

**MAUI COUNTY
COMPREHENSIVE HEALTH PLAN**

**PREPARED BY
MAUI HEALTH INITIATIVE TASK FORCE**

December 2007

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Maui County Comprehensive Health Plan Prepared by Maui Health Initiative Task Force

Maui County Comprehensive Health Plan for Maui County 2008 to 2012

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Act 219 – Relating to Health Care
2004 Maui County Section of Hawaii Health Performance Plan

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Introduction

The purpose of the Maui County Comprehensive Health Plan is to provide a direction to achieve the county's strategic goal: "***Best possible access to quality health care for all communities in Maui County***". This goal statement was developed by the members of the Maui Health Initiative Task Force, which was established via Act 219 by the Hawaii State Legislature in 2007 (see Report to the Twenty-Fourth Legislature, State of Hawaii, 2008).

The Task Force was established to develop a comprehensive strategic health plan that would:

- determine the current and future health care needs of Maui County;
- develop an integrated plan for providing health care, including primary, acute and long-term care, urgent and emergency care, and disaster preparedness; and
- determine an appropriate role for Maui County health care facilities within the statewide system of emergency and trauma care.

Background

Before the Task Force was established, the most recently debated issue on Maui was over the need for a new additional hospital or a replacement hospital. A local physician had proposed that the 150-bed Malulani Hospital and Medical Center be built in Kihei. A private investor had pledged to fund the project, estimated at more than \$200 million. But almost immediately after plans were announced, emotions among residents ran high and rumors were rampant, splitting the community into those who supported Malulani against those who feared the new hospital would cause the collapse of the centrally located Maui Memorial Medical Center, which was the pride of the island when it opened its doors in 1952.

Not only was the public divided over Malulani, so were its leaders. The new hospital had the support of some key executives including Governor Linda Lingle. In her testimony urging for the approval of Malulani, Lingle indicated that the state could not afford to upgrade Maui Memorial Medical Center. Lingle said she also supported a hospital for West Maui. Maui Mayor Charmaine Tavares and previous Mayor Alan Arakawa both endorsed Malulani. Among those opposing the new proposal were executives of Maui Memorial Medical Center, the physicians of Maui Medical Group and all three of the county's state senators.

During the state-required Certificate of Need (CON) process that calls for hearings before three subarea councils of the State Health and Planning Development Agency (SHPDA), the rifts grew even wider. The certificate of need was recommended for approval by the SHPDA committee made up of Maui County residents, but was rejected by two Oahu-based panels.

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On October 2, 2006, the application was denied by SHPDA Administrator David Sakamoto. According to The Maui News, Sakamoto said he was bound by criteria that prohibit new proposals that would have an adverse effect on existing facilities. Officials at Maui Memorial Medical Center had testified that the hospital would lose millions of dollars in federal subsidies if it lost its status as the island's sole provider.

The ruling concluded that "One large, well-run facility, strategically located, would be the most efficient and effective means of addressing the acute care needs on Maui."

An appeal by Malulani officials for reconsideration was also turned down by a SHPDA panel on a 4-1 vote. The single ballot cast in favor of the application came from the only Maui representative on the committee. Malulani supporters were outraged that Oahu was determining Maui's future and demanded that the CON process be scrapped or restructured to allow local control. An was appointed to lead SHPDA in September 2007 following a vacancy in the spring.

During the last legislative session, lawmakers offered different solutions to address the community conflicts that had festered during the debate and were still lingering long after the SHPDA decision. For legislators, the best remedy was to give the decision-making to the citizens of Maui County by establishing a task force on the community's behalf to develop a comprehensive health care plan for the county.

Plan Development

With a final report due 20 days before the next Legislative session which begins on January 16, 2008, the members – all of them volunteers – were compelled to put in long hours at meetings and at home doing research. Because of the short four-month window and the enormous assignment, the Task Force created three investigative committees to concentrate on three specific health care fields that the legislation mentions: Acute Care/Primary/Emergency Services; Home- and Community-Based Services (previously known as Long Term Care) and Disaster Preparedness.

To be as accessible as possible to the public, meetings were scheduled in different locations around Maui, on weekdays as well as on weekends, during the day or in the evening. Agendas, minutes and information delivered in presentations by invited experts were all made available to the public on the SHPDA website. Newspaper articles announced meetings in advance and provided occasional coverage of more noteworthy developments. It is recommended that the members of the Tri-Isle Subarea Council review the material in order to gain a broader perspective of task force findings and recommendations.

During the first two months of meetings, the Task Force heard from health care executives, community leaders and knowledgeable citizens who had been invited by the panel to give presentations about their particular specialty. Presentations included statistics, first-hand accounts from years of experience and other information to help

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members better understand the various aspects of health care in the county and the most important needs.

