2019 – 2023 HAWAII STATE PLAN ON AGING

For Older Americans Act
Title III and Title VII Programs

For the period:
October 1, 2019 – September 30, 2023

Department of Health

Executive Office on Aging

"E Loa Ke Ola"
May Life Be Long

TABLE OF CONTENTS

VERIFICATION OF INTENT

The Executive Office on Aging hereby submits the 2019 - 2023 Hawaii State Plan on Aging which covers the period from October 1, 2019 - September 30, 2023. 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 of 1965, as amended through P.L. 114-144, enacted April 19, 2016, and is primarily responsible for the coordination of all state activities related to the purposes of the Act. This plan charts the direction over the next four years, 2019-2023, and includes the development of a statewide comprehensive and coordinated system of services. The Executive Office on Aging serves as an effective and visible advocate for all older adults in the State of Hawaii.

The State Plan on Aging 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.

Date

Caroline Cadirao
INTERIM DIRECTOR, EXECUTIVE OFFICE ON AGING STATE OF HAWAII

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

Date

David Y. Ige
GOVERNOR
STATE OF HAWAII

Mission Statement:
Optimize the health, safety and independence of Hawaii's older persons. We support Kupuna[1] and their caregivers through advocacy, planning development, and coordination of policies, programs and services.

EXECUTIVE SUMMARY

The Hawaii State Department of Health, Executive Office on Aging (EOA) is submitting the 2019 - 2023 Hawaii State Plan on Aging, covering the period from October 1, 2019 to September 30, 2023 to the U.S. Department of Health and Human Services, Administration for Community Living (ACL). This plan describes the goals, strategies, and objectives that will be accomplished in 2019-2023 to ensure a comprehensive and coordinated system of long-term services and supports for Hawaii's older adults and individuals with disabilities and their caregivers. The plan complies with the Older Americans Act (OAA) of 1965, as amended in 2016 through Public Law (P.L.) 114-144, and the Administration on Aging (AoA) Program Instruction (PI), AoA-PI-14-01, which outlines the criteria set forth by the Assistant Secretary for Aging.

Hawaii's older adult population (60+) continues to increase. By 2020, 1 in 4 residents of Hawaii will be 60 years or older. It is expected that between 2020 to 2030 the growth in the number of older adults 60 years of age and older in the State of Hawaii will increase by 17% and represent 28% of the State's total population. In addition, there will be a 31.7% increase in older adults 85 years of age and older over the next 10 years between 2020 to 2030.

As Hawaii's aging population increases, the need for a comprehensive and coordinated system of long term, home and community-based services and supports to address their current and anticipated needs will continue to rise. To address and respond to the current and anticipated needs of Hawaii's growing aging population, the EOA has been working closely with the county Area Agencies on Aging (AAAs), the Administration for Community Living (ACL) discretionary grant programs (namely the Hawaii Senior Medicare Patrol (SMP) and the Hawaii State Health Insurance Assistance Program (SHIP)), and members of the Policy Advisory Board of Elder Affairs (PABEA) to discuss the areas of concern and needs of Hawaii's older adults and persons with disabilities. As a result, the Executive Office on Aging and Hawaii's four Area Agencies on Aging (AAA) will pursue the following five (5) statewide goals to address the current and anticipated needs of Hawaii's older adults and persons with disabilities:

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

2. Forge partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges of the aging population;

[1] Kupuna is the Hawaiian word meaning ancestor, grandparent, or older adult.

3. Strengthen the statewide Aging and Disability Resource Center (ADRC) system for persons with disabilities, older adults and their families;

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

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

All goals, objectives, and strategies outlined in this plan will be carried out through partnerships and collaboration with public, private sector, community organizations, volunteers, and Hawaii's older adults and persons with disabilities. The 2019 - 2023 Hawaii State Plan on Aging implements a comprehensive and coordinated support system of LTSS that is needed by Hawaii's older adults and individuals with disabilities, along with their caregivers.

EOA will continually work and partner with the county AAAs, their providers, and community organizations to ensure that LTSS are provided to Hawaii's older adults and persons with disabilities. It is only through collaboration and working together will the State be able to successfully navigate through the challenges that our older adult population and persons with disabilities face. It is through the goals, strategies and objectives in this plan that will set the State on a course to better achieving a comprehensive and coordinated support system of care for Hawaii's older adults and persons with disabilities.

I. INTRODUCTION

The Executive Office on Aging (EOA) of the Hawaii State Department of Health (DOH) is submitting this 2019 - 2023 Hawaii State Plan on Aging for Older Americans Act (OAA) Title III and Title VII funds for the period of October 1, 2019 - September 30, 2023 to the U.S. Administration on Aging, Department of Health and Human Services for approval.[2] This plan complies with the requirements of the OAA, as amended in 2016 through P.L. 114-144 and the Administration on Aging (AoA) Program Instruction (PI) 14-01 which outlines criteria by the Assistant Secretary for Aging.

A. Organizational Structure of the National Aging Network

The OAA passed by Congress in 1965 established a social services and nutrition services program for America's older adults. State and area offices were established and a nationwide "Aging Network" was created to assist older adults in meeting their physical, social, mental health, and other needs, and maintain their well-being and independence.

On April 18, 2012, the Administration for Community Living (ACL) was created and is organizationally part of United States Department of Health and Human Services (HHS). ACL brings together the efforts and achievements of the Administration for Aging (AoA), the Administration on Intellectual and Developmental Disabilities (AIDD) and the HHS Office on Disability and serves as the Federal Agency responsible for increasing access to community supports, while focusing attention and resources on the needs of older Americans and people with disabilities across their lifespan. ACL is committed to the fundamental principle that people with disabilities and older adults should be able to live where they choose, with the people they choose and fully participate in their communities. Inherent in this principle is the core belief that everyone can contribute, throughout their lives. ACL is structured to provide general policy coordination while retaining unique programmatic operations specific to the needs of each population they serve.

The ACL administers programs and awards OAA Title III, IV and VII federal funding for nutrition and supportive in-home and community-based services for disease prevention and health promotion, elder rights, and monitors and assesses State Offices on Aging that administer these funds. ACL also develops, coordinates and administers programs nationwide; provides leadership, direction, technical assistance and advocacy; and develops policy to meet the needs of elderly individuals.

B. Organizational Structure of Hawaii's Aging Network

The Hawaii State Aging Network is comprised of the EOA, four county AAAs (Area Agencies on Aging) and their community contracted providers. The EOA is the designated lead agency or State Unit on Aging in the Hawaii State Aging network

[2]Title III funds are for nutrition and supportive home and community-based services and Title VII funds are for vulnerable elderly rights activities

responsible for the administration, oversight, and monitoring of all the county AAAs programs and services that receive funding from the Older Americans Act Title III, IV and VII programs. The EOA is required to plan and lead the coordination of access to home and community-based services to the older adult population at both the State and local levels, which involves:

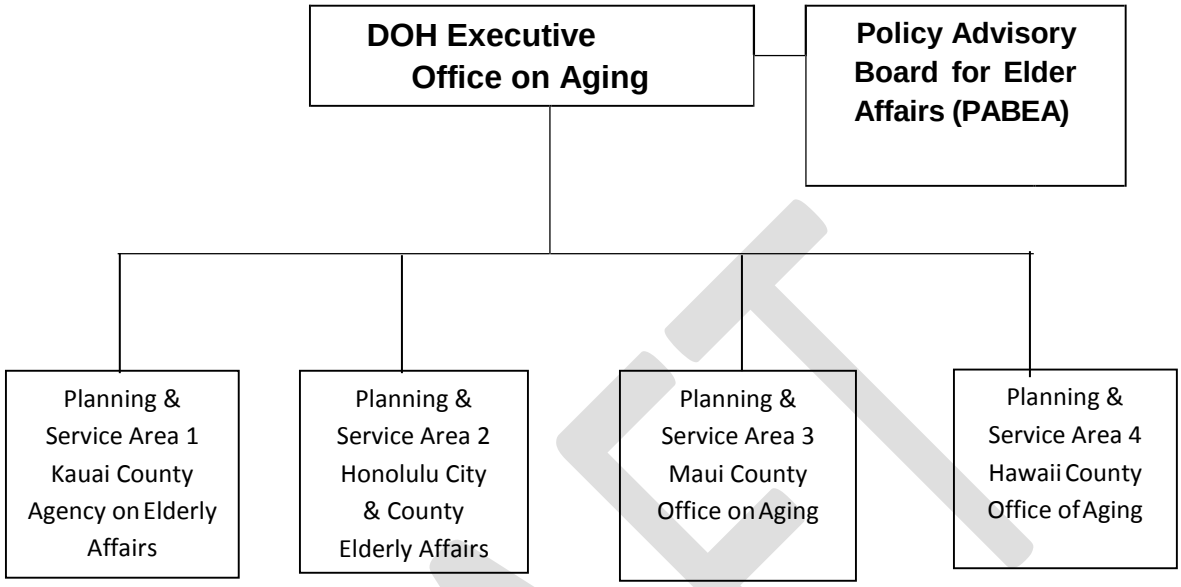
- Planning
- Policy and program development
- Advocacy
- Research
- Information and referral
- Coordination of services provided by public and private agencies for our elders and their families

The mission of the EOA is to promote and assure opportunities for Hawaii's older adults to achieve dignified, self-sufficient and satisfactory lives. EOA pursues its mission by advocating, developing, and coordinating federal, State, and local resources for adults 60 years and older and their caregivers.

Chapter 349-4 of the Hawaii Revised Statutes (HRS), defines the purpose and functions of the EOA and establishes a Policy Advisory Board for Elder Affairs (PABEA) to assist and advise the EOA Director on the development and administration of the Hawaii State Plan on Aging by representing the interests of older adults (includes grandparents raising grandchildren), persons with disabilities, and their caregivers. That same statute also allows the PABEA Board to review and provide comments on any county plans, State plans, budgets and policies that affect older persons and persons with disabilities.

The EOA delineated the State into distinct planning and service areas for purposes of planning, developing, delivering, and the overall administering of services (See Chart 1: State Network on Aging). These four Planning and Services Areas include the counties of Hawaii, Honolulu, Kauai, and Maui. Kalawao County on the island of Molokai is included in the Maui Planning and Service Area.

Chart 1
State Network
on Aging



The following agencies have been designated the county AAAs by the EOA:

Kauai Agency on Elderly Affairs (KAEA)
County of Kauai
4444 Rice Street, Suite 330
Lihue, HI 96766

Kealoha Takahashi, County Executive
Telephone: (808) 241-4470

Elderly Affairs Division (EAD)
Department of Community Services
City and County of Honolulu
715 South King Street, Suite 200
Honolulu, HI 96813

Nalani Aki, County Executive
Telephone: (808) 768-7705

Maui County Office on Aging (MCOA)
County of Maui
95 Mahalani Street, Room 20
Wailuku, HI 96793

Deborah Stone-Walls,
County Executive
Telephone: (808) 270-7755

Hawaii County Office of Aging (HCOA)
County of Hawaii
1055 Kino`ole Street, Suite 101
Hilo, HI 96720

Christian Alameda, County Executive
Telephone: (808) 961-8600

The county AAAs are responsible for developing 4-year plans to implement the OAA in their respective counties. Each AAA has an advisory council that advises the agency on the development and implementation of their plan to ensure a comprehensive, coordinated community-based system of services for older adults and persons with disabilities. The county AAAs perform a wide range of functions including advocacy, planning, coordination, inter-agency linkages, information sharing, monitoring and evaluation to enable older persons to lead independent, meaningful and dignified lives in their homes and communities for as long as possible.

The EOA receives formula funds based upon the population of the State from the ACL, AoA under Title III and VII, and Title IV discretionary funds of the OAA. Based upon the State's Intrastate Funding Formula, Title III and VII funds are allocated to the four county AAAs. A portion of the OAA Title VII funds received from EOA and other federal grants are also provided to carry out elder rights and benefits programming. Additional funds from the State Legislature for aging services (Kupuna Care, Kupuna Caregivers, and other programs) are also appropriated to the EOA each year which are allocated to the county AAAs.

The county AAAs, in turn, utilize their federal and State funds from the EOA to contract with organizations, agencies, and educational institutions that provide direct services under the Aging Network to deliver services to Hawaii's older adults, aged 60 years old and older, their caregivers and persons with disabilities at the local county level, in their geographical area. Services contracted include: personal care, homemaker services, chore services, home delivered meals, adult day care/health, case management, congregate meals, nutrition counseling, assisted transportation, transportation, legal assistance, nutrition education, information and assistance, outreach, and caregiver support services (counseling, respite, supplemental services, access assistance, and information services).

In addition, EOA and the county AAAs also coordinate Title III services and programs with Title VI grantees in Hawaii by referring Native Hawaiians using the Hawaii State Aging and Disability Resource Center (ADRC), to Title VI grantee provider, Alu Like, Inc., for the full range of services if they meet qualifications.

C. State Plan Purpose

Under the requirements of the OAA (Section 307(a)), the State of Hawaii is required to submit a State Plan on Aging that meets the criteria outlined by the Assistant Secretary for Aging to be eligible for grants under Title III. This 2019-2023 Hawaii State Plan on Aging ("State Plan") complies with the requirements of the OAA, as amended in 2016 through P.L. 114-144 and AoA-PI-14-01 and covers a four-year period beginning October 1, 2019 and concluding on September 30, 2023.

The purpose of the State Plan is to set the direction for the period, October 1, 2019 through September 30, 2023, for the development of a comprehensive, coordinated statewide system of LTSS in accordance with all federal requirements, to serve Hawaii's older adults, persons with disabilities and their caregivers.

As the State of Hawaii's designated State Unit on Aging, the EOA prepared the State Plan with a focus on person-centered planning that encourages the independence and well-being of older adults and adults with disabilities to make informed decisions on the long terms services and community supports needed to remain in their communities. As a result, the State Plan incorporated in its strategies, the needs, expectations, and choices of Hawaii's older individuals as determined by the county AAAs in the development of their county area plans and describes how Hawaii's system of services and access to these services will meet the challenges of Hawaii aging population.

The strategies of the State Plan on Aging are based on principles in the OAA, which form the direction over the next four years. These principal areas are:

- Activities for disease prevention and social engagement;
- Support for caregivers;
- In-home and community-based programs and services;
- Access to information and care options;
- Person-centered approaches for at-risk older adults; and
- Elder rights and benefits.

With the reauthorization of the OAA in 2016, the AoA, outlined additional strategic principles and objectives in Choices for Independence, enabling the Aging Network to be more participant-directed. Consequently, additional strategic principles incorporated into the State Plan on Aging strategies are:

- Empower participants to make informed decisions about their care options;
- Help older adults at risk of nursing home placement to remain in their own homes and communities through flexible financing and service models (including consumer-directed models); and
- Build evidence-based prevention into community-based systems of services, enabling older people to make behavioral changes that reduce risk of disease, disability and injury.

Activities relating to four federal, AoA goals, were also included in the strategies:

- Empower older people, their families, and other consumers to make informed decisions and to be able to easily access, existing health and long-term supports and service 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 OAA services and the new prevention benefits under Medicare; and
- Ensure the rights of older people and prevent abuse, neglect and exploitation.

