care for dependent elders 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. (FSRR, 2005).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2005).

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. (FSRR, 2005).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2005).

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. (FSRR, 2005).

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 1471 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, Sec 102 (12)).

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)).

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. (FSRR, 2005).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2005).

Information and Assistance: A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2005).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2005).

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).

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).

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)).

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

2. 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).

3. Facilities

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (25)).

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, Sec 102 (33)).

4. Special Populations and Definitions Related to Special Populations

Adult Child with a Disability means 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, Sec 102 (15)).

At Risk for Institutional Placement: 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)).

Child: An individual who is not more than 18 years of age or who is an individual with a disability. (OAA, Sec. 372 (1)).

Disability: (Except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

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

- (1) **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)).
- (2) **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)).
- (2) **Neglect** means: (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (34)).
- (4) **Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

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)).

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 such activities without such assistance; or (B) due to a cognitive or other mental impairment,

requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (26)).

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or stepgrandparent 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)).

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).

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).

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

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).

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).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; 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)).

5. 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).

6. Other Definitions

Aging and Disability Resource Center⁷ means 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, 102 Sec (44)).

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (16)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (17)).

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)).

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)).

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)).

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).

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)).

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).

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).

7. State-Funded In-Home Services

Attendant care: The service provides primarily stand-by assistance, supervision or cues, and may include other activities to help maintain the independence of older adults.

Counseling: Using the casework mode of interactive contact with a client (through interview, discussion, or lending a sympathetic ear) the service offers guidance to enable older persons to resolve concrete or emotional problems or to relieve temporary stresses. Professional or paraprofessional counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff with the scope or practice of the profession.

Friendly visiting: The service provides planned one-on-one visits on a regular, scheduled basis to persons age 60 and over living at home to help reduce feelings of loneliness and isolation, and reassure safety and well-being. It may include reading, talking, listening, writing letters or performing other similar tasks.

Telephone reassurance: Phoning on a regular scheduled basis in order to provide comfort or help, and/or to check on the well-being and safety of an older adult who may be homebound, lives alone, or is temporarily alone.

Literary and language assistance: Assistance provided by paraprofessionals to elderly individuals needing explanation and technical assistance with their business correspondence, applications for entitlements, and money management, as well as to those who have language barriers or are functionally disabled.

Sources:

(FSRR) Federal and State Reporting Requirements, 2005.

(OAA) Older Americans Act, as amended.