Although the presenters came with different backgrounds and opinions, several common themes emerged:

- a shortage of beds in all facilities and health care providers at all levels, from physicians to caregivers, could lead to a crisis without immediate action;
- low reimbursement rates from Medicaid, Medicare and third-party payers (like HMSA) make it impossible for providers and facilities to get paid what they're owed;
- telemedicine has the potential to fill many gaps in the system and connect doctors or other providers to anyone with a telephone or computer, even in the most isolated pockets of the county;
- the high cost of living and high cost of housing in Maui County coupled with wages lower than Mainland counterparts threaten to drive away the workforce.

In barely a month of consulting with more experts, reviewing case studies, reading written reports and gathering more data, the task force's committees produced detailed reports that spelled out priorities to improve the health care system in Maui County and how to achieve them. At the same time, members stated that the priorities must not be viewed as separate items, but as part of a whole package.

Values

To build the foundation for its comprehensive integrated health care plan, the Task Force collectively turned to the cultural roots of the islands. By emphasizing the values of old Hawaii and the sense of community that the county is in danger of losing, the Task Force shaped its plan with the same kind of compassion and dedication that they expect to find in all health care facilities. When members were asked to express what they hoped the plan would convey, remarks included such words or phrases as "honesty," "pono (doing what is right)," "the best health care possible," and "equality – equal care and access for everyone."

Discussions also included the need for personal responsibility and shared responsibility for the care of one's family and for future generations. The most modern facilities in the world will not guarantee a healthy community if citizens do not do their part.

The Task Force adopted two statements to help guide them in their deliberations:

Services:

High Quality Health Care requires that the Health system, hospitals, and Health Care practitioners make available to citizens a full complement of medical, dental and elder Care services to preserve and enhance quality of life and prevent to the extent possible the onset

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of disease and other harmful conditions.

Infrastructure:

High Quality Health Care requires that the Health Care system of public and private institutions, legislative and regulatory bodies make decisions within a framework that provides for the adoption of best Health Care practices, provide modern facilities and establishes a climate of excellence that sets policies, establishes regulations and promotes creative solutions that serve the best interests of all of the people of Maui County.

In drawing up their comprehensive health plan, members also agreed to incorporate the same values the Maui Long Term Care Partnership used to guide it in developing a strategic plan as well as the Vision Statement adopted by Focus Maui Nui, which obtained input from 1,700 residents about their desires for the future of Maui County.

The Task Force also created a general statement to reflect its overall hope for outcomes and goals of the integrated health care plan: “Best possible access to quality health care for all communities in Maui County.”

This statement was agreed upon because it not only emphasized the quality of health care and access to those services, but was not limited in scope and would, therefore, allow the meaning of “best possible access to quality health care” to evolve as the county grows and changes.

From Maui Long Term Care Partnership:

Aloha (love, caring and compassion)
'Ohana (family and community)
Hilina`i (trust)
Pono (doing what is right)
Lokahi (unity and harmony)
Kuleana (responsibility, integrity and commitment)
Laulima (team building, working together)
Alaka'i (responsive leadership)
Pili (relationship)
Koho`ia (choice)
Freedom (no Hawaiian word available)

From Focus Maui Nui:

“Maui Nui will be an innovative model of sustainable island living and a place where every child can grow to reach his or her potential.

“The needs of each individual, the needs of our natural and cultural assets, and the

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needs of the whole community will be brought into balance to reflect the extremely high value we place on both the land and its people.

“The education and well-being of young people will be fostered to ensure that those born on these islands can, if they choose, spend their whole lives here – raising children, owning homes, enjoying rewarding jobs, and taking advantage of opportunities to contribute to this community and to be good stewards of our local treasures.

“Maui Nui will be a leader in the creation of responsible, self-sufficient communities and environmentally sound economic development.

“That which makes Maui Nui unique in the world will be preserved, celebrated, and protected for generations to come.”

Focus Maui Nui Five Key Strategies:

- Improve Education
- Protect the natural environment, including our water resources
- Address infrastructure challenges especially housing and transportation
- Adopt targeted economic development strategies
- Preserve local culture and address community health concerns such as substance abuse

Focus Maui Nui Core Values:

Stewardship of natural and cultural resources;
Compassion and understanding;
Respect for diversity;
Engagement and empowerment of local people;
Honoring cultural traditions and history;
Consideration of the needs of future generations;
Commitment to local self-sufficiency;
Wisdom and balance in decision-making;
Thoughtful, island-appropriate innovation.