The fiscal year 2015 AoA Program Instruction requirements further listed the following focus area activities:

- Coordinating, strengthening, and expanding the Title III and VII programs and integrating them with Title VI (Native Hawaiian Programs), the health care and social services systems, and the ACL discretionary program;
- Developing measurable objectives and identifying partners for the ACL discretionary programs integration with the OAA core programs;
- Giving older adults in Hawaii the option to direct their own care; and
- Working with elderly justice stakeholders to prevent, detect, assess, intervene, and/or investigate elderly abuse, neglect, and financial exploitation.

D. Planning Process and Community Input

Development of the State Plan includes the collaboration and input of all four county AAAs, who have developed their own 2019-2023 County Area Plans on Aging. To assess the needs of older adults and persons with disabilities within their county, the county AAAs collected input from community senior groups, older adults, persons with disabilities, Aging Network partners, service providers, organizations working with older adults, and AAA staff and volunteers utilizing community meetings, surveys, focus groups, key informant interviews, and public hearings.

As a result, the county AAAs reported that some of the major concerns that older adults and persons with disabilities have expressed in all the counties are:

- Health Care (access, affordability, managing medications, preventive care, screenings, etc.)
- Transportation (availability, accessible, etc.)
- Chore services (grocery shopping, cleaning the yard, etc.)
- Affordable, accessible & low-income senior housing
- Access to in-home services (bathing, grooming, etc.)
- Work force capacity
- Legal assistance
- Chronic disease management programs and services
- Loneliness and social isolation

At the same time, the EOA, county AAAs, Long Term Care Ombudsman Program, and the ACL discretionary grant programs (Hawaii Senior Medicare Patrol (SMP) and the Hawaii State Health Insurance Assistance Program (SHIP)) staff collaboratively held several WebEx and face to face meetings to brainstorm and develop several broad goals and objectives that they felt should be the driving force in the State Plan to meet the comprehensive needs of older adults living in the State of Hawaii. As a result, the following five (5) overarching Goals were agreed upon to be included in the State Plan:

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

2. Forge partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges of the aging population.
3. Strengthen the statewide ADRC system for person with disabilities, older adults, and their families.
4. Enable older adults to live in their communities through the availability of and access to high quality, long term services and supports (LTSS) including supports for their families and caregivers.
5. Optimize the health, safety, and independence of Hawaii's older adults.

Upon the development of the five above mentioned goals for the State Plan, the EOA, county AAAs, Long Term Care Ombudsman Program, and the ACL grants program staff in EOA then collaboratively held three WebEx meetings as well as individual meetings with each program to develop draft strategies and objectives that need to be accomplished to achieve the five overarching goals mentioned above.

The State Plan was reviewed by the public and government officials. A draft of the plan was posted on the Hawaii ADRC website for public review. Notice of the plan's posting and the information session schedule were posted on EOA's website, printed in the local newspapers on all the Hawaiian Islands, and distributed by email to advocates, community organizations, and service providers for older adults and persons with disabilities. Community meetings to any interested individuals were held in person and via WebEx in all four counties throughout the State of Hawaii (City and County of Honolulu, Maui County, Hawaii County, Kauai County). The plan was also presented to the PABEA Board and to the Hawaii Alliance for Retired Americans (HARA) meeting for comments. More than XXXX individuals attended these meetings and offered comments and input.

General comments received at all the county meetings as well as the PABEA and the Hawaii Alliance for Retired Americans (HARA) meetings included the following:

1. XXXXXXXXX.

All comments received were then incorporated in the Final Draft of the State Plan and then submitted to the Hawaii State Department of Health Director and the Governor's Office for review and approval. Upon approval by the Governor, the Final 2019-2023 Hawaii State Plan was then submitted to ACL for final approval.

The next chapter describes Hawaii's older adult population and their use of Title III services. Chapter III presents Hawaii's goals and the strategies and objectives for achieving each goal and the potential barriers and the proposed strategies for addressing those barriers. The plan concludes with a presentation of outcomes and performance measures and EOA's approach to quality management.

II. PROFILE OF HAWAII'S AGING POPULATION

A majority of Hawai`i's population of baby boomers have reached the age of 60 and over resulting in the rapid growth of Hawaii's aging population. With a population of a little over 1.4 million residents living in Hawai`i in 2017, 341,760 (24%) of these residents were over the age of 60. By 2020, one out of every four people in Hawai'i will be 60 years or older. The rapid growth of Hawaii's aging population Hawai`i's will greatly impact Hawai`i's economic structure and increase the need and demand for health and social services to meet the needs of Hawai`i's older adults.

Table 1. Population Distribution Projections of Older Adults for the Hawai`i and the United States by Age Groups, 2020 to 2045. (In percent)

AGE GROUPS	2020	2025	2030	2035	2040	2045
Hawaii[1]						
Total Population	1,466,632	1,514,723	1,556,843	1,592,684	1,622,480	1,648,609
55 – 59 years old	6.2%	5.6%	5.2%	5.3%	5.7%	5.7%
60 years and older	25.3%	27.0%	27.9%	28.4%	28.8%	29.3%
60 – 64 years old	6.2%	5.9%	5.3%	4.9%	5.1%	5.5%
65 – 74 years old	10.7%	10.9%	10.7%	10.0%	9.2%	9.1%
75 – 84 years old	5.5%	7.2%	8.3%	8.6%	8.6%	8.1%
85 years and older	2.9%	3.0%	3.6%	4.8%	5.8%	6.5%
United States[2]						
Total Population[3]	332,639	344,234	355,101	364,862	373,528	381,390
55 – 59 years old	6.5%	5.8%	5.5%	5.5%	5.8%	6.0%
60 years and older	23.2%.	25.1%	26.1%	26.6%	26.9%	27.3%
60 – 64 years old	6.3%	6.1%	5.5%	5.2%	5.2%	5.5%
65 – 74 years old	9.9%	10.6%	10.9%	10.3%	9.6%	9.4%
75 – 84 years old	5.0%	6.1%	7.1%	7.9%	8.2%	7.8%
85 years old	2.0%	2.2%	2.6%	3.2%	3.9%	4.4%

[1]Source: State of Hawaii Department of Business, Economic Development and Tourism
[2]Source: United States Census Bureau
[3]Numbers in thousands

It is expected that between 2020 to 2030 the population of older adults 60 years of age and older in the State of Hawai`i will increase by 17% and represent 28% of the State's total population. Even more dramatic is the 31.7% increase in those 85 years of age and older over in the next 10 years between 2020 to 2030. This tremendous increase of adults over the age of 85 years old only lends to the increased need for more long-term services and supports.

Hawai`i's Distribution of Persons 60 Years of Age and Older by Gender

In Hawai`i, the proportion of females over 60 years old is larger than males (Table 2). In 2017, 46.2% (157,893) of Hawai`i's population were men over the age of 60 years old while 53.8% (183,867) were women over 60 years of age. Hawai`i's population distribution based on gender seems to widen as one ages as demonstrated with Hawaii's population of women 75 years of age and older, far surpassing the number of their male counterparts by nearly 20% in 2016 and 2017.

Table 2. Sex Distribution of Persons 60 Years and Older in the United States and Hawai`i for 2013 – 2017. (In Percent)

SEX AND AGE GROUP	HAWAI`I					UNITED STATES				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Male										
60 years and older	46.1	46.3	45.7	46.3	46.2	45.0	45.1	45.2	45.2	45.4
60 – 64 years old	50.0	50.7	47.6	49.3	49.8	47.9	47.9	47.9	47.8	48.0
65 – 74 years old	48.3	48.1	48.4	48.6	48.1	46.8	46.8	46.7	46.8	46.7
75 years and older	39.9	40.1	40.7	40.6	40.8	40.0	40.2	40.5	40.7	40.9
Female										
60 years and older	53.9	53.7	54.3	53.7	53.8	55.0	54.9	54.8	54.8	54.6
60 – 64 years old	50.0	49.3	52.4	50.7	50.2	52.1	52.1	52.1	52.2	52.0
65 – 74 years old	51.7	51.9	51.6	51.4	51.9	53.2	53.2	53.3	53.2	53.3
75 years and older	60.1	59.9	59.3	59.4	59.2	60.0	59.8	59.5	59.3	59.1

Source: U.S. Census Bureau, 2013 to 2017 American Community Survey, Table B01001, Male vs Female Population.

Hawai`i's Social Demographics of Older Adults

Social characteristics of Hawai`i's older adults over the last five years have been relatively consistent (Table 3). Hawai`i has a smaller proportion of older adults living alone as compared to the U.S. In Hawai`i, only 32.7% of its older adult population live alone whereas, 40% of older adults live alone in the U.S. In 2015 approximately 36,203 Hawai`i households (11.6%) are multigenerational, defined as households with more than two generations living under the same roof. Many households in Hawai`i are multi-generational for various reasons. Culturally in Hawai`i, many families believe that living with their families and extended families are very important. A typical family household in Hawai`i is defined as consisting of individuals who identify as being related to one another by birth, marriage, or adoption. Another reason why fewer older adults in Hawai`i live alone than their national counterpart may be due to the high cost of living and housing in Hawai`i. Extended mutigenerational family members often choose to live together in one home to share the cost of housing.

Hawai`i also has fewer disabled older adults compared to its national counterpart. However, a large proportion of Hawai`i's older adults speak English less than "very well". This is a result of the racial and ethnic diversity of Hawai`i's population with a

majority of Hawai`i's population being of Asian, Native Hawaiian, or Pacific Islander descent. In addition, Hawai`i has slightly more military veterans than the United States.

Table 3. Social Demographic Characteristics of Person 60 Years and Older in the United States and Hawai`i for the Years 2013 – 2017. (In Percent)

SOCIAL DEMOGRAPHIC CHARACTERISTICS	HAWAI`I					UNITED STATES				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Householder living alone	31.9	31.8	31.7	33.8	32.7	40.0	40.0	39.9	39.8	39.4
Responsible for grandchildren	1.9	2.4	1.6	2.0	1.7	1.6	1.6	1.5	1.5	1.5
Civilian veteran	18.8	17.3	17.9	16.7	16.8	18.4	17.5	16.6	15.8	15.1
With a disability	29.5	30.4	28.3	29.3	27.8	31.8	31.5	31.0	30.9	30.4
Speak English less than "very well"	18.3	17.5	18.5	17.4	16.2	8.5	8.7	8.9	8.9	8.8
Live below 100% of the poverty level	7.6	9.0	8.3	9.6	9.6	9.9	9.9	9.5	9.7	9.7

Source: U.S. Census Bureau, 2013 to 2017 American Community Survey, Table S0102.

Hawai`i's Racial Diversity

Hawai`i has a racially diverse population. The racial distribution of persons over 60 years old has been relatively stable over the past 5 years. Table 4 indicates the proportion of whites and African-Americans is much lower in Hawai`i than the U.S. However, the proportion of Asians, Native Hawaiians, and Pacific Islanders in Hawai`i is much larger than the U.S. In 2017, Hawai`i's State population of persons over 60 years old consisted of 52.7% Asians, 28.6% Caucasians, 6.8% Native Hawaiians or other Pacific Islanders with 11.1% reported being of mixed race, not uncommon within the State of Hawai`i.

Table 4. Race Distribution of Persons 60 Years and Older in the United States and Hawaii for the Years 2013 to 2017. (In Percent)

RACE/ETHNICITY	HAWAII					UNITED STATES				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
One Race	89.0	88.6	88.5	89.1	88.9	98.9	98.9	98.9	98.8	98.8
White	28.1	28.0	27.9	28.5	28.6	83.2	82.8	82.4	82.0	81.6
African American	0.7	0.7	0.7	0.5	0.7	9.3	9.4	9.5	9.7	9.8
American Indian / Alaska Native	0.1	0.2	0.2	0.2	0.1	0.5	0.6	0.6	0.6	0.6
Asian	53.4	53.2	52.8	52.8	52.7	4.0	4.2	4.3	4.4	4.6
Native Hawaiian / Other Pacific Islander	5.9	6.1	6.4	6.8	6.8	0.1	0.1	0.1	0.1	0.1
Some other race	0.8	0.5	0.6	0.3	0.3	1.8	1.8	1.9	2.1	2.2
Two or more races	11.0	11.4	11.5	10.9	11.1	1.1	1.1	1.1	1.2	1.2
White Alone, not Hispanic or Latino	27.0	27.1	26.9	27.3	27.3	77.5	76.9	76.4	75.9	75.4

Source: U.S. Census Bureau, 2013 to 2017 American Community Survey, Table S0102.

Hawaii's Life Expectancy, Health, And Disabilities Among Older Adults

According to a recent study published in the JAMA journal, Hawai`i has the longest life expectancy (81.3 years of age) of any State in United States.[3] Hawaii was considered one of the healthiest states in the U.S. for several years with only 19% of its population being obese which is the lowest in the nation. In addition, only about 17% of the population smokes.

While Hawai'i's older adults enjoy long lives, 87% of older adults have one or more chronic conditions. Chronic disease prevalence of Hawaii's older adults differs by ethnicity. Native Hawaiians and Filipinos have higher prevalence of diabetes, while Caucasians have higher incidences of cancers, and the Japanese have higher prevalence of hypertension. Because of the high prevalence of multiple chronic conditions, 27% of older adults have at least one disability and about 38% of them report poor physical and mental well-being.

Table 5. Persons with Disabilities in Hawaii and the United States for the years 2013 to 2017 by Age Group (in percent)

AGE GROUP AND DISABILITY	HAWAII					UNITED STATES				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
65 years and older										
Hearing	15.2	16.4	15.4	14.5	13.7	15.2	15	14.8	14.6	14.4
Vision	5.8	5.3	4.7	5.1	4.8	6.8	6.7	6.5	6.5	6.3
Cognitive	12.7	12.2	10.3	11	9.1	9.2	9.1	9	8.9	8.6
Ambulatory	22	22.9	20.4	22.3	20.1	23.3	23	22.6	22.5	22.5
Self-Care[1]	7.8	9.3	8.5	8.9	6.8	8.5	8.4	8.2	8.1	7.8
Independent Living[2]	17	17.5	15.7	16.3	13.4	15.4	15.4	14.9	14.6	14.2

Source: U.S. Census Bureau, 2013 to 2017 American Community Survey, Table S1810.

[1] Self-care difficulty is having difficulty bathing or dressing.

[2] Independent living difficulty is having difficulty doing errands alone because of a physical, mental, or emotional condition.

The proportion of persons ages 65 and older with disabilities in Hawaii and the U.S. has been slightly decreasing. As reflected in Table 5, hearing, vision, cognitive, and independent living disabilities have decreased. This trend may be due to the baby boomers, who are younger and healthier, making up a larger portion of the 65 and older population.

While there may be a slight downward trend of persons with disabilities, in 2017, 9.1% (31,100) of those 65 years of age and older had a cognitive disability and 20.1% (68,694) have an ambulatory disability. Currently, the Alzheimer's Association, Aloha Chapter reports more than 28,000 people in Hawaii are living with Alzheimer's disease with this number expected to increase as the baby boomers population cohort ages.

[3] The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA.* 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

In summary, older adults in Hawaii have a higher life expectancy, the baby boomers have had an impact of the number of individuals with disabilities however, those who age into the higher age groups, that is those 85 years of age and older, have multiple chronic conditions and may have increased long-term services and support needs. Understanding this growing population will assist the EOA in the development of a more comprehensive set of services and supports.

Profile of Hawai`i's Older Adults Receiving State and/or Older Americans Act, Title III Funded Services

The Executive Office on Aging is currently serving older adults with Title III Older Americans Act funding and State funds to provide a comprehensive array of services and supports to meet the needs of Hawaii's older adults.