From the blackboard on Nov. 20 during discussion of values:

Equality – Universal Access --- Community co-accountability – Responsibility – Resident-focused – Responsibility for Self and Family (shared responsibility) Responsibility for Future Generations – Self-determination through collaborative efforts

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Maui County Priorities for a High Quality Health Care System

After hearing public testimony, reviewing presentations by experts in various health care fields and assessing additional research conducted by the committees, the Task Force identified key priorities that would lead to a much improved health care system in Maui County.

The Task Force decided on the following priorities for Maui County: **(to be decided)**

Acute, Primary, Emergency

A. Health Care Service Needs (listed in order of priority):

Priority 1. Emergency Care and Transportation

Priority 2.

- a. Mental Health Care
- b. Dental Services

Priority 3.

- a. Obstetric Care and Neonatal Resuscitation Team
- b. Health Promotion and Disease Prevention

Priority 4. Pharmacy Services

Priority 5. Other identified health care services of need: oncology; stroke and neurological services; dialysis; cardiac care; ophthalmology services; and orthopedics.

B. Infrastructure Needs (listed in order of priority):

Priority 1. Modern Facilities, including long term care beds, acute care beds, regional emergency facilities and a West Maui Critical Access Hospital

Priority 2. Increased Reimbursement from Medicare, Medicaid and third party insurers

Priority 3. Workforce development

Priority 4. Other identified health care infrastructure areas of need: technology (i.e., digital imaging and telemedicine capabilities), creative health care financing (i.e., public/private partnerships), regulatory changes (i.e., CON law) and case management systems

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Home and Community Based Services

Priority 1. Lack of Home and Community Based Services infrastructure capacity (buildings and facilities)

Priority 2. Lack of Home and Community Based Services Capacity

Priority 3: Lack of Health Care Workforce

Priority 4: Insufficient Provider Reimbursement

Priority 5: Lack of Prevention Programs

Priority 6: Modification to the Certificate of Need law

Priority 7. Modification to the Hawaii Health Performance Plan

Disaster Preparedness

- 1) Mitigation - processes that act in such a way as to cause an offense to seem less serious.
- 2) Preparation - activities and measures taken in advance to ensure effective response to the impact of disasters, including issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations).
- 3) Response - the provision of assistance or intervention during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected, and can be of an immediate, short-term, or protracted duration.
- 4) Recovery - decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk). Low cost loans and financial assistance for rebuilding infrastructure is the most common and reasonable type of recovery relief.

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Summary of Task Force Findings about Current and Future Health Care Needs in Maui County

The following key service and infrastructure needs have been identified and prioritized and are recommended for consideration by the State Health Planning and Development Agency and the Tri-Isle Subarea Council for inclusion in the Hawaii Health Performance Plan.

ADD FINAL TEXT OF PRIORITIES, FINDINGS,
AND RECOMMENDATIONS AS ADOPTED
BY TASK FORCE FOR:

ACUTE, PRIMARY, EMERGENCY

HOME AND COMMUNITY BASED SERVICES

DISASTER PREPAREDNESS

REMOTE RURAL AREAS: HANA, LANAI,
MOLOKAI

(Placeholder requested by Dr. Aluli)

Recommended Additions to Hawaii Health Performance Plan Glossary of Terms

Definitions of Long Term Care/Home and Community Based Services Related Terms

Activities of Daily Living (ADL): Physical functions that an independent person performs each day, including bathing, dressing, eating, toileting, walking or wheeling, and transferring into and out of bed.

Acute Care: Care for illness or injury that usually develops rapidly, has pronounced symptoms and is finite in length. Medical care that is required for a short period of time to cure a certain illness and/or condition. Acute hospitals are designed and licensed to provide short-term acute care.

Adaptive/Assistive Equipment: An appliance or device which assists user with performance of activities of daily living, work or recreation.

Administration on Aging: An agency of the U.S. Department of Health and Human Services. AOA is an advocate agency for older persons and their concerns at the federal level. AOA works closely with its nationwide network of State and Area Agencies on Aging (AAA).

Adult Day Care: A program that provides protective care for adults who stay at home at night but who need supervision and assistance during the day, generally because the family caretaker must go to work. Adult Day Care assists its participants to remain in the community.

Adult Day Health Services: A center or facility where therapeutic, social, and health activities are provided for those adults with physical or mental impairments. Some programs offer medication monitoring, medical and nursing care, and physical and occupational

Adult Foster Care: A live-in arrangement where one to two adults live with and receive care and services from an unrelated, trained individual or family. Such arrangements are licensed by the state.

Adult Foster Family Homes (DHS-RACCP): The Department of Human Services (DHS) Residential Adult Community Care Program (RACCP) licenses Adult Foster Family Homes. Foster Family homes are private homes where care is provided by families; recruited, trained, and licensed to provide care for one to two adults.

Adult Residential Care Homes (DOH-ARCH): Care homes, licensed by the Department of Health, provide long-term care to disabled or elderly adults in community integrated, home-like settings. Such programs must provide room, board,

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housekeeping, personal care and supervision. Providers do not administer medications or perform skilled care for residents.

ARCHs Type I homes are limited to 5 to 6 residents.

ARCH Type II homes provide care for more than 5 to 6 residents.

EC-ARCH: Extended Care ARCH homes are dual licensed by both DOH and DHS. Medications and skilled care may be provided to 2 of 5 ARCH I, or 20% of ARCH II residents.

ADA: The ADA or Americans with Disabilities Act is a federal civil rights law, passed in 1990, to prevent the discrimination of individuals with disabilities in employment, state and local government, transportation, and commercial and public facilities.

Advanced Directives: A written statement of an individual's preferences and directions regarding health care. Advanced Directives protect a person's rights even if he or she becomes mentally or physically unable to choose or communicate his or her wishes.

Ageism: Prejudice against people because of their age.

Aging in Place: When an older individual continues to live at home or within the community, outside of an institutional environment.

Age-Associated Memory Impairment: Mild memory loss that increases with age. Mild memory loss is normal and should not be confused with forms of dementia, which are progressive and affect every day living.

Alternate Facility: A licensed residence other than a skilled nursing facility where care services are delivered (i.e. hospice, assisted living, Foster Family, ARCH homes.)

Alzheimer's Disease: A progressive and irreversible organic disease, typically occurring in the elderly and characterized by degeneration of the brain cells, leading to dementia, of which Alzheimer's is the single most common cause. Progresses from forgetfulness to severe memory loss and disorientation, lack of concentration, loss of ability to calculate numbers and finally to increased severity of all symptoms and significant personality changes.

Alzheimer's Units: Special living units within skilled nursing facilities or assisted living facilities specifically providing care and services for those with Alzheimer's disease.

Ancillary Services: Ancillary Services are additional health services that are provided by an in-patient program or hospital. They may include x-ray, drug and laboratory services.

AARP: The American Association of Retired Persons: A nonprofit organization engaged in activities such as education, lobbying, research, etc. for the benefit of the senior population.

Area Agencies on Aging (AAA): Local government agencies which provide or contract for services for older persons within their area.

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Assessment: Determination of a resident's care needs, based on a formal, structured evaluation of the resident's physical and psychological condition and ability to perform activities of daily living.

Asset Protection: Willful legal planning to achieve protection from Medicaid "spend-down" requirements.

Assisted Living Facility: Assisted Living facilities provide senior housing along with supportive services for persons needing assistance with personal care or medications. Facilities offer 24 hour on site staff, congregate dining, and activity programs. Limited nursing services may be provided for an additional fee.

Bedfast: To be bed ridden.

Caregiver: Any individual who takes care of an elderly person or someone with physical or mental limitations.

Care Home (*see Alternative Residential Care Home): A residential facility that provides room, board and personal services to residents who can take care of themselves with little or no assistance. Although they are sometimes confused with nursing homes, ARCH homes do not provide nursing services and are not licensed to do so.

Case Management: A system in which one individual helps the recipient and his or her family determine and coordinate necessary health care services and the best setting for those services.

Case Manager: A health care professional whose training includes managing and arranging for long term care services. This person can be a doctor, nurse, social worker or other similarly trained, and licensed professional.

Center for Medicare and Medicaid (CMS): Formerly the U.S. Health Care Financing Administration, CMS is an element of the Department of Health and Human Services, which finances and administers the Medicare and Medicaid programs. Among other responsibilities, CMS establishes standards for the operation of nursing facilities that receive funds under the Medicare or Medicaid programs.

Certificate of Medical Necessity: A document completed and signed by a physician to certify a patient's need for certain types of durable medical equipment (i.e. wheelchairs, walkers, etc.).

Certification: The process a nursing home undergoes to qualify for participation in the Medicaid and Medicare programs.

Certified Home Health Care: An entity that provides, as a minimum, the following services which are of a preventative, therapeutic, health guidance and/or supportive nature to persons at home: nursing services; home health aide services; medical

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supplies, equipment and appliances suitable for use in the home; and at least one additional service such as, the provision of physical therapy, occupational therapy, speech/language pathology, respiratory therapy, nutritional services and social work services.

Certified Nursing Assistant (CNA): The CNA provides personal care to residents or patients, such as bathing, dressing, changing linens, transporting and other essential activities. CNAs are trained, tested, certified and work under the supervision of an RN or LPN.

Chronic: A lasting, lingering or prolonged illness or symptom.