Tables 6, 7, and 8 indicate that Hawaii's Title III programs are serving the needs of Hawaii's disparate population of older adults in Hawaii. In 2017 9.6% of older adults in the State of Hawaii was living in poverty. Of those receiving the OAA, Title III services, 22.2% are below poverty, a higher percentage than their proportion in the State. In addition, more than 1 in 3 Title III participants were at high nutrition risk and about 6 out 10 lived in rural areas of the state. A comparison of Table 3 to Table 7 denotes a much larger portion of Title III participants had at least one disability.[4]

Table 6: Characteristics of Title III Participants, Federal Fiscal Years 2014 to 2018

CHARACTERISTICS	FEDERAL FISCAL YEAR				
	2014	**2015**	**2016**	**2017**	**2018**
Percent minority participants	72.9%	74.7%	74.9%	75.3%	71.8%
Percent rural participants	61.7%	61.4%	61.1%	62.7%	58.2%
Percent below poverty	26.2%	26.5%	24.3%	22.2%	19.3%
Percent living alone	35.1%	36.2%	35.7%	37.0%	34.0%
Percent of persons at high nutrition risk	34.3%	35.3%	38.3%	37.3%	29.3%
Number of Cluster 1 and 2 participants	7,509	7,176	7,555	7,716	8,788

Table 7. Number of Activities of Daily Living Disabilities (ADLs) Reported by Cluster 1 Clients, Federal Fiscal Years 2014 to 2018

Number of ADLs	FEDERAL FISCAL YEAR				
	2014	2015	2016	2017	2018
0 ADL	15.6%	15.2%	14.1%	15.3%	22.4%
1 ADL	7.6%	8.6%	8.0%	8.7%	9.8%
2 ADL	20.0%	20.4%	15.6%	12.1%	11.7%
3 or more ADLs	53.8%	52.7%	58.7%	59.9%	43.9%
ADL missing	3.0%	3.0%	3.6%	4.0%	12.2%
Number of Cluster 1 Clients (All Ages)	4,215	4,207	4,600	4,917	6,361

Source: Hawaii State Performance Reports for Title III Services.

[4] The fact that ACS considers only 6 types of disabilities may also have contributed to explain some of the differences.

Table 8. Age Distribution of Participants Receiving Title III Cluster 1 and 2 Services, Federal Fiscal Years 2014 to 2018

Age Group	FEDERAL FISCAL YEAR				
	2014	2015	2016	2017	2018
60 to 74 years old	27.5%	26.9%	27.0%	27.4%	27.1%
75 to 84 years old	31.0%	31.1%	30.6%	30.3%	29.8%
85 years or older	40.0%	40.2%	40.4%	40.6%	39.3%
Missing	1.5%	1.7%	2.0%	1.7%	2.2%
Number	7,509	7,176	7,555	7,716	8,788

Column percentages do not sum to 100.0%.
Source: Hawaii State Performance Reports for Title III Services.

For the most part, the proportion of Title III participants has remained relatively stable between FFYs 2014 and 2018. There are two exceptions to this. One is the slight drop in the number of participants receiving Title III Cluster 1 and 2 services percentages in FFY 2018 as indicated in for the characteristics listed in Table 6. Some of this decrease may be a consequence of the implementation of the newly created Kupuna Caregiver (KCG) Program and the increased public interest it generated. While the KCG program, which was enacted by the Hawaii State Legislature in July 2017 and launched in January 2018, it served only 159 caregivers in the first year, but it generated inquiries from approximately 1,700 caregivers, some of whom may have enrolled their care recipient in other Title III programs. If they resembled those who enrolled in the KCG program, most of them would be living with the care recipient, thereby reducing the percentage of participants living alone. These participants would also then be less likely to be at high nutrition risk and, since the caregiver needed to be employed at least 30 hours a week, less likely to living in poverty.

III. HAWAII'S PROGRAMS AND SPECIAL INITIATIVES

Programs for Hawaii's older adults are available through statewide and local agencies, including OAA funded services, grant funded, and State and local initiatives. Each of the following programs aim to assist older individuals while maintaining their independence and avoiding institutionalization:

In SFY 2018, the EOA received a total of $19,269,823 in appropriations resulting in 12,100,000 (63%) in appropriations from State funds and $7,169,823 (37%) in appropriations from federal funds for services enabling older adults to remain in their homes and communities. These funds were used to support the following Kupuna Care (KC) core services: adult day care, attendant care, case management, chore, homemaker, personal care, assisted transportation, and home-delivered meals. In addition, some of these funds were used to provide home and community-based services for older adults and their caregivers. Upon receipt of these funds, the EOA then contracts with each of the county AAAs to procure, manage, and coordinate the delivery of these services in their respective counties.

The State and federally funded services reached an estimated 7,129 older adults in SFY2018. The funds provided 175 older adults with 7,366 one-way trips of assisted transportation; 969 older adults with 46,847 hours of personal care; 285 older adults with 81,499 hours of adult day care; 3,288 older adults with 386,089 home delivered meals; and 268 caregivers with 32,062 hours of respite care for family members of older adults.

Kupuna Care Program

The Kupuna Care Program assists older adults to remain in their homes and communities by providing a variety of different long-term caregiving and support services, such as adult day care, attendant care, case management, chore, homemaker/housekeeping, personal care, assisted transportation, transportation, and home delivered meals. In addition, other home and community-based services for older adults and their caregivers are also provided. The Kupuna Care Program is available Statewide, in all the counties.

Aging and Disability Resource Center (ADRC)

For the past six years, the EOA has been implementing and strengthening the Statewide ADRC. The ADRC assists older adults, individuals with disabilities, and family caregivers find options for long term supports and services that fit their needs and are available to them in the State of Hawaii. ADRC staff provides consumers assistance by first assessing the consumer's service needs and then enrolling them in the appropriate Kupuna Care and/or Title III funded services that will best meet their needs. In addition, the ADRC staff provides consumers with information on options for other services that the ADRC may not directly provide.

In SFY 2018, the ADRC received 60,281 contacts or calls, of which 5,172 received an initial assessment. Consumers who responded to the ADRC satisfaction survey were generally quite satisfied with the ADRC's performance. In three of the counties, 97% of consumers were satisfied with the ADRC and, in one county, 85% of consumers in that county was satisfied.

Long Term Care Ombudsman Program (LTCOP)

This LTCOP provides information, outreach, and advocacy for residents of long-term care facilities. To ensure all residents are aware of the services provided by the Long Term Care Ombudsman, volunteers are trained and certified by the Long Term Care (LTC) Ombudsman Volunteer Program to regularly visit licensed LTC sites.

In SFY 2018, the LTCOP filled its Volunteer Coordinator position, certified four new volunteers who will serve as Ombudsman representatives, updated the LTCOP Policies and Procedure and updated the LTCOP brochure and logo.

The LTCOP also initiated procurement to contract services on the islands of Maui, Kauai, and Hawaii. An ombudsman volunteer in Maui was awarded the Maui contract and began in June 2017. Contractors for Kauai County and Hawaii County have also been selected and will begin providing services in SFY 2019.

Hawaii State Health Insurance Assistance Program (SHIP)

The Hawaii State Health Insurance Assistance Program (SHIP) counsels and educates Medicare beneficiaries, their families, and soon-to-be beneficiaries on their Medicare options. In SFY 2018, the SHIP program reached over 1,000,000 individuals through digital and print media, responded to over 3,000 calls on their helpline, and counseled over 3,000 beneficiaries. The program recruited and trained over 40 new counselors in all four counties and partnered with the University of Hawaii to conduct Medicare training statewide.

Hawaii Senior Medicare Patrol (SMP) Program

The Hawaii Senior Medicare Patrol (SMP) Program educates beneficiaries on ways to avoid Medicare scams, fraud, waste, and abuse. The SMP Program is a volunteer-based program to ensure Medicare is not billed for health care services, medical supplies, and equipment not received by Medicare clients. In SFY 2018 the SMP Program participated in 139 community group outreach and educational events that reached nearly 10,000 people statewide. The SMP Program broadcasted 179 public service announcements between July and December 2017 on local NBC and CBS affiliates and trained seven new SMP Program volunteers. The volunteers dedicated over 6,000 hours of services to the SMP program.

Special Initiatives

The following are several special initiatives that are also administered by the EOA that improves the accessibility of services, well-being, independence, and safety of Hawaii's Kupuna:

Kupuna Caregiver Program

In SFY 2018, the Hawaii State Legislature passed Act 102, which appropriated $600,000 to the EOA to implement the Kupuna Caregiver (KCG) Program to provide support to employed caregivers caring for an older adult family member or loved one. As a result, the EOA designed and developed the KCG Program with the assistance and input of the county AAAs, legislators, community advocates, and service providers. In January 2018 the ADRC officially launched the KCG Program in all the counties. The ADRC received a total of 2,707 inquiries from the public, enrolled 159 caregivers into the program and provided services to 101 care recipients before the close of the State fiscal year. The ADRC used a majority of the initial appropriation to provide adult day care services for the KCG care recipients.

The Hawaii Healthy Aging Partnership (HHAP) Initiative

The EOA is one of the founding partners of the HHAP Initiative and continues to offer the Chronic Disease Self-Management Education and EnhanceFitness workshops.

In SFY2018, HHAP offered 10 workshops on chronic disease self-management, diabetes and cancer. These workshops were attended by a total of 92 individuals, of which 88% completed the workshops. The EnhanceFitness workshops served a total of 575 individuals, an increase of 21% over SFY 2017.

Community Living/ Participant Direction and Veterans Directed Care

Participant Direction (PD) is another initiative that was started by EOA in SFY 2018. PD is a service model in which participants are their own case managers and are responsible for self-directing their Long Term Services and Supports (LTSS). The EOA offered the following two types of PD: 1) Participant direction for persons eligible for publicly funded LTSS; and 2) Veterans Directed Choice (VTC) for veterans eligible for nursing home placement.

In SFY 2018, 49 individuals were enrolled in the participant direction care and the EOA anticipates enrolling 24 additional individuals in SFY 2019. The EOA received 37 referrals in SFY 2018 for the VDC program, an increase of 37% over the previous State fiscal year. The EOA accomplished these enrollments despite the retirement of\o the program manager for PD,

No Wrong Door (NWD)

The NWD is an ACL initiative to improve the public's access to Long Term Services and Supports (LTSS). In SFY 2018, the NWD network piloted and refined an automated referral tool, trained NWD agency staff, reviewed draft documents for Medicaid Federal Financial Participation (FFP) administrative claims to secure Medicaid reimbursement for the Door agencies, and worked on a plan to sustain the NWD initiative over the next three years.

Alzheimer's Disease and Related Dementia

In SFY 2017 EOA was awarded a three year grant from the ACL for the Hawaii Alzheimer's Disease Supportive Services Program (HADSSP): Creating and sustaining Dementia-Capable Service System. The goals of the project are to: 1) Build and sustain dementia-capability within the NWD Network; and 2) Provide better access to services for persons with dementia and their caregivers.

The EOA Language Access Plan

In SFY 2018, the EOA continues to refine its efforts to make LTSS services more accessible to older adults with limited English proficiencies (LEP). The EOA reviewed its Language Access Plan after participating in two statewide trainings sponsored by the Affirmative Action Office.

IV. HAWAII'S GOALS, STRATEGIES, OBJECTIVES, PERFORMANCE MEASURES, AND TIMELINES

All goals, strategies and objectives outlined in the State Plan on Aging will be carried out through partnerships and collaboration with public agencies, private sector, community organizations, and volunteers for Hawaii's older adults and persons with disabilities.

Over the next four years from 2019-2023, the EOA will be working on completing the Goals, Strategies and Objectives as identified below.

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

Strategy 1-1: Implement and expand wellness and health maintenance evidence-based interventions for all generations and persons with disabilities throughout the State of Hawaii.

Keeping older adults physically active and healthy can prevent chronic diseases and disabilities and reduce health care costs. Studies show that physical inactivity increases health care costs. CDC estimates that non-institutionalized adults 50 years or older spend about $860 billion annually on health care.[5] It is estimated that 4 out 5 of the costliest chronic conditions among older adults 50 years or older can be prevented or managed with physical activity. Other studies have also found that social activity also helps in reducing and delaying the onset of cognitive and physical limitations.

Objective 1-1:1: Expand the number of older adults, caregivers, and persons with disabilities, who participate in evidence-based interventions that manage chronic conditions.
Objective 1-1:2: Provide support to the Healthy Aging Partnership through training of lay leaders and master trainers.
Objective 1-1:3: Expand the number of older adults, caregivers and persons with disabilities who participate in fall prevention and other evidenced-based physical fitness programs.

Strategy 1-2: Engage older adults through civic engagement and learning opportunities to improve their quality of life and be valuable members of society.

Loneliness and social isolation have been linked to poor health outcomes in seniors and can lead to numerous detrimental health effects in older adults such as increased risk of falls, mortality, dementia and rehospitalization.[6]

Older adults can also contribute their vast skills, knowledge, and experiences to their community in a meaningful way by choosing to volunteer within their communities. Studies have shown that older adults that do volunteer work have better physical and mental health, higher levels of happiness, reduced stress, and reduced risks of disease and lower health care costs. Hence, older adults who engage in community initiatives and programs are often healthier than adults who are not as socially engaged in their communities.

[5] Center for Disease Control Prevention (CDC), "Adults Need More Physical Activity". Website: https://www.cdc.gov/physicalactivity/inactivity-among-adults-50plus/index.html#Problem
[6] Nicholson, Nicholas R. A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention.* 212 Jun;33(2-3):137-52. doi: 10.1007/s10935-012-0271-2.

Research has shown that learning new things throughout your life has many benefits. Many older adults choose to go back to school to learn a new skill or study a subject area that they are interested in that they may not have had the opportunity to learn before. Choosing to go back to school can combat loneliness through social engagement with other peers in class, improve your cognitive skills, and may even prevent the early onset of Alzheimer's disease and other related dementias.

Objective 1-2:1: Provide statewide support to volunteer, faith based, and social groups that focus on aging well programs and services that increase civic engagement opportunities, and volunteerism for older adults within their communities to stay healthy and socially engaged.
Objective 1-2:2: Develop innovative partnerships and models to address volunteer programs.
Objective 1-2:3: Explore innovative strategies and models to maintain and/or increase senior participation in the congregate meal sites.
Objective 1-2:4: Explore new models and programs to engage older adults in lifelong learning opportunities and encore careers.

Performance Measures and Timelines for Goal One

Performance Measure(s)	Timeline
Increase the number of older adults, caregivers, and persons with disabilities, who participate in evidence-based interventions that manage chronic conditions.	Ongoing
Provide support and training to the Healthy Aging Partnership through training of lay leaders and master trainers from communities and volunteers.	Ongoing
Increase the number of fall prevention and other evidenced-based physical fitness programs offered by the county AAAs throughout the State.	Ongoing
Track the number of ADRC referrals who manage a chronic disease to CDSMP.	Ongoing
Increase collaborative partnerships between the county AAAs and volunteer, faith based, and social groups that focus on aging well programs and services to increase civil engagement opportunities, volunteerism, companionship program, etc. for older adults within their communities.	Ongoing
Develop incentives and activities to increase participation of older adults to congregate sites.	Ongoing
Conduct analysis of satisfaction survey of participants in congregate eating sites.	Ongoing
Develop partnerships with the community colleges, the University of Hawaii, and community groups to explore and develop lifelong learning opportunities for older adults.	Ongoing

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

Developing and fostering existing and new innovative strategic partnerships that leverage existing resources and services to address the needs of Hawaii's older adults is a priority of the State of Hawaii. The EOA will work with and utilize the expertise from government agencies, heath care organizations, community-based organizations,

county agencies on aging and their clients, and other organizations serving older adults to better coordinate services and improve service efficiency and quality of services being provided to Hawaii's older adults. These partnerships and alliances will create better coordination and target services to Hawaii's aging population, thereby using our limited resources more efficiently and effectively to meet the needs of Hawaii's older adults.