Chronic Care: Care for an illness continuing over a protracted period of time or recurring frequently. Chronic conditions often begin inconspicuously and symptoms are less pronounced than acute conditions.

Chronic Disease: A disease which is permanent, or leaves residual disability, or is caused by nonreversible pathological alteration.

Cognition: The process of knowing; of being aware of thoughts. The ability to reason and understand.

Cognitive Impairment: A diminished mental capacity, such as difficulty with short-term memory.

Companion Care: Non-medical services that are provided in the patient's home. Examples include, but are not limited to: helping the senior with everyday activities, making meals, grooming, ensuring safety, etc. No medical care is provided.

Conservator: Person appointed by the court to act as the legal representative of a person who is mentally or physically incapable of managing his or her affairs.

Continuing Care Retirement Communities (CCRCs): Housing communities that provide different levels of care based on the needs of their residents -- from independent living apartments to skilled nursing in an affiliated nursing facility. Residents move from one setting to another based on their needs, but continue to remain a part of their CCRC's community. Typically CCRCs require a significant payment (called an endowment) prior to admission, then charge monthly fees above that.

Custodial Care: Board, room and other personal assistance services (including assistance with activities of daily living, taking medicine and similar personal needs) that may not include a skilled nursing care component. **Custodial Care:** Personal services that can be given safely and reasonably by a non-medical person, designed mainly to assist with ADLs, including bathing, eating, dressing and other routine activities.

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Dementia: Progressive mental disorder that affects memory, judgement and cognitive powers. One type of dementia is Alzheimer's disease.

Developmental Disability (DD): Refers to a serious and chronic disability, which is attributable to a mental or physical impairment or combination of mental and physical impairments. Those affected have limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency. Those who have a developmental disability often require long-term treatment and care-planning.

Diagnostic Related Groups (DRGs): DRGs are used to determine the amount that Medicare reimburses hospitals for in-patient services. Medicare pays a certain amount of money depending on the diagnosed illness. The hospital is reimbursed a fixed amount based on the DRG code for the patient.

Discharge Planner: A social worker or nurse who assists patients and their families with health care arrangements following a hospital stay.

Durable Medical Equipment (DME): Durable medical equipment, as defined by Medicare, is equipment which can 1) withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) generally not useful to a person in the absence of an illness or injury, and 4) is appropriate for use in the home (e.g. wheelchairs, hospital beds, walkers).

Durable Power of Attorney for Health Care (DPAHC): A legal document in which a competent person gives another person (called an attorney-in-fact) the power to make health care decisions for him or her if unable to make those decisions. A DPA can include guidelines for the attorney-in-fact to follow in making decisions on behalf of the incompetent person.

Dual Eligibles: Someone who is qualified for both Medicaid and Medicare.

Eden Alternative: Concept to allow children, nature and animals in skilled nursing facilities to provide more home-like and nurturing environments for residents.

Emergency Response Systems: Electronic monitors on a person or in a home that provide automatic response to medical or other emergencies.

Geriatrics: The branch of medicine that focuses on providing health care for the elderly and the treatment of diseases associated with the aging process.

Guardianship: An extreme measure that severely restricts the legal rights of an elder based on a court's finding of legal incompetence. Another individual is assigned the responsibility of handling the elder person's legal affairs.

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Health Care Directive: A written legal document which allows a person to appoint another person (agent) to make health care decisions should he or she be unable to make or communicate decisions.

Health Care Power of Attorney: The appointment of a health care agent to make decisions when the principal becomes unable to make or communicate decisions.

Health and Human Services, Department of : An executive department of the federal government that is responsible for the oversight of the Medicare and Medicaid programs.

Health Maintenance Organization (HMO): An organization that, for a prepaid fee, provides a comprehensive range of health maintenance and treatment services (including hospitalization, preventive care, diagnosis, and nursing).

Home Health Care: Refers to a wide range of services, from skilled care and physical therapy to personal care delivered at home or in a residential setting.

Home Health Care Agency: An agency staffed and licensed to provide health services to patients in their own homes.

Home Health Aide: A person who provides personal care such as bathing, dressing and grooming. May include light housekeeping services.

Home-and community-based services (HCBS): Services that are provided to people in their homes by various types of providers. HCBS may include services such as case management, minor home modifications, home delivered meals, chore, personal care, assisted transportation and personal emergency response systems.

Homemaker Services: Assistance given in managing and maintaining household activities that allows you to remain safely in your home when you can not manage those activities on your own. May include meal preparation, laundry, cleaning, chores, etc.

Home Modification Counseling: arrangement of remodeling services specifically designed to allow the person to reside in a home setting rather than a nursing facility (i.e. services to provide assistance and capital improvements such as ramps, grab bars and/or durable medical equipment).