Strategy 2.1: Collaborate and strengthen the Aging Network's workforce to enhance and improve service efficiency and quality of services being provided to Hawaii's older adults and their caregivers.

Objective 2.1:1: Survey the Aging Network to identify workforce barriers faced by service providers and others who serve older adults and their caregivers.
Objective 2.1.2: Develop workgroups to look at changes to the Aging Network that will address workforce barriers and enhance the capacity of providers and stakeholders to provide a more coordinated system of supports statewide.

Strategy 2.2: Explore innovative partnerships and leverage resources to address the needs of older adults and/or their caregivers.

Objective 2.2:1: Collaborate, develop partnerships, and leverage resources to develop more age friendly communities that promote aging in place and active aging.
Objective 2.2:2: Collaborate and educate agencies in the community to increase the number of Dementia-Friendly (Dementia-Capable) agencies.
Objective 2.2:3: Maintain, enhance, and leverage resources for No Wrong Door (NWD) efforts with NWD agencies and partners to continue seamless access, information sharing, and person-centered trainings.
Objective 2.2:4: Collaborate with partners in the community to update the Alzheimer's Disease and Related Dementias (ADRD) State Plan to address the needs of individuals with ADRD.

Strategy 2.3: Collaborate with partners in the community to address the needs of the at-risk and homeless older adults.

Hawaii's population of older adults and persons with disabilities continues to rapidly increase. Hawaii's cost of living remains one of the highest in the nation due to the need to import everything to the islands either by sea or plane. The cost of food and housing keeps rising. As a result, homelessness has been a growing issue in Hawaii. Hundreds of Hawaii's older adults and persons with disabilities receive shelter and outreach services from various State homeless programs each year. Many of Hawaii's older adults and persons with disabilities live on fixed incomes and rely upon subsidized housing. However, the supply of subsidized housing units is dwindling, forcing many of Hawaii's seniors and persons with disabilities to live in homeless shelters or on the streets. Innovative initiatives, creative partnerships and leveraging of resources are desperately needed to address the problem of Hawaii's growing homeless population of older adults and persons with disabilities.

Objective 2.3:1: Develop partnerships with organizations serving the aged homeless and at risk of homelessness population to advocate for specific needs of the older adult population.
Objective 2.3:2: Work with partners and the Aging Network to develop strategies and action steps to address housing concerns.

Performance Measures and Timelines for Goal Two

Performance Measure(s)	Timeline
Development of a survey to identify workforce barriers faced by service providers and others who serve older adults and caregivers.	2020
Distribute and collect the survey to Hawaii's aging network of service providers and others who serve older adults and their caregivers to identify workforce barriers.	2021-2022
Convene workgroups to recommend changes needed to the Aging Network that will address workforce barriers to services and enhance the capacity of the providers and stakeholders to provide a more coordinated statewide system of supports.	On-going
Develop partnerships to discuss leveraging resources to develop more age friendly communities that promote aging in place and active aging.	On-going
Collaborate and educate agencies in the community to become Dementia-Friendly (Dementia-Capable) agencies.	On-going
Number of Dementia-Friendly (Dementia-Capable) agencies.	On-going
Maintain, enhance, and leverage resources for No Wrong Door (NWD) efforts with NWD agencies and partners to continue seamless access, information sharing, and person-centered trainings.	On-going
Formation of ADRD multidisciplinary workgroups.	Feb 2020
Updated ADRD State Plan.	Feb 2023
Development of partnerships with organizations serving the aged homeless and at risk of homelessness population to advocate for specific needs of the older adult population.	On-going
Development of strategies and action steps with partners and the Aging Network to address housing concerns in Hawaii.	2023

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

The Hawaii Aging and Disability Resource Center (ADRC) assists Hawaii's older adults, individuals with disabilities, and family caregivers to find options for long term supports and services available to them in the State of Hawaii. The ADRC is a highly visible and trusted source of information that people of all incomes and ages can access at home, electronically on the computer or via their phone for information and resources that are available to assist the needs of Hawaii's older adults and persons with disabilities. The ADRC staff determines eligibility of the older adult consumer for government paid programs, finds providers of long-term support and services (LTSS) that the consumer can pay for themselves, and works with the consumer to develop their own individual plan for meeting their future long-term care needs. The consumer is not charged any

fee for services offered. All long-term services and supports provided by the ADRC are all paid for by the State and counties.

Strategy 3.1: Assist the county AAAs to ensure that services and supports are culturally competent and linguistically appropriate for a diverse community.

Objective 3.1:1: Provide technical assistance which may include training on cultural competencies.
Objective 3.1:2: Provide technical assistance to ensure that the Language Access Plan is being implemented at the AAA and provider level.

Strategy 3.2: Promote community awareness of the ADRC.

Objective 3.2:1: Coordinate marketing activities with the county AAAs to increase the visibility of the ADRC.
Objective 3.2:2: Educate county and State elected officials on the ADRC.
Objective 3.2:3: Participate in opportunities in the community to promote awareness of the ADRC as the No Wrong Door to address the need for long term services and supports.

Strategy 3.3: Maintain, expand and update the resources and information available through the ADRC to address the needs of the community.

Objective 3.3:1: Annually update the resource database to ensure that the information is correct and relevant.
Objective 3.3:2: Have an updated website that is comprehensive, integrated and interactive responding to the needs of families, older adults, caregivers, and the public.

Strategy 3.4: Strengthen the statewide ADRC processes, accountability and sustainability.

Objective 3.4:1: Evaluate the effectiveness of the ADRC process to ensure that it provides streamlined information that is person-centered.
Objective 3.4:2: Re-evaluate the four (4) ADRC sites for compliance with national standards to ensure compliance with the five (5) components of the fully functional ADRC criteria.
Objective 3.4:3: Work with the county AAAs to evaluate the quality assurance measures to ensure timeliness and consumer satisfaction.

Performance Measures and Timelines for Goal Three

Performance Measure(s)	Timeline
Review the language access plans of all the AAAs and annually update the plan as needed.	Annual as needed
Partner with community-based organizations that work with and provide services to the LEP population.	On-going

Performance Measure(s)	Timeline
Ensure EOA staff receive annual training on language access policies and procedures, including cultural competencies that should be followed statewide.	Annual
Ensure that staff of all the AAA's and ADRC receive annual training on language access policies and cultural competencies for their office.	Annual
Percent of participants served who are LEP.	Annual
Implementation of marketing strategies to increase public awareness of the ADRC in their counties.	On-going
Number of visitors who visited the ADRC site.	Annual
Education of county and State elected officials of the ADRC.	Annual
Percent of visitors who visited the ADRC site and were satisfied with the ADRC.	Annual
Percent of visitors who visited the site more than one time within the year.	Annual
Percent of visitors to the ADRC site who needs were met.	Annual
Percent of ADRC staff who received training and education on person centered training, benefits enrollment training, and other annual trainings as needed.	Annual
Ensure adoption, implementation and compliance of state and national standards, using needs based and person-centered options counseling in providing home and community-based services.	Semiannual
Update the ADRC resource database to ensure that the information is updated.	Annual
Update ADRC website to ensure that it is current, comprehensive, integrated and interactive responding to the needs of families, older adults, caregivers, and the public.	As needed by AAA

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

For many older adults and persons with disabilities, maintaining a sense of independence is important and many prefer to receive care in the comfort of their homes rather than receiving institutional care. Aging in place allows older adults and persons with disabilities to retain control over their lives and continue to live in their community where they are familiar with their surroundings. To continue to live in their communities it is important that older adults and persons with disabilities have access to high quality, long term services and supports (LTSS) such as adult day care, assisted transportation, attendant care, case management, chore and homemaker services, home-delivered meals, transportation services, and personal care. It is also important that the caregivers of older adults and persons with disabilities be provided the same support that older adults are provided as most caregivers have assumed their caregiving responsibilities with very little or no training.

Strategy 4.1: Collaborate with the Aging Network and other public and private agencies to enhance access to quality long term services and supports (LTSS) that is innovative and person centered.

Objective 4.1:1: Ensure the delivery of LTSS is comprehensive and takes into consideration various public funds and natural supports to address the participant's goals and meets their needs.

Objective 4.1:2: Develop policies and procedures for the inclusion of private pay options for older adults who have the financial means to pay for services.
Objective 4.1:3: Increase and strengthen the participant directed services as a LTSS option for participants.
Objective 4.1:4: Continue collaboration with the Veterans Administration to strengthen the delivery of services to veterans through the Veterans Directed Care statewide.

Strategy 4.2: Ensure statewide consistency and compliance for long-term services and supports for Kupuna Care.

Objective 4.2:1: Develop and finalize Kupuna Care Administrative Rules in accordance with the federal and state law (Hawaii Revised Statutes).
Objective 4.2:2: Develop an integrative monitoring schedule to ensure compliance with administrative rules for Kupuna Care.

Strategy 4.3: Provide person centered support and services for family caregivers, including grandparents raising grandchildren, through training, education, counseling, respite and referrals.

Objective 4.3:1: Expand outreach and provide support, training, and assistance for family caregivers through the National Family Caregiver Support Program, including grandparents raising grandchildren and other relative caregivers, through person-centered approaches (e.g. trainings, conferences, educational opportunities, respite, counseling, direct services, and informational materials).
Objective 4.3:2: Develop and implement a plan to maximize the number of working caregivers served through the Kupuna Caregiver Program.
Objective 4.3:3: Monitor, assess, and evaluate the effectiveness of the Kupuna Caregiver program.

Performance Measures and Timelines for Goal Four

Performance Measure(s)	Timeline
Delivery of LTSS that is comprehensive and utilizes public funds and natural supports to address the participants goals and meets their needs.	On-going
Development of policies and procedures for the inclusion of private pay options for older adults who have the financial means of paying for services.	2020
Increase and strengthen the participant directed services as a LTSS option for participants.	On-going
Collaborate with the Veterans Administration to strengthen the delivery of services to veterans through the Veterans Directed Care statewide.	On-going
Develop Kupuna Care Administrative Rules in accordance with the federal and State laws.	2019 - 2021
Develop an integrative monitoring schedule to ensure compliance with the administrative rules for Kupuna Care.	2021
Expand outreach and provide support, training, and assistance for family caregivers through the National Family Caregiver Support Program through person-centered training.	On-going

Performance Measure(s)	Timeline
Develop a plan to maximize the number of working caregivers served through the Kupuna Caregiver Program.	2021
Implement the plan to maximize the number of working caregivers served through the Kupuna Caregiver Program.	2022-2023
Monitor and evaluate the effectiveness of the Kupuna Caregiver program.	2019-2023

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

Many older adults and persons with disabilities within Hawaii chose to receive care in the home rather than in an institutional care facility. Frail and more vulnerable older adults may seek higher levels of care in institutional settings. Regardless of the setting, the State has responsibility to ensure the health, safety, and independence of Hawaii's older adults. Safety includes protecting older individuals at risk of abuse, neglect, and exploitation. In addition, the environment needs to meet the needs of older adults. The State needs to be mindful of universal design of homes and buildings that meet the needs of all families and individuals throughout their life span, thereby allowing everyone the opportunity to age safely in their own home and community. Goal 5 seeks to increase the likelihood that no matter where older adults and people with disabilities choose to live, whether it be in the care of their homes, in the care of their families or in an institutional care facility their health, safety, and independence will not be compromised.

Strategy 5.1: Expand and foster collaboration with the Aging Network to enable older adults and persons with disabilities to receive the care that they need in their homes or in the care of their families to live safely and independently in their community.

Objective 5.1:1: Ensure and monitor the AAAs efforts to address safety in the home and community.

Strategy 5.2: Foster collaboration with the Aging Network and other partners working with the aging population and persons with disabilities to ensure older adults, and persons with disabilities, are safe from abuse, neglect and fraud.

Objective 5.2:1: Collaborate with the Aging Network, State agencies, federal agencies, non-profits, and other community organizations to develop a multidisciplinary team on elder abuse to increase awareness and education, and advocacy on elder abuse, neglect and exploitation.

Strategy 5.3: Develop and strengthen the Statewide Legal Services Program to address the provisions of the Older American Act of 1965[7], Title VII, Chapter 4, by strengthening partnerships, offering legal services, information, and assistance to older adults in the State of Hawaii.

On June 2018 the Executive Office on Aging hired a Legal Services Developer to build partnerships to develop and strengthen the capacity of a Hawaii Statewide Legal Services Program to offer legal services, information and assistance to assist Hawaii's older adults under the provisions of Title VII of the Older American's Act of 1965[8]. The role of the Legal Services Developer is to improve the quality and quantity of legal assistance to vulnerable older adults to protect their autonomy, dignity, an independence.

Objective 5.3:1: Provide State leadership in developing and strengthening partnerships with all the Area Agencies on Aging in the State of Hawaii to ensure the provision of legal assistance services to their consumers.
Objective 5.3:2: Develop and strengthen partnerships with other state agencies, non-profit organizations, service providers and community organizations that provide services to older adults to increase access to and awareness of legal assistance services.
Objective 5.3:3: Assist older adults in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older adults at risk of guardianship.
Objective 5.3:4: Build state capacity and monitor the improvement of the quality and quantity of legal services provided to Hawaii's older adults.

Strategy 5.4: Advocate for the rights of older adults in long term care facilities.

The Long Term Care Ombudsman Program (LTCOP) advocates, provides information and assistance, makes referrals, counsels, responds to complaints and problems on behalf of residents of nursing homes, adult residential care homes, expanded adult residential care homes, assisted living facilities and community care family foster homes. The LTCOP coordinates with residents and their families, facility staff, various advocacy organizations, provider groups, the media, legislators, family members and facility staff to improve the quality of care and life for Hawaii's 12,661 long term care residents residing in 1,700 facilities spread over six islands.

The LTCOP also works with national senior advocacy organizations, the federal government, state licensing and certification agencies and other State/county agencies to improve the quality of care in long term care facilities.

Objective 5.4:1: Develop agreements with the county AAAs to provide LTCOP services statewide.

[7] As amended through P.L. 114-144, enacted April 19, 2016.
[8] Ibid.

Objective 5.4:2: Create and hire two (2) LTCOP Specialist positions for Oahu to provide services on Oahu and provide technical support in the other counties.
Objective 5.4:3: Track and manage data for reporting purposes.
Objective 5.4:4: Participate in advocacy groups to raise awareness and promote system change to improve the quality of care in long term care facilities.

Strategy 5.5: Recruit, train, and support volunteers to provide information, education, referrals, advocacy, and one-on-one assistance to Medicare beneficiaries, their families, and caregivers.

The Long-Term Care Ombudsman Volunteer Program (LTCOVP) assists the Long-Term Care Ombudsman Program in meeting the requirements stated in HRS 349, Section 21-25, and the Older American Act, as amended in 2016. Trained and certified volunteers are designated as representatives to support, educate and empower the residents in a long-term care setting with information and assistance to protect themselves from abuse, neglect, exploitation and to advocate for their rights and quality of life.