Hospice: Hospice/palliative care is provided to enhance the life of the dying person. Often provided in the home by health professionals, today there are many nursing facilities and acute care settings that also offer hospice services. Hospice care, typically offered in the last six months of life, emphasizes comfort measures and counseling to provide social, spiritual and physical support to the dying patient and his or her family.

Hospice Care: The provision of short-term inpatient services for pain control and management of symptoms related to terminal illness.

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Intermediate care facility (ICF): A term formerly used by the Medicaid program to refer to a nursing home that provides the level of non-skilled care needed by many nursing home patients. This level of care, now called Level I, is less intensive and less expensive, than what is called skilled nursing care, or Level II (see "Levels of care"). Level I care costs are covered by either private pay or Medicaid.

Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities.

Intermediate Care Facility/Mentally Retarded (ICF/MR): A licensed facility with the primary purpose of providing health or rehabilitative services for people with mental retardation or people with developmental disabilities.

Incompetence: Determined by a legal proceeding. Requires that the individual is incapable of handling assets and exercising certain legal rights.

Inpatient: A patient who has been admitted at least overnight to a hospital or other health facility (which is, therefore, responsible for the patient's room and board) for the purpose of receiving a diagnosis, treatment, or other health services.

Instrumental Activities of Daily Living (IADL): An index which measures a client's ability and degree of independence in cognitive and social functioning, such as shopping, cooking, doing housework, managing money, and using the telephone.

Length of Stay: The time a patient stays in a hospital or other health facility.

Living Will: A legal document in which a competent person directs in advance that artificial life-prolonging treatment not be used if he or she has or develops a terminal and irreversible condition and becomes incompetent to make health care decisions.

Long Term Care (LTC): The broad spectrum of medical and support services provided to persons who have lost some or all capacity to function on their own due to a chronic illness or condition, and who are expected to need such services over a prolonged period of time. Long term care can consist of care in the home by family members who are assisted with voluntary or employed help, adult day health care, or care in assisted living or skilled nursing facilities.

Long Term Care Insurance: A policy designed to help alleviate some of the costs associated with long term care. Benefits are often paid in the form of a fixed dollar amount (per day or per visit) for covered expenses and may exclude or limit certain conditions from coverage. It is a

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means for individuals to protect themselves against the high costs of long-term care.

Long-Term Care Facilities: A range of institutions that provide health care to people who are unable to manage independently in the community. Facilities may provide short-term rehabilitative services as well as chronic care management.

Long Term Home Health Care Program : A coordinated plan of care and services provided at home to invalid, infirm, or disabled persons who are medically eligible for placement in a hospital or residential health care facility for an extended period of time, but such a program was unavailable. Such a program is provided in the person's home or in the home of a responsible relative or other adult, but not in a private proprietary home for adults, private proprietary nursing home, residence for adults, or public home.

Managed Care: A method of financing and delivering health care for a set fee using a network of physicians and other providers who have agreed to the set fees.

MDS (Minimum Data Set): A core set of screening and assessment elements, including common definitions and coding categories, that form the foundation of the comprehensive assessment for all patients of long term care facilities certified to participate in Medicare and Medicaid. The items standardize communication about patient problems and conditions within facilities, between facilities and outside agencies.

Medicaid : The federally supported, state operated public assistance program that pays for health care services to people with a low income, including elderly or disabled persons who qualify. Medicaid pays for long term nursing facility care, some limited home health services, and may pay for some assisted living services, depending on the state. While it was never designed to answer the financial burdens of long-term care for the elderly, it is the only program currently in place to pay for non-skilled nursing home care. It covers those who cannot afford, or do not have private insurance, Medicare or Veterans Administration benefits to cover the cost of care. Medicaid currently pays for approximately 85% of Maui County's unskilled nursing home residents.

Medicaid-Certified Bed : A nursing facility bed in a building or part of a building which has been determined to meet federal standards for serving Medicaid recipients.

Medically Necessary : Medical necessity must be established (via diagnostic and/or other information presented on the claim under consideration) before the carrier or insurer will make payment.

Medicare : The federal program providing primarily skilled medical care and medical insurance for people aged 65 and older, some disabled persons and those with end-stage renal disease.

Means all parts of the Health Insurance for the Aged Act under Title XVIII of the Federal Social Security Act.

Medicare Part A

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Hospital insurance that helps pay for inpatient hospital care, limited skilled nursing care, hospice care, and some home health care. Most people get Medicare Part A automatically when they turn 65.

Medicare Part B

Medical insurance that helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover (like some home health care). Part B helps pay for these covered services and supplies when they are medically necessary. A monthly premium must be paid to receive Part B.