The Senior Medicare Patrol (SMP) Program provides outreach, education and counseling to Medicare beneficiaries to detect, protect, and report healthcare fraud, abuse and billing errors in accordance with grant requirements as set forth by ACL. Trained volunteers conduct presentations and participate at exhibits statewide to promote awareness of scams, fraudulent activities, and potential risks for financial exploitation.

The State Health Insurance Assistance Program (SHIP) provides information, education, referrals, and one-on-one assistance to Medicare beneficiaries, their families, caregivers, and soon-to-be retirees to enable them to make informed and cost-effective health care decisions that best fit their individual needs. Trained volunteers conduct presentations and participate at exhibits statewide to promote Medicare, Medicaid, Medigap, prescription drug coverage, health care plan options and selection, benefit coordination, and eligibility and enrollment for low-income subsidy program assistance.

Objective 5.5:1: Establish and strengthen relationships with public and private sector partners to raise awareness and promote volunteer recruitment.
Objective 5.5:2: Enhance volunteer roles and recruitment to build a larger, more diverse cohort of volunteers to provide outreach to Hawaii's multi-ethnic communities.
Objective 5.5:3: Support volunteer professional development and advocacy skills-building through ongoing training.
Objective 5.5:4: Explore opportunities to increase volunteer retention through collaborative partnerships, program collaboration and sharing of resources to recognize volunteer's contributions.
Objective 5.5:5: Develop tools and processes to collect, assess, and evaluate data to identify areas for quality improvement and assurance.

Strategy 5.7: Develop partnerships to ensure that disaster preparedness planning address the needs of older adults and persons with disabilities.

Objective 5.7:1: Review the emergency disaster plans of the AAAs to ensure that protocols and procedures are in place for older adults and persons with disabilities following the event of a disaster.
Objective 5.7:2: Annually monitor the AAAs on the emergency disaster plans.

Performance Measures and Timelines for Goal Five

Performance Measure(s)	Timeline
Monitor the AAAs efforts to address safety in the home and community.	Annual
Increase the number of service providers to provide the care needed by Hawaii's older adults and persons with disabilities to live safely and independently in their community.	Annual
Develop a multidisciplinary team (consisting of representatives form community organizations, non-profits and government agencies) on elder abuse to increase awareness, education, and advocacy on elder abuse, neglect, and exploitation.	2019-2020
Increase awareness, education, and advocacy on elder abuse, neglect, and exploitation.	Annually
Increase access and awareness of legal assistance services to older adults and persons with disabilities.	On-going
Percent of EOA and AAA staff trained on how to prevent, recognize, report, and deal with Elder Abuse and Neglect and Adult Financial Abuse.	Annual
Number of older adults (including older adults at risk of guardianship) assisted in understanding their rights to make their own choices.	On-going
Build State capacity to work with the AAAs in improving the quality and quantity of legal services provided to Hawaii's older adults.	On-going
Number of legal services provided to Hawaii's older adults.	Annually
Level of consumer satisfaction with legal services provided by the AAAs	On-going
Development of agreements with the county AAAs to provide LTCOP services statewide.	SFY 2023
Hire and train two LTCOP specialist positions for Oahu to provide services on Oahu and oversight to the neighbor islands.	SFY2023
Develop an electronic data tracking reporting system for the LTCOP.	Ongoing
LTCOP participation in advocacy groups to raise awareness and promote system change to improve the quality of care in long term care facilities.	On-going
Increase awareness and promote volunteer recruitment for the Long-Term Care Volunteer Ombudsman Program, SMP, and SHIP.	Annual
Increase volunteer outreach to Hawaii's multi-ethnic communities.	Annual
Increase volunteer professional development and advocacy skill-building through ongoing training.	On-going
Increase volunteer participation and retention.	Annually
Development of tools and processes to collect, assess, and evaluate data to make improvements to increase the overall effectiveness of volunteer programs.	SFY 2021
Number of AAA staff trained to assist older adults in preparing their personal disaster preparedness plan.	Annually

Performance Measure(s)	Timeline
Number of county AAAs collaborating with appropriate government agencies and other organizations to update their emergency disaster plans to address the needs of older adults and persons with disabilities.	On-going
Number of county AAAs working with appropriate government agencies and other organizations to develop protocols that older adults and persons with disabilities should follow to be better prepared in the event of a disaster.	On-going

V. Potential Barriers to the Proposed Strategies

The following are potential barriers that may make it difficult for the timely accomplishment of some of the goals in the 2019 - 2023 Hawaii State Plan:

Lack of Funding: Goal 1 (expanding wellness and health maintenance interventions) will need additional funding to implement these goals successfully. EOA will continue to seek grants, contributions, and state legislative support for these activities.

During the 2019 Hawaii State Legislative Session, the EOA actively sought support from the Legislature to provide funds for the Healthy Aging Partnership. HB468, which appropriates $550,000 for the Healthy Aging was successfully passed by the Senate and House and is currently awaiting approval from the Governor. The State Base Budget measure is also awaiting approval from the Governor which appropriated $3.1 million to support the ADRC for the State fiscal biennium.

In addition, in January 2019, the EOA submitted a fall prevention grant application to ACL for $600,000 and is currently awaiting approval from ACL.

Shortage of Service Providers to provide services needed by Hawaii's older adults and persons with disabilities:

Hawaii is experiencing an acute shortages of home health aides, nursing assistants, and other paraprofessionals that are needed to provide the support services that are needed by Hawaii older adults and persons with disabilities.

Breakdown in Communication: Goal 2 involves developing some partnerships and alliances with entities EOA has not worked with before. As with any new partnerships, there is the possibility of miscommunication or misunderstandings. To build trust and improve collaboration and communication between new partnerships, it is very important for all parties in the partnership to build trust, clearly define goals and objectives, and delineate the roles and responsibilities of each organization.

Compliance with State and Federal Requirements*:* Organizations have their own State and Federal compliance requirements that may or may not align with other partner organizations. This may make it difficult for some organizations to link with, share certain information and collaborate fully with other organizations participating in the ADRC. To maintain and strengthen partnerships with other organizations, it is important that all

parties are sensitive to these restrictions, focus upon collaborating with information they can share and look for other ways to be able to make smooth referrals and share information between organizations.

VII. QUALITY MANAGEMENT

The EOA will ensure that quality management of service programs encompass the following functions:

- EOA will utilize the consolidated data base for desk top review of program implementation by reviewing service utilization data on a quarterly basis to ensure that services are delivered timely to clients at high risk of potential institutionalization.
- EOA will perform annual monitoring of service programs to ensure that the programs are being implemented and following service standards.

Continuous Improvement: Currently all the county AAAs are a fully functioning ADRC and the EOA maintains the statewide ADRC consolidated database. The State and the county AAAs will collaboratively develop quality and performance measures using the consolidated ADRC database to enable county and Statewide program reports and performance reports to be generated for the State and the county AAAs. These reports will be reviewed to identify potential statewide and local problem areas.

Remediation of problem areas: EOA will perform the following steps to ensure remediation of any problem areas of the county AAAs:

- Identify problem areas and discuss these problems and issues with the county AAAs.
- Review any federal and State statutory rules that may have been violated.
- Complete a thorough review of problem areas and provide findings and recommendations to the AAAs in a timely manner.
- Require the county AAAs to submit a Corrective Action Plan to EOA with an agreed upon time frame. EOA will provide any necessary technical assistance needed by the AAAs.
- Monitor the Corrective Action Plan (CAP) to ensure that the CAP has been implemented by looking at program data before and after implementation of the CAP.
- If problem areas in the CAP has been resolved, submit a close out report to the county AAAs.

APPENDICES

APPENDIX A

References

REFERENCES

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APPENDIX B

Attachment A: State Plan Assurances and Required Activities

State Plan Guidance
Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2) 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.

(B) 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.

(E) 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 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;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a) (16); and…

(G)(ii) 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.

(c) An area agency on aging designated under subsection (a) shall be--…

(5) in the case of a State specified in subsection (b) (5), the State agency; and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

States must ensure 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

(a) Each area agency on aging…Each such plan shall--
(2) 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 and behavioral 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 sub-clause (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
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared,
(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) 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
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an 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) 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;

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

(B) 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;

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

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

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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

(a) Each such plans shall comply with all of the following requirements: …
(3) The plan shall…

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(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.

(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) The plan shall provide that with respect to legal assistance --
(A) contains 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 (i) 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.

(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.

(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; and

(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 --
(A) 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--
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(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 where appropriate and consented to by the parties to be referred; and
(iv) 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…

(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.

(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 (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)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) 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) 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) 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) 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) 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) 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…

State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION
(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
(2) the State agency shall—
(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas; . . .
(ii) 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
(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) Each area agency will:
(6)(F) in coordination with the State agency and with the State agency responsible for mental and behavioral 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;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;"

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require 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) be 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 plan shall provide that the State agency will --

(A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that 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 plan shall provide that the State agency will:
(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) afford 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 plan shall provide that 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) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(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).

_____ _____
Signature and Title of Authorized Official *Date*

APPENDIX C

Attachment B: Information Requirements

State Plan Guidance
Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring 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;

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2)

The plan shall provide that the State agency will --…
(C*) specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Section 307(a)(3)

The plan shall--
...
(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(10)

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

Section 307(a)(14)

(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.

Section 307(a)(21)

The plan shall --

(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 *(title III)*, if applicable, *and specify the ways in which the State agency intends to implement the activities* .

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

Section 307(a)(29)

*The plan shall include information detailing how the State wil*l coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--
(1) 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) 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) 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) 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) 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) 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.

APPENDIX D

Intrastate (IFF) Funding Formula

INTRASTATE FUNDING FORMULA
(No Changes Since the Last Plan)

The State of Hawaii will use the same Intrastate Funding Formula it used in the previous plan.

Intrastate Funding Formula (IFF)

The Executive Office on Aging is the designated State Agency responsible for developing an Intrastate Funding Formula (IFF) to distribute Older Americans Act(OAA) Title III funds to its planning and service areas (PSAs). The IFF reflects the best available data on the geographic distribution of the characteristics of individuals aged 60 and older in the State of Hawaii.

Under the OAA, older adults with the "greatest economic need" or "greatest social need" are given preference. The "greatest economic need" is defined as 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). The "greatest social need" is defined as the need caused by non-economic factors which include: physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic statuis, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

I. Goals for Hawaii's IFF

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 distribution among planning and service areas (PSAs):
    a) Adults age 60 and older

b) Adults age 60 and older with greatest economic need
c) Adults age 60 and older with greatest social need
d) Adults age 60 and older who are low income minorities
e) Adults age 60 and older living in rural areas

4. Ensure open, adequate, and inclusive discussion on factors and their definitions, base amounts, and weights.

II. Assumptions for Hawaii's IFF

In selecting factors for the IFF, the EOA made the following assumptions:

Low Income: Older persons with income at or below poverty will have difficulty meeting the costs of 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 older persons 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: Many 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. IFF Factors and Their Definitions

Section 305(a)(2)(c) of the Older Americans Act (as amended in 2006) stipulates that the state agency (EOA) shall use "best available data" in developing the IFF. The IFF factors and their definitions are shown below.

IFF Factors and Their Definitions

Factor	Definition and source
Age 60 years and over	American Community Survey, (ACS) Three Year Estimates (2005-2007)
Greatest Economic Need (125% FPL)	Defined as Age 65 and over, and income below 125% FPL. Source: American Community Survey, Three year estimates (2005-2007)
Low income minority (100% FPL)	Defined as 65 yrs and over and non-white (total minus whites only), and income below FPL. Source: American Community Survey, Three Year Estimates (2005-2007)
Unable to perform 2 ADL; using census data 65 or older	Defined as: 65 yrs and over, and having "two or more types of disabilities". Source: American Community Survey, Three years Estimate (2005-2007), Table: B18001
Speak English not well and not at all; 65 or older from census data	U.S. Census Bureau, Census 2000 Special Tabulation, updated with 2002 60+ estimates.
Older population in rural areas	U.S. Census Bureau, Census 2000 Special Tabulation, updated with 2002 60+ estimates.
Density of older population in the PSA	American Community Survey, Three Year Estimates (2005-2007)
Living alone in Poverty	Aged 60 years and over, below poverty level, and living alone. Source: Census 2000

OAA Funding Category Federal FY 2010 Award
Title III-B Supportive Services $
Title III-D Preventive Health $
Title III-C1 Home Delivered Meals $ Title
III-C2 Home Delivered Meals $ Title III-E
Family Caregiver Services $
Title VII Elder Abuse Services $
Title VII LTC Ombudsman Services $
Nutrition Services Incentive Program $
Based on the data definitions, the following data was used in deriving Hawaii's

IFF: A Listing of Population, Economic, and Social Data Used

		PSA 1	PSA 2	PSA 3	PSA 4	Total
		KAEA Kauai	EAD Honolulu	MCOA Maui	HCOA Hawaii	
Factors						
Older adults (OA) /1		12159	175197	24299	31623	243278
Greatest Economic Need (GEN)/2		1007	14660	1752	3128	20547
Low-Income Minority /3		633	9784	695	1327	12439
Disabilities (DA) /4		1711	28237	3165	5333	38446
Language barrier (LB) /5		934	19414	2355	1765	24468
Geographic Isolation (GI) /5, 6		10992	5920	16227	18363	51502
IPD						
	Total older population/1	12159	175197	24299	31623	243278
	Land area (square mile)	622.44	599.77	1172.41	4028.02	6422.64
	Population density	19.53441	292.107	20.72568	7.85075	37.87819
	Inverse ranking	0.401894	0.026876	0.378794	1	0.207263
Living Alone in Poverty/7		275	4110	580	980	5945

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

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

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

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

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

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

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

IV. Numerical Statement of Hawaii's IFF

The detailed IFF formula for each category is shown below.

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

<u>Weighted Proportions Formulas</u>

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

Formula #1: Part B, C1, C2, E:
.25(***p***OA) + .20(***p***GEN) + .10(***p***LIM) + .19 (***p***DA) + .07(***p***LB) + .10 (***p***GI) + .03(***p***LAP) + .06(***p***IPD)
Formula #2: Part D
.40(***p***GEN) + .20(***p***LIM) + .10(***p***DA) + .08(***p***LB) + .14(***p***GI) + .08(***p***LAP)

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

Based on the weights and the data above, the summary weighted proportions of each is shown below:

		PSA 1 **KAEA** Kauai	**PSA 2** **EAD** Honolulu	**PSA 3** **MCOA** Maui	**PSA 4** **HCOA** Hawaii
Part B	Supportive Services	7.458%	62.961%	11.700%	17.881%
Part C1	Congregate Meals	7.458%	62.961%	11.700%	17.881%
Part C2	Home-Delivered Meals	7.458%	62.961%	11.700%	17.881%
Part D	Preventive Health	7.087%	65.103%	11.313%	16.498%
Part E	Family Caregiver Support	7.458%	62.961%	11.700%	17.881%

V. Descriptive Statement of Hawaii's IFF

Part B

Each PSA will receive a base amount of $128,758. The remainder of the funds will be distributed using the weighted proportion formula #1.

Part C1
Each PSA will receive a base amount of $75,600. The remainder of the funds will b distributed using the weighted proportion formula #1.

Part C2

Each PSA will receive a base amount of $12,375. The remainder of the funds will be distributed using the weighted proportion formula #1.

Part D

No base amount. Funds will be distributed using the weighted proportion formula #2.

Part E

No base amount. Funds will be distributed using the weighted proportion formula #1.

VI. Demonstration of Allocations of Title III Funds to PSAs

Based on the weighted proportions formulas and assuming funding at 2008 level, the allocations for the PSAs are as follows:

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

VII. Additional Notes

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 (OAA Section 308(b)) and $45,000 to conduct an effective Ombudsman program under OAA Section 703(a)(9) and OAA Section 304(d)(1)(B)). Administrative funds for EOA will be taken from Part C1. Ombudsman funds will be taken from the Part B.

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 fiscal year, not less than the amount expended for such services for fiscal year 2000.

APPENDIX E

EOA Language Access Plan

APPENDIX F

Emergency Preparedness Plan

HAWAII DEPARTMENT OF HEALTH

Executive Office on Aging

CONTINUITY OF OPERATIONS PLAN

Issue Date: April 27, 2017

Revised date: April 30, 2019

TABLE OF CONTENTS

I. RECORD OF CHANGES

COOP Coordinator			
Name	**Title**	**Telephone Number**	**E-Mail**
Caroline Cadirao	Interim Director	586-7297	caroline.cadirao@doh.hawaii.gov

Date	Page Number	Brief Description of Change Made	Person(s) Making Change
3/2/15	6	Delete David. Add Jun	jc
3/2/15	9	Delete Wesley, David and Heather. Add Terri	jc
3/2/15	11	Delete Wesley, David and Heather. Add Terri and Jun. Move Ashley and Charles	
3/2/15	12	Change # of employees	jc
3/2/15	13	Delete Wesley, David and Heather. Add Terri and Jun	jc
3/2/15	16	Add EOA Phone Tree	jc
3/2/15	18	Change # employees	jc
8/26/16	5	Delete Jun – Update Charles' info	jc
8/26/16	6	Change font size to 11 pt	jc
8/26/16	8	Delete Jun, Nancy, Adele, Pamela	jc
8/26/16	10	Update and delete Position titles – Delete Ashley, Nancy, Pamela, Jun, Adele – Move Josephine, April, and Charles	jc
8/26/16	13	Delete Adele, Jun, Pamela, Sharon, Nancy, Ashley – Add Aaron, Loren, Debbie	jc
8/26/16	16	Delete Phone tree info	jc
8/26/16	18	Change # of Employees	jc
4/26/17	7	Updated the "Continuity Planning Team Organization" Table to reflect EOA's current staff.	ln
4/26/17	9	Updated the "Order of Succession" table to reflect EOA's current staff.	ln
4/26/17	10	Change # employees to reflect EOA's current staff.	ln
4/26/17	11	Updated the "Continuity Communications – Internal" Table to reflect EOA's current staff and staff's current contact information.	ln
4/26/17	16	Change # employees to reflect EOA's current staff.	ln
4/30/19	iii	Delete former EOA Director, Terri Byer Byers to reflect Interim EOA Director Caroline Cadirao	ln

Date	Page Number	Brief Description of Change Made	Person(s) Making Change
4/30/19	4	In the "Continuity Planning Team Organization" table replaced Charles Nagatoshi, Evaluation Analyst with Cristina Valenzuela, Legal Services Developer.	ln
4/30/19	7	Updated the EOA staff assignments for the EOA Incident Command Positions.	ln
4/30/19	9	Updated the Order of Succession to reflect current EOA staff as of 4/30/19.	ln
4/30/19	11	Updated the "Continuity Communications – Internal EOA List" to reflect current EOA staff as of 4/30/19.	ln
5/1/19	14	Updated the "Evacuation and Rally Points" table to reflect current EOA staff as of 4/30/19.	ln
5/1/19	14	Updated the "EOA Phone Tree" to reflect current EOA staff as of 4/30/19.	ln
5/1/19	16	Updated the "Organizational Census with Employee Pandemic Influenza Risk Assessment Table" to reflect the 18 full time employed EOA staff as of 4/30/19.	ln

II. PREFACE

[***Note that individual divisions/programs should develop their own preface; however, DOCD's template is provided as a starting reference**]*

Planning at its best is anticipating and making provisions for the future to avoid events that can disrupt and possibly devastate an organization and a community. Such events may range from minor and restricted to one area or a particular population to major and extensive, including an entire county, the entire state, or beyond. However, even an event as seemingly minor as a power outage can cause major disruptions. Hospitals must switch to emergency generators, elective surgeries might be postponed, people may become trapped or worse in halted elevators, and non-operating traffic lights can result in extreme traffic congestion or worse, accidents.

A well-conceived continuity of operations plan or (COOP) encourages individuals to consider the resources needed and the most basic aspects of an organization's operations to ensure the continuity of operations under the most inconvenient or disastrous situations. What are the essential functions that must be performed to operate as demanded by stakeholders? More pragmatically, what records and files are essential for conducting basic operations, who is in charge if one or more key individuals are not able to perform their duties, and where and how does an organization operate if displaced from the regular physical space (i.e., offices destroyed or deemed inaccessible/unusable)?

Although the material in this manual is directed toward establishing an all hazards COOP, certain disasters present unique challenges. For this reason, one particular type of disaster – pandemic influenza – is addressed distinctly in some sections. Pandemic influenza is a disaster of a very special kind. It defies most of the conventional planning wisdom that applies to other hazards. Whereas natural disasters and even terrorist attacks affect many people and some quite severely in a limited geographical area, an influenza pandemic "affects all of us" in time and is not limited to a particular place. Such an outbreak potentially affects everyone across the state, country, and even the world and may do so for months, maybe a year, or longer, as has been observed with previous pandemics and as we have been witnessing with the 2009 H1N1 pandemic.

Through this document and the plans and preparations it represents, we in the Hawai'i Department of Health (HDOH) EOA hope to meet not only our operational needs during a crisis but especially also the needs of the public's health to mitigate and control the potential devastating direct and indirect impacts of a disaster or emergency.

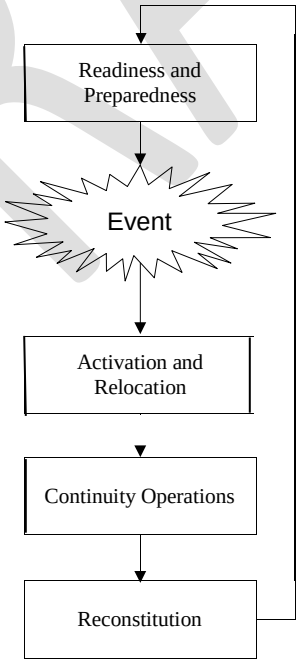
III. INTRODUCTION

The basis for this Continuity of Operations Plan (COOP) can be found in three federal references: (1) Homeland Security Presidential Directive 20/HSPD-20, May 9, 2007 (http://www.dhs.gov/xabout/laws/gc_1219245380392.shtm); (2) National Preparedness Guidelines (NPG), September 2007 (http://www.dhs.gov/xlibrary/assets/National_Preparedness_Guidelines.pdf); and (3) National Response Framework, January 2008 (http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf).

The preparation of the following COOP adheres to the directions found in Continuity Guidance Circular 1 (CGC 1) for Non-Federal Entities, January 21, 2009 (http://www.fema.gov/pdf/about/org/ncp/cont_guidance1.pdf). This COOP applies to all-hazard emergencies; however, it recognizes that an influenza pandemic presents a set of circumstances that differ from other emergencies in that it would not limit its reach to this division or part of this division or HDOH or part of HDOH, but rather will affect all state entities (the planning assumptions associated with pandemic influenza are in Appendix A). Thus, each element of the COOP contains one or two sections. If one section, it will be labeled by the heading "Applies to All Hazards AND Pandemic Influenza; and if two sections, it will be labeled by the headings "Applies to All Hazards EXCEPT Pandemic Influenza" and "Applies to Pandemic Influenza."

The continuity implementation process for DOCD follows four phases—readiness and preparedness, activation and relocation, continuity of operations, and reconstitution. These four phases are linked as shown in the following model.

Figure 1. Continuity Implementation Process Model



IV. COOP ELEMENTS

A. PROGRAM PLANS AND PROCEDURES

1. CONTINUITY PLANNING ROLES AND RESPONSIBILITIES

a) Senior Leadership

Senior leadership is directly responsible for ensuring that continuity plans and programs are developed, coordinated, exercised, and capable of being implemented when required. These responsibilities include:

- Designating a Continuity Coordinator.
- Approving all required continuity plans and programs.
- Notifying appropriate offices and stakeholders upon execution of continuity plans.
- Supporting the work of the Continuity Manager and Continuity Coordinator, including providing the necessary budgetary and other resources to support the continuity program, as required.

b) Continuity Coordinator

The Continuity Coordinator will coordinate the overall activities of the Continuity Planning Team. The responsibilities of the Continuity Coordinator include:

- Coordinating continuity planning activities with policies, plans, and incentives related to critical infrastructure protection.
- Leading the creation and coordination of the continuity planning process.
- Directing and participating in periodic cross-jurisdictional continuity exercises.
- Coordinating the input of the EOA and ensuring those inputs reflect, support, and sustain the continuation of essential functions.
- Developing and maintaining the continuity plan.
- Developing and administrating a continuity program budget and submitting funding requests to Senior Leadership.
- Preparing an annual report summarizing the continuity planning activities of the organization.
- Serving as an advocate for the continuity plan and program.

c) Continuity Planning Team

The Continuity Planning Team coordinates continuity planning and duties for the entire EOA. These duties include:

- Coordinating the overall continuity for the EOA.
- Guiding and supporting the development of the EOA's continuity plan.
- Coordinating continuity exercises, documenting post-exercise lessons learned, and conducting periodic evaluations of EOA continuity capabilities.
- Understanding the role that other divisions, stakeholders, and partners might be expected to play in certain types of emergency conditions and what support each of those partners might provide.
- Understanding the limits of other divisions' and stakeholders' continuity resources and support capabilities.
- Anticipating the point at which fellow divisions' or other stakeholders' resources will be required.

d) Individual Employees

Each employee is responsible for:

- Understanding their continuity roles and responsibilities within the EOA and therefore HDOH.
- Knowing and being committed to their duties in a continuity environment.
- Understanding and being willing to perform in continuity situations to ensure the EOA and therefore HDOH can continue its essential functions.
- Ensuring that family members are prepared for and taken care of in an emergency situation.

e) Continuity Planning Team Organization

Name	Title	Telephone Number	E-Mail
Lisa Nakao	Planner V	586-7317	lisa.nakao@doh.hawaii.gov
Cristina Valenzuela	Legal Services Developer	586-7265	cristina.valenzuela@doh.hawaii.gov

2. CONTINUITY POLICY

It is the policy of EOA to incorporate continuity requirements into daily operations to assure seamless and immediate continuation of Critical Essential Function capabilities so that critical governmental functions and services remain available to the citizens of Hawaii.

This document will be the response policy of EOA to all hazards and pandemic influenza, to continue Critical Essential Functions and to provide support to the operations of client and external agencies. This Continuity of Operations Plan (COOP) conforms to the standards of the National Incident Management System (NIMS).

3. GOALS

The overarching goal of this COOP is to reduce the consequences of any disruptive event to a manageable level. More specifically, this COOP is designed to:

- Clearly and succinctly define the roles, responsibilities, resources, and procedures necessary to assure that operations necessary to provide assistance to citizens remain available before, during, and after an emergency.
- Open and maintain a line of communication/dialog with public and private entities that are functionally-related to the activities and responsibilities of the EOA, HDOH, and the state.
- Encourage functionally-related public and private entities to cooperate with government entities so these entities are able to be a central information collection and dissemination liaison agency for their respective functional area.

4. CONCEPT OF OPERATIONS

a) Applies to All Hazards EXCEPT Pandemic Influenza

- EOA will be operational during an emergency.

- EOA has defined Critical Essential Function capabilities and is prepared to sustain Critical Essential Functions or restore Critical Essential Functions within 12 hours after a disruption.
- EOA may suspend Short-Term Essential Functions (STEF) for a period of 15 days or less and Long-Term Essential Functions (LTEF) for more than 15 days. Suspensions will be based on Short-Term Essential Function/Long-Term Essential Function priority with lowest priority Short-Term Essential Function/Long-Term Essential Functions suspended first.
- Alternate work locations and work methods will have been established and exercised, to the extent possible. Alternate facilities may be activated for use during an emergency.
- Each manager has identified a complete order of succession for his/her leadership position and key position for each Critical Essential Function. This order of succession will ensure adequate personnel for all Critical Essential Functions.
- Personnel will be re-assigned to assist with the response.
- Each Incident Command system (ICS) position has identified primary, secondary, and tertiary (as available) staff for all roles.

b) <u>Applies to Pandemic Influenza</u>

- EOA will be operational during an influenza pandemic and is prepared to sustain Critical Essential Function capabilities during such an event.
- EOA has defined Critical Essential Function capabilities.
- EOA may suspend Short-Term Essential Functions (STEF) for a period of 15 days or less and Long-Term Essential Functions (LTEF) for more than 15 days. Suspensions will be based on Short-Term Essential Function/Long-Term Essential Function priority with lowest priority Short-Term Essential Function/Long-Term Essential Functions suspended first.
- Alternate work locations and work methods will have been established and exercised, to the extent possible. Alternate facilities may be activated for use during an emergency.
- Each manager has identified a complete order of succession for his/her leadership position and key position for each Critical Essential Function. This order of succession will ensure adequate personnel for all Critical Essential Functions.
- Personnel will be re-assigned to assist with the response.
- Each ICS position has identified primary, secondary, and tertiary staff for all roles.
- EOA has documented its Pandemic Influenza by cross referencing sections of this COOP with the sections of "Appendix A of the CDC State Panflu Operations Plan" in Appendix B.

5. GO-KITS

A EOA go-kit will include a copy of the EOA COOP, call-down lists, other vital records as described below, and alternate department operating locations as applicable (see CONTINUITY FACILITIES). The go-kit will also contain a laptop computer loaded with EOA and HDOH facility locations, essential human resources and payroll information, and EOA-specific software. Copies of forms needed to continue providing essential services as well as forms that can be used to perform work manually should computer systems not be working properly will be included in the go-kit.