Medicare does not provide benefits for personal or custodial care. Medicare requires co-payments and deductibles.

Medicare-Certified Bed : A nursing facility bed in a building or part of a building, which has been determined to meet federal standards for serving Medicare patients requiring skilled nursing care.

Medigap Insurance: A private insurance that may be purchased by Medicare-eligible individuals to help pay the deductibles and co-payments required under Medicare.

Medicare Supplemental Insurance : This is private insurance (often called Medigap) that pays Medicare's deductibles and co-insurances, and may cover services not covered by Medicare. Most Medigap plans will help pay for skilled nursing care, but only when that care is covered by Medicare. Medigap policies generally do not pay for (Level I) non-skilled nursing home care.

Nurse Delegation Act: Under the Hawaii State Nurse Delegation Act, Registered Nurses may delegate authority to trained Foster Family or EC-ARCH providers to deliver certain medications and skilled care for their residents, as specified in the resident's plan of care. Registered nurse delegated skills may include but are not limited to medication delivery, special nutrition, portable oxygen, and wound care.

Nursing Home : A facility licensed with an organized professional staff and inpatient beds that provides continuous nursing and other health-related, psychosocial, and personal services to patients who are not in an acute phase of illness, but who primarily require continued care on an inpatient basis.

Nurse, Licensed Practical (LPN) : A graduate of a state-approved practical nursing education program, who has passed a state examination and been licensed to provide nursing and personal care under the supervision of a registered nurse or physician. An LPN administers medications and treatments and acts as a charge nurse in nursing facilities.

Nurse, Registered (RN) : Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year baccalaureate) and passed a state-administered exam. RNs have completed more

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formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Occupational Therapist : Occupational therapists evaluate, treat, and consult with individuals whose abilities to cope with the tasks of everyday living are threatened or impaired by physical illness or injury, psychosocial disability, or developmental deficits. Occupational therapists work in hospitals, rehabilitation agencies, long-term-care facilities, and other health-care organizations.

Ombudsman :The Ombudsman Program is a public/government/community-supported program that advocates for the rights of all residents in 24-hour long-term care facilities. Volunteers visit local facilities weekly, monitor conditions of care and try to resolve problems involving meals, finances, medication, therapy, placements and communication with the staff.

Outpatient :A patient who receives care at a hospital or other health facility without being admitted to the facility. Outpatient care also refers to care given in organized programs, such as outpatient clinics.

Patient Assessment : Also called resident assessment. A standardized tool that enables nursing homes to determine a patient's abilities, what assistance the patient needs and ways to help the patient improve or regain abilities. Patient assessment forms are completed using information gathered from medical records, discussions with the patient and family members, and direct observation.

Personal Care: Refers to assistance provided by another person to help with walking, bathing, eating, and other routine daily tasks. It is provided by aides who are not medical professionals but are trained to help with these tasks.

Personal Care Attendants (PCA): NAs generally work in home health or alternative care settings and provide direct personal care services to residents, but they are not certified CNAs.

Plan of care: A written plan for treating the medical, social and emotional needs of each nursing home patient. The plan is written by the patient's attending physician, a registered nurse and other staff members. The plan of care is updated at least once every three months and more often if the patient's condition changes.

Pre-admission screening and annual resident review (PASARR): A process for determining whether a person being considered for admission has any mental illness or mental retardation. Federal law requires nursing homes that participate in Medicare or Medicaid to screen all patients. If an initial evaluation reveals mental illness or mental retardation, a more in-depth evaluation is performed to determine whether the patient needs special services that cannot be provided in a nursing home. Patients whose mental conditions change during their stay in the facility will be retested.

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Private Pay Patients : Patients who pay for their own care or whose care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish patients from those whose care is paid for by governmental programs (Medicaid, Medicare, and Veterans Administration).

Prospective Payment System (PPS): The federal Medicare program bases its per day payment rates to skilled nursing facilities (SNFs) on this payment system, that was mandated by the Balanced Budget Act of 1997. The rates are adjusted according to the patients' conditions and needs and geographic variation in wages. The purpose of the system is to account for the costs of essential services to patients. (SEE also Resource Utilization Groups)

Program of All-Inclusive Care for the Elderly (PACE): PACE programs serve individuals with long term care needs by providing access to the entire continuum of health care services, including preventive, primary, acute and long term care. A basic tenet of the PACE philosophy is that it is better for both the senior with long term care needs and the health care system to focus on keeping the individual living as independently as possible in the community for as long as possible.

Personal Care: Involves services rendered by a nurse's aide, dietician or other health professional. These services include assistance in walking, getting out of bed, bathing, toileting, dressing, eating and preparing special diets.