Essential personnel are encouraged to have a personal go-kit that includes personal care items. Some recommended items include:

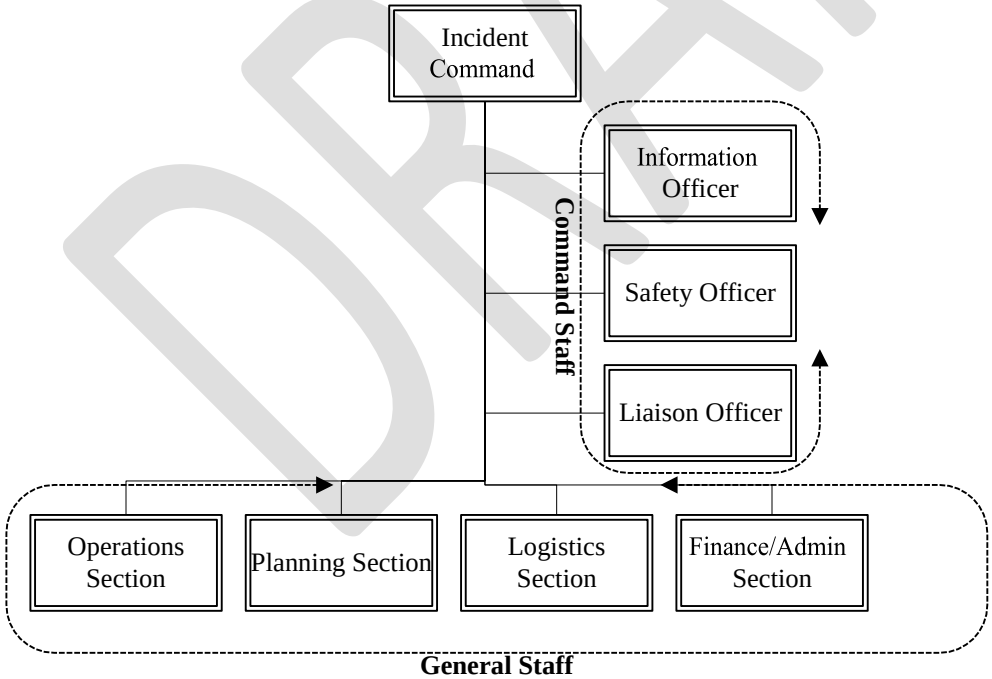
- a change of clothing,
- personal hygiene items (soap, shampoo, etc.),
- drinking water,
- non-perishable food/snacks,

- eating utensils,
- flashlight,
- batteries,
- portable radio,
- blanket,
- first aid kit/first aid items,
- prescription medicines, and
- contact lenses and solution or other eye-care items (if needed)

6. INCIDENT COMMAND SYSTEM

Upon Activation, EOA will implement its EOA Incident Command System using the structure shown in Figure 2 with staffing of positions shown in the table that follows Figure 2. A description of the roles and responsibilities of Incident Command System and General Staff positions is presented in Appendix C. The Incident Commander (IC) will "scale" the response to fit the circumstances and in consultation with HDOH Department Operations Center and/or HDOH IC through the combination and separation of jobs during the response to an incident. The pre-identification of assignments within the Incident Command System makes this task simpler.

Figure 2. Incident Command Structure



Position	Primary Assignment	First Alternate	Second Alternate	Third Alternate
(Division/program-level) Incident Commander	Caroline Cadirao	Cristina Valenzuela		
Information Officer	Debbie Shimizu	Christopher Tu		
Safety Officer	John McDermott	Lynn Niitani		
Liaison Officer	Tania Kuriki	Philip Ana		
Operations Chief	Aaron Arakaki	Wanda Anae-Onishi	Loren Okamura	
Planning Chief	Lisa Nakao	April Tabanera		
Logistics Chief	Lani Sakamoto	Kaipolani Cullen		
Finance/Admin Chief	Shannon Chun	Josephine Lum	Caroline Cadirao	

B. HAZARD VULNERABILITY ANALYSIS

The EOA will follow the Department overall hazard vulnerability analysis to guide operations albeit with the understanding that this division will focus efforts especially toward addressing specific subject matter area if applicable.

C. BUDGETING AND ACQUISITION OF RESOURCES

EOA will acquire resources as necessary through standard and emergency procurement processes and activities as defined by state processes at the time of an event or emergency. Key vendors have been identified and the critical resources they provide have been identified and plans for acquisition have been established.

D. ESSENTIAL FUNCTIONS and TELEWORK PLAN

1. ESSENTIAL FUNCTIONS

EOA provides a variety of general operating functions. A set of these functions have been identified as Essential Functions. Essential Functions are defined as those functions, stated or implied, that the EOA is required to perform by statute, executive order, or policy and are necessary to provide vital services, maintain the safety and well-being of the employees, the public served, and visitors during an emergency. Essential functions are further delineated into Critical essential functions, Short-term essential functions, and Long-term essential functions. Essential Functions are prioritized within each category. Priority level 1 is the highest priority.

- Critical Essential Functions are those essential functions that cannot be interrupted or can be only minimally interrupted following an incident.
- Short-term Essential Functions are those essential functions that can be interrupted for a period of up to 15 days following an incident, but must be resumed thereafter.
- Long-term Essential Functions are those essential functions that can be interrupted for more than 15 days following an incident and will be resumed when resources and personnel become available.

2. TELEWORK ASSIGNMENTS

EOA has developed a basic Telework Plan for use during a Pandemic Influenza response. Telework assignments are shown in the following table and the Telework Plan is found at Appendix D. It should be noted, however, that EOA defers to HDOH human resources policy with regard to general telework policies, which ultimately defers to the Hawai‘i Department of Human Resources and Development.

E. ORDER OF SUCCESSION

Key Position	Credentials Required or NA if not applicable	Incumbent (name)	First Alternate (Title and Name)	Second Alternate (Title and Name)	Third Alternate (Title and Name)
Director	NA	Caroline Cadirao Interim Director			
Program and System Management	NA	Aaron Arakaki Program Specialist V	Loren Okamura Program Specialist V		
Planning & Evaluation	NA	Lisa Nakao Planner V	Tania Kuriki Research Statistician V	Cristina Valenzuela Legal Svcs Developer	
LTC Advocacy Assistance	NA	Lani Sakamoto Program Specialist V	Vacant Program Specialist IV		
Administrative Services Staff	NA	Shannon Chun Accountant IV	Wanda Anae-Onishi Program Specialist IV		
Clerical Services	NA	Josephine Lum Office Assistant III	April Tabanera Office Assistant III		
LTC Ombudsman	NA	John McDermott Program Specialist V	Lynn Niitani Program Specialist IV		
Senior Medicaid Patrol	NA	Kaipolani Cullen Program Specialist IV	Vacant Program Specialist IVI		
Community Assistance Staff	NA	Philip Ana LTC Disability Program Specialist IV	Vacant LTC Community Living Program Spcl.		
No Wrong Door	NA	Debbie Shimizu Program Specialist	Christopher Tu Program Specialist		

F. DELEGATION OF AUTHORITY

Temporary authority may be delegated whenever an individual with approval authority will be unable to perform his or her duties due to the consequences of responding to an emergency. EOA has established a delegation of authority process that is applied through the Order of Succession table or tables presented in the previous section or sections.

G. CONTINUITY FACILITIES*

Critical Essential Function	Current Location	Number of Employees	Alternate Locations
	No. 1 Capitol District 250 South Hotel St., #406	17**	None

*Note that although [X] office operations may be relocated to [Y] offices, EOA may potentially adhere to HDOH overall plans for relocation of Department operations during an emergency or event that necessitates such. Possibility also exists for operations to be conducted either partially or completely virtually (i.e., via electronic/internet/telephone) depending on the particular circumstances.

**Indicates filled positions as of April 2017.

H. CONTINUITY COMMUNICATIONS

1. CONTINUITY COMMUNICATIONS--INTERNAL

Name	Work Telephone	Primary e-mail address	Cellular Telephone	Other
Ana, Philip	586-7307	philip.ana@doh.hawaii.gov	Redacted for privacy	
Anae-Onishi, Wanda	586-4788	wanda.anae-onishi@doh.hawaii.gov	Redacted for privacy	
Arakaki, Aaron	586-7309	aaron.arakaki@doh.hawaii.gov	Redacted for privacy	
Cadirao, Caroline	586-7297	caroline.cadirao@doh.hawaii.gov	Redacted for privacy	
Chun, Shannon	586-7323	shannon.chun@doh.hawaii.gov	Redacted for privacy	
Cullen, Kaipolani	586-7281	kaipolani.cullen@doh.hawai.gov	Redacted for privacy	
Kuriki, Tania	586-7315	tania.kuriki@doh.hawaii.gov	Redacted for privacy	
Lum, Josephine	586-7295	josephine.lum@doh.hawaii.gov	Redacted for privacy	
McDermott, John	586-7268	john.mcdermott@doh.hawaii.gov	Redacted for privacy	
Nagatoshi, Charles	586-7289	charles.nagatoshi@doh.hawaii.gov	Redacted for privacy	
Nakao, Lisa	586-7317	lisa.nakao@doh.hawaii.gov	Redacted for privacy	
Niitani, Lynn	586-7291	lynn.niitani@doh.hawaii.gov	Redacted for privacy	
Okamura, Loren	586-7264	loren.okamura@doh.hawaii.gov	Redacted for privacy	
Sakamoto, Lani	586-7277	lani.sakamoto@doh.hawaii.gov	Redacted for privacy	
Shimizu, Debbie	586-7321	debra.shimizu@doh.hawaii.gov	Redacted for privacy	
Tabanera, April	586-7270	april.tabanera@doh.hawaii.gov	Redacted for privacy	
Tu, Cristopher	586-7267	christopher.tu@doh.hawaii.gov	Redacted for privacy	
Valenzuela, Cristina	586-7265	cristina.valenzuela@doh.hawaii.gov	Redacted for privacy	

2. CONTINUITY COMMUNICATIONS--EXTERNAL

Key External Stakeholder	Primary (day-to-day) Communication Method	Primary Communication Address	Redundant Communication Method	Redundant Communication Address
City and County of Honolulu Elderly Affairs Division	768-7705			
Hawaii County Office of Aging	961-8600			
Kauai Agency on Elderly Affairs	241-4470			
Maui County Office on Aging	270-7755			

3. VITAL RECORDS MANAGEMENT

N/A

I. HUMAN CAPITAL

1. EVACUATIONS AND RALLY POINTS*

Rally Point Location (address or land mark)	Person Responsible for Taking Organizational Census at the Rally Point	First Alternate Census Taker	Second Alternate Census Taker
Iolani Palace Bandstand	**Josephine Lum**	**April Tabanera**	

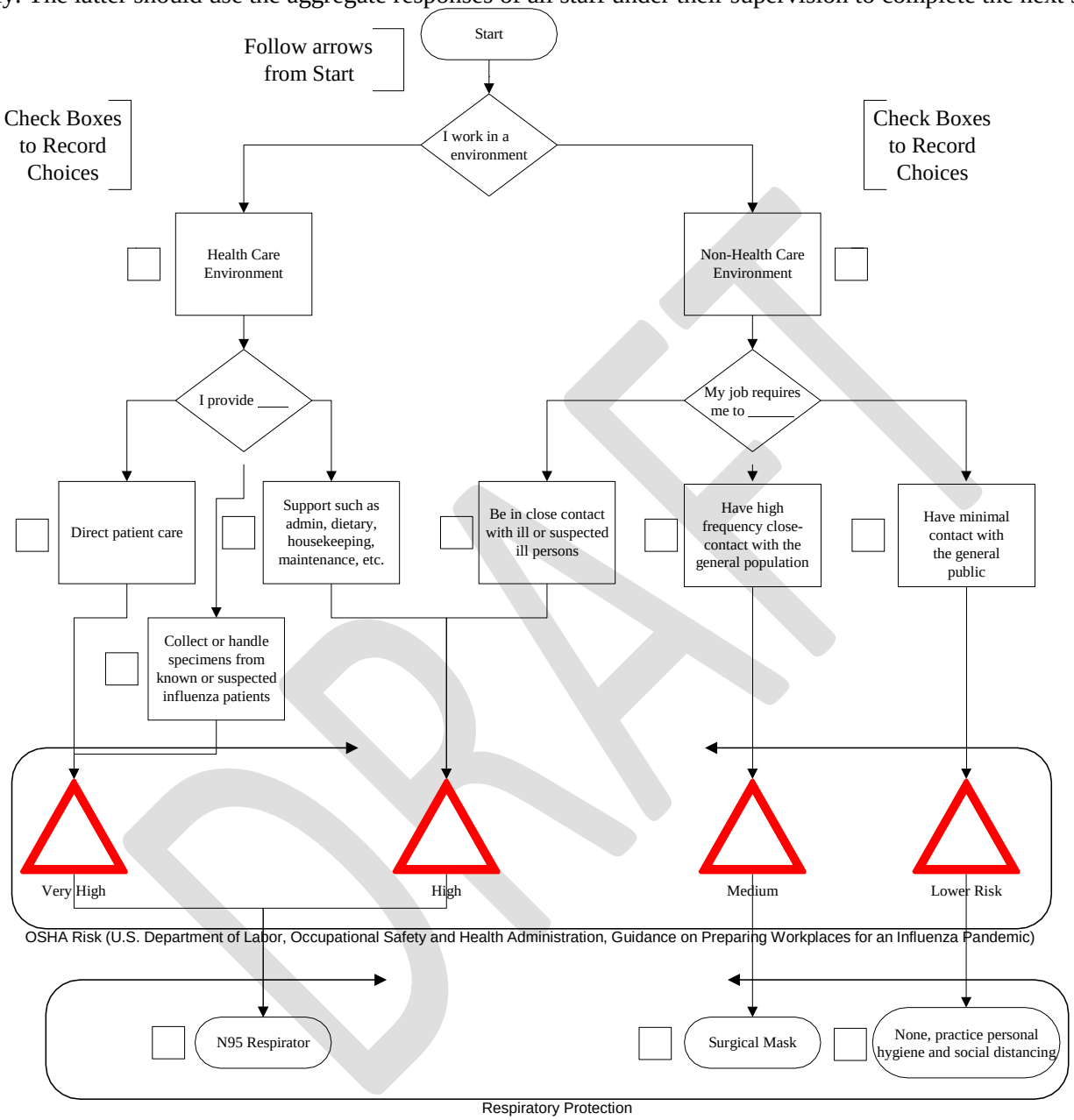
*Assuming an event or emergency occurs during regular business hours. If an emergency/event were to occur outside of business hours, the EOA call-down tree would be activated to ensure the well-being of all staff as well as their availability/accessibility and to advise staff regarding expected responsibilities and EOA/HDOH operations during the emergency/event.

EOA PHONE TREE

		Work Ph.	Home/Cell
Caroline Cadirao		586-7297	redacted for privacy
	Lisa Nakao	586-7317	redacted for privacy
	Lani Sakamoto	586-7277	redacted for privacy
	Shannon Chun	586-7323	redacted for privacy
	John McDermott	586-7268	redacted for privacy
	Josephine Lum	586-7295	redacted for privacy
	April Tabanera	586-7270	redacted for privacy
Caroline Cadirao		586-7297	redacted for privacy
	Aaron Arakaki	586-7309	redacted for privacy
	Philip Ana	586-7265	redacted for privacy
	Debbie Shimizu	586-7321	redacted for privacy
	Loren Okamura	586-7264	redacted for privacy
	Christopher Tu	586-7267	redacted for privacy
Lisa Nakao		586-7317	redacted for privacy
	Tania Kuriki	586-7315	redacted for privacy
	Charles Nagatoshi	586-7289	redacted for privacy
	Cristina Valenzuela	586-7265	redacted for privacy
Lani Sakamoto		586-7277	redacted for privacy
	Lynn Niitani	586-7291	redacted for privacy
	Wanda Anae-Onishi	586-4788	redacted for privacy
	Kaipolani Cullen	586-7281	redacted for privacy

PANDEMIC INFLUENZA EMPLOYEE RISK ASSESSMENT INSTRUMENT

EOA requires all staff including contracted/contractors to complete the following Employee PI Risk Assessment Instrument. Responses to this instrument are to be maintained between the staff person and their immediate supervisor only. The latter should use the aggregate responses of all staff under their supervision to complete the next section.