Physical Therapy : Services provided by specially trained and licensed physical therapists in order to relieve pain, restore maximum function, and prevent disability or injury.

Power of Attorney : A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real-estate transactions.

Pre-Admission Screening : An assessment of a person's functional, social, medical, and nursing needs, to determine if the person should be admitted to nursing facility or other community-based care services available to eligible Medicaid recipients. Screenings are conducted by trained preadmission screening teams.

Preexisting Conditions : Medical conditions that existed, were diagnosed or were under treatment before an insurance policy was taken out. Long term care insurance policies may limit the benefits payable for such conditions.

Prospective Payment System (PPS): Method by which skilled nursing facilities are paid by Medicare.

Provider: Someone who provides medical services or supplies, such as a physician, hospital, x-ray company, home health agency, or pharmacy.

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Qualified Medicare Beneficiaries (QMB): A federally required program where states must pay the Medicare deductibles, co-payments as well as Part B premiums for Medicare beneficiaries who qualify based on income and resources.

Quest-Expand Aged, Blind, and Disabled Program: Department of Human Services – Medicaid managed care contracts with private insurance companies, providing care to the Medicaid eligible blind, disabled, and/or greater than age 65 population. The insurers provide care via their networks of contracted care providers. Managed care programs have demonstrated successful Medicaid cost reduction via privatization, competition, contract incentives and mandated requirements, such as increases in home and community based care services.

Reasonable and Necessary Care: The amount and type of health services generally accepted by the health community as being required for the treatment of a specific disease or illness.

Registered nurse (RN): Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year baccalaureate) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Resource Utilization Groups (RUGs): These 44 categories make up the patient classification system used by the Medicare program to adjust its payment rates to skilled nursing facilities. (SEE also Prospective Payment System)

Respite care: A program that offers overnight accommodations and medical care for individuals who cannot take care of themselves and normally are cared for at home by family members. Respite care gives the routine caregivers a temporary respite from their caregiving responsibilities.

Resident: A person living in a long-term care facility. Since nursing facilities are licensed health care facilities, residents are often also referred to as patients.

Resident Care Plan : A written plan of care for nursing facility residents, developed by an interdisciplinary team which specifies measurable objectives and timetables for services to be provided to meet a resident's medical, nursing, mental and psychosocial needs.

Residential Care Facility: Group living arrangements that are designed to meet the needs of people who cannot live independently, but do not require nursing facility services. These homes offer a wider range of services than independent living options. Most provide help with some of the activities of daily living. In some cases, private long-term care insurance and medical assistance programs will help pay for this type of service.

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Senior Housing: Independent living units, generally apartments. Any supportive services, if needed, are through contract arrangement between tenant and service provider.

Senile Dementia: Dated term for organic dementia associated with old age. Now referred to as dementia and/or Alzheimer's.

Side Rail: Rails on a hospital-type bed that are meant to protect a patient.

Skilled Nursing Care: Nursing and rehabilitative care that can be performed only by, or under the supervision of, licensed and skilled medical personnel, in either a facility setting or at home. The level of care which requires the training and skills of a Registered Nurse; is prescribed by a doctor for the medical care of the patient; and may not be provided by less skilled or less intensive care, such as Custodial Care or Intermediate Care

Speech Therapy: This type of service helps individuals overcome communication conditions such as aphasia, swallowing difficulties and voice disorders. Medicare may cover some of the costs of speech therapy after client meets certain requirements.

Sub-Acute Care: A level of care designed for the individual who has had an acute event as a result of an illness, and is in need of skilled nursing or rehabilitation but does not need the intensive diagnostic or invasive procedures of a hospital.

Sub-Acute Care Facilities: Specialized units often in a distinct part of a nursing facility. Provide intensive rehabilitation, complex wound care, and post-surgical recovery for persons of all ages who no longer need the level of care found in a hospital.

Subsidized Senior Housing: A program that accepts Federal and State money to subsidize housing for older people with low to moderate incomes.

Supplemental Security Income (SSI): A federal program that pays monthly checks to people in need who are 65 years or older or who are blind or otherwise disabled. The purpose of the program is to provide sufficient resources so that any one who is 65 or older, blind, or otherwise disabled, can have a basic monthly income. Eligibility is based on income and assets.

Spend-down: Depleting almost all assets to meet eligibility requirements for Medicaid.

Survey: A detailed, unannounced inspection of each licensed nursing home conducted at least once a year by the Quality Assurance division of the Hawaii Department of Health.

Waitlist: Shortages in infrastructure or services result in client waitlists with delayed access to appropriate care or housing.

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**EVIDENCE TO SUPPORT
NEEDS AND RECOMMENDATIONS**

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