Print Name of Employee:_____

Job Classification/Function: _____

Signature:_____

Date Signed: _____

2. ORGANIZATIONAL CENSUS WITH EMPLOYEE PANDEMIC INFLUENZA RISK ASSESSMENT

Organizational Unit	Number of Full-Time Employees	Number of Part-Time Employees	Number of Contract Employees	Total Number of Employees	Employee Pandemic Influenza Risk Assessment			
					Number of Employees			
					Very High	High	Medium	Lower Risk
Executive Office on Aging	**18***	**0**	**0**	**18**				

*****Total number of EOA employees as of May 1, 2019.

3. MONITORING EMPLOYEE AVAILABILITY AND ABSENCES

EOA will monitor employee availability and absences during an emergency. The Order of Succession Table (see Section IV E.) will define the individuals that are required to report personnel status to the IC, daily at 0830 hours. In the absence of other means of documentation, the Employee Status Work Sheet will be used to document employee status. Appendix E contains a table that may be used for monitoring employee availability and absences.

HDOH human resource and personnel policies already in place will apply. Policies may be relaxed during an event and expedient measures such as working from home, teleconferencing, and hiring contract workers may be temporarily introduced as permissible or previously negotiated and established. EOA will adhere to such HDOH and State policies as they are adjusted and directives will be issued through Incident Command System.

J. TEST, TRAINING, AND EXERCISE (TT&E) PROGRAM

1. ALL HAZARDS TRAINING AND EXERCISES

EOA agrees to hold at least one EOA exercise (Table Top Exercise, Functional, or Full-Scale) each fiscal year. Additionally, EOA agrees to establish, maintain, and implement an annual training program for EOA staff based on preparedness courses offered or recommended by the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS), Federal Emergency Management Agency (FEMA), Department of Homeland Security (DHS), or other expert and/or partner agencies and organizations.

Event	Training (X or blank)	Exercise (X or blank)	Date	Location	Attendance Expected

2. PANDEMIC INFLUENZA TRAINING AND EXERCISES

EOA agrees to utilize resources provided by CDC, DHHS, DHS, or FEMA to conduct the training and drills specified in the following table.

Organization Unit	Pandemic Influenza Training*	Date of Training	Exercise Elements	Date PI Exercise Completed

K. DEVOLUTION OF CONTROL AND DIRECTION

EOA will devolve Essential Functions (Critical Essential Functions, Short-Term Essential Functions, and Long-Term Essential Functions) in order of priority, from lowest priority to highest priority, at the direction of the IC. Once an Essential Function has been devolved and the person responsible for the devolved Essential Function reports to the IC that the Essential Function has relocated and is operational, authority to perform the duties and responsibilities associated with the Essential Function will transfer to the Alternate Location immediately.

L. RECONSTITUTION OPERATIONS

EOA will resume normal functioning after the emergency has been declared as over by the IC. Critical Functions that have been devolved will be restored on a priority basis from highest to lowest.

Responsibilities have been assigned for recruiting replacement employees and certifying workplace safety. The Continuity Communications (Section D) will be used to obtain contact information for responsible persons.

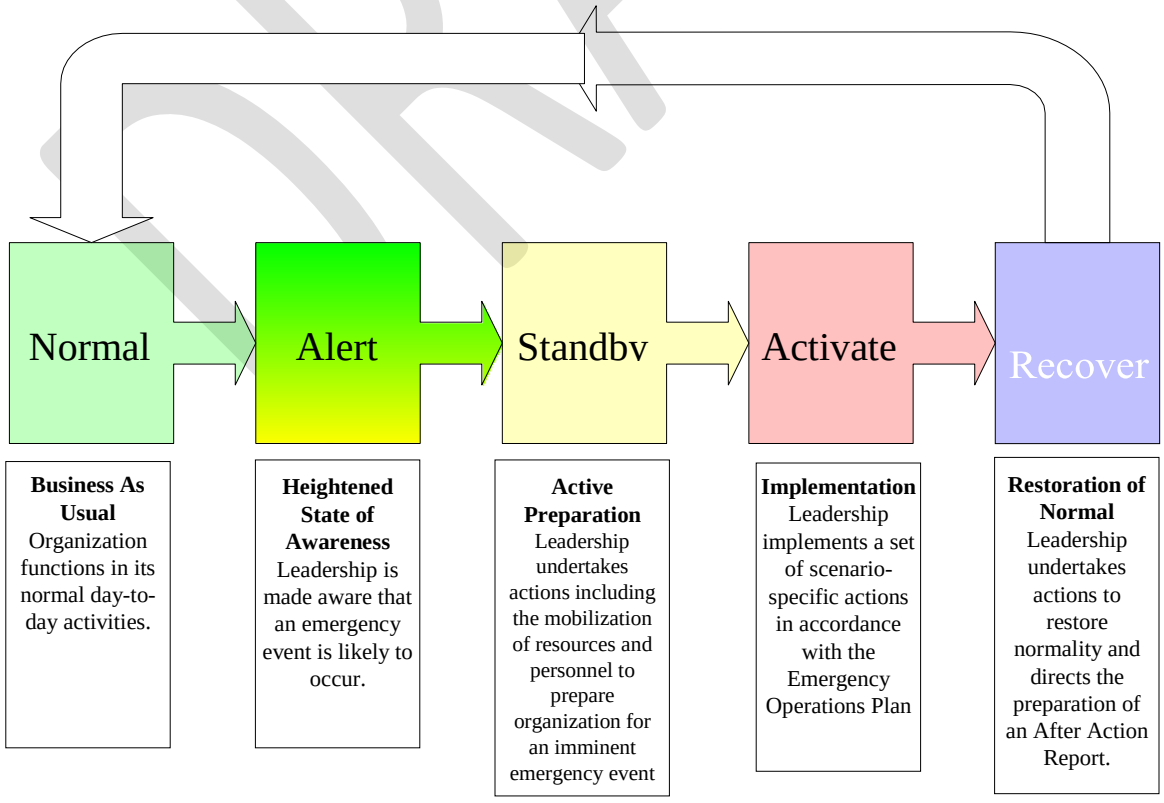
Essential Function	Type (C, ST, or LT)	Priority	Recruiting Replacement Employees (Name and Position)	Certification of Workplace Safety (Name & Position, or Position)

V. CONTINUITY PLAN OPERATIONAL PHASES AND IMPLEMENTATION

A. Alert, Standby, Activate Phases

EOA has adopted the model shown in Figure 3 as the definition of phases of awareness for All-Hazard emergencies EXCEPT pandemic influenza. The EOA Chief or his or her designee is responsible for establishing the Operational Phase, which in most cases should coincide with the HDOH Operational Phase. Upon the designation of the Activate Phase the ICS process goes into effect and the Time-Based Operational Phases will be applied.

Figure 3. Alert, Standby, Activate Phases



B. Pandemic Influenza

Activation of the COOP during an influenza pandemic for DOCD will be decided upon by the Division Chief or his or her designee with consultation and direction from the HDOH Director.

1. OPERATIONAL PHASES

Phase	Time Frame	Activity
Phase I- Activation and Relocation (latter as necessary)	0-12 Hours	• Notify alternate facility manager of impending activation and relocation requirements as necessary. • Notify impacted local, regional and state partners. • Activate plans to transfer to alternate facility, if necessary. • Instruct advance team to ready alternate facility, if necessary. • Notify agency employees and contractors regarding activation of COOP plan and their status. • Assemble documents/equipment required for essential functions (at alternate facility, if necessary). • Order needed equipment/supplies. • Transport documents and designated communications. • Secure original facility. • Continue essential functions at regular facility, if available and move to alternate facility if necessary. • Advise alternate facility on status. • Where are the operations and support teams? • Activate advance, operations, and support teams as necessary.
Phase II- Alternate Facility/Work Site or Alternate Work Condition Operations	12 Hours to Termination of Emergency	• Provide guidance to contingency team personnel and information to the public. • Identify replacements for missing personnel (delegation of authority and orders of succession). • Commence full execution of operations supporting essential functions at the alternate facility or in alternate conditions.
Phase III- Reconstitution	Termination of Emergency	• Inform all personnel that the threat no longer exists. • Supervise return to normal operating facility or normal operating conditions. • Conduct a review of COOP plan execution and effectiveness.

2. IMPACT AT VARIOUS EMERGENCY LEVELS

Level of Emergency	Impact on Entity and COOP Decision
1	**Impact**: Disruption of up to 12 hours, with little effect on services or impact to essential functions or critical systems. **Example:** Major accident on highway or transit system. **Decision**: No COOP activation required.
2	**Impact**: Disruption of 12 to 72 hours, with minor impact on essential functions. **Example**: Computer virus, small fire, or moderate flooding. **Decision**: Limited COOP activation, depending on agency requirements.
3	**Impact:** Disruption to one or two essential functions or to a vital system for no more than three days. **Example**: Power outage, heightened Homeland Security Advisory System Threat Level. **Decision**: May require partial COOP activation to move certain personnel to an alternate facility or location in the primary facility or activation of alternate conditions for less than a week.
4	**Impact**: Disruption to one or two essential functions or to the entire agency with potential of lasting for more than three days but less than two weeks. **Example**: Hurricane; minor tsunami; workplace violence; major telecommunications failure or major power outage. **Decision**: May require partial COOP plan activation. For example, orders of succession for some key personnel may be required; in addition, movement of some personnel to an alternate work site or location in the primary facility for more than a week may be necessary. Personnel not supporting essential functions may be instructed not to report to work, or be re-assigned to other activities.
5	**Impact**: Disruption to the entire agency with a potential for lasting at least two weeks. **Example**: Explosion in/contamination of primary facility; major fire or flooding; earthquake, tsunami. **Decision**: COOP plan activation. May require activation of orders of succession for some key personnel. May require movement of many, if not all, essential personnel to an alternate work site for more than two weeks. Personnel not supporting essential functions may be instructed not to report to work, or be re-assigned to other activities.

APPENDIX A: PANDEMIC INFLUENZA PLANNING ASSUMPTIONS[1]

1. Susceptibility to the pandemic influenza virus will be universal.

2. Efficient and sustained person-to-person transmission signals an imminent pandemic.

3. The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

4. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

5. Of those who become ill with influenza, 50% will seek outpatient medical care.

6. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.

7. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience (Table 1). Planning should include the more severe scenario.

8. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.

9. Rates of absenteeism will depend on the severity of the pandemic.

10. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.

11. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.

12. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.

13. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.

[1] http://www.pandemicflu.gov/professional/pdf/cikrpandemicinfluenzaguide.pdf, p13.

14. On average, infected persons will transmit infection to approximately two other people.

15. In an affected community, a pandemic outbreak will last about 6 to 8 weeks.

16. Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Table 1. Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios*

Characteristic	Moderate (1958/68-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9,900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	745,500
Deaths	209,000	1,903,000

*Estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics.

APPENDIX B: DOCUMENTATION OF COMPLIANCE WITH APPENDIX A OF THE CDC STATE PANDEMIC INFLUENZA OPERATIONS PLAN

	Appendix A.1: Sustain Operations of State Agencies & Support and Protect Government Workers
	Prepare
A.1.1.1	Assess potential employee absences/ determine potential impact of a pandemic on the agencies' workforce
A.1.1.2	Determine essential functions and which employees have unique credentials
A.1.1.3	Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials
A.1.1.4	Establish standard operating procedures for essential functions
A.1.1.5	Create telework plans
A.1.1.6	Assess changes in demands on State agencies' services
A.1.1.7	Identify specific hiring needs and determine needed hiring flexibilities
A.1.1.8	If needed, train and/or prepare ancillary workforce or create alternative plans for staffing of essential functions
A.1.1.9	Consult with procurement staff and major contractors re HR issues
A.1.1.10	Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans
	Respond and Recover
A.1.1.11	Implement telework and other HR flexible work schedules as per plan
A.1.1.12	Employ pre-identified plans to maintain sufficient staffing (FTE and contractor) for essential functions and high-demand services
A.1.1.13	Collect data and report the status of employees for the purpose of monitoring agency workforce levels and reporting such information to appropriate agencies (This includes a plan for accountability of personnel and their status and a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work)

A.1.1.14	Use pre-identified hiring/contracting flexibilities to replace employees/ contractors unable to work (or return to work)
A.1.1.15	Implement previously developed employee-labor relations plan
A.1.1.16	Monitor effectiveness and consistency of application of HR flexibilities by agencies
	Sub-objective A.1.2 - Assist employees of State agencies unable to work for a significant time period
	Prepare
A.1.2.1	Assess flexible work schedules (can include cross reference to telework plans from A.1.1.e.) (States should assess current policies and then report on decisions)
A.1.2.2	Review and revise, as necessary, policies and/or guidance on leave and benefits (States should assess current policies and then report on decisions)
A.1.2.3	Ensure managers/supervisors are familiar with various leave options
A.1.2.4	Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce
	Respond and Recover
A.1.2.5	Implement telework and other flexible work schedules as per plan. Refer to the first Respond and Recover requirement under Sub-Objective A.1.1 - Ensure continuity of government in face of significantly increased absenteeism
A.1.2.6	Implement any special pandemic compensation/ leave/benefit policies
	Sub-objective A.1.3 - Communicate with employees of State agencies
	Prepare
A.1.3.1	Develop a communications plan
A.1.3.2	Convey to all employees the State's pandemic plan
A.1.3.3	Provide reliable pandemic influenza information to employees
	Respond and Recover

A.1.3.4	Update information for employees on State's operating status and latest pandemic influenza information; continue to advise employees concerning HR policies, workplace flexibilities, pay and benefits, etc.
	Sub-objective A.1.4 - Consult with bargaining units (if the State has bargaining unit employees)
	Prepare
A.1.4.1	Consult with bargaining units (if the State has bargaining unit employees)
	Respond and Recover
A.1.4.2	Implement previously developed employee-labor relations plan
	Sub-objective A.1.5 - Make State agency workplaces safe places
	Prepare
A.1.5.1	Establish policies and practices for preventing influenza spread at the worksite; implement those that can be done in advance of a pandemic (e.g., providing infection control supplies)
A.1.5.2	Complete a risk assessment for all jobs (see OSHA guidance at http://www.osha.gov/pls/publications/publication.searchResults?pSearch=influenza%20pandemic)
A.1.5.3	Develop plans to protect those employees in the very high, high, or medium risk categories including stockpiling personal protective equipment (PPE), if needed; provided needed training and if respiratory protection is indicated, establish a respiratory protection program and fit-test those employees who will be provided with respirators.
	Respond and Recover
A.1.5.4	Implement infection control policies and practices (see OSHA guidance at http://www.osha.gov/pls/publications/publication.searchResults?pSearch=influenza%20pandemic)
A.1.5.5	Institute protection plans; if in plan, provide PPE to employees in very high, high, or medium risk categories
A.1.5.6	If part of pandemic response plan, distribute antiviral drugs
	Sub-objective A.1.6 - Revise human resource and other workplace policies affecting the safety of State government workers
	Prepare

A.1.6.1	Review and revise policies on leave, as needed; consider new policies for employee compensation and sick-leave absences unique to a pandemic to encourage ill employees or those exposed to ill persons to stay home (States should assess current policies and then report on decisions)
A.1.6.2	Establish guidelines on when a previously ill person is no longer infectious and can return to work
A.1.6.3	Consider establishing policies for restricting travel (States should assess current policies and then report on decision)
A.1.6.4	Collaborate with insurers, health plans, and local healthcare facilities on pandemic planning; evaluate government employee access to and availability of healthcare services
A.1.6.5	Evaluate government employee access to and availability of mental health and social services; develop workforce resilience programs
	Respond and Recover
A.1.6.6	Implement policies/guidance developed to assist employees to stay home when exposed to the influenza or if ill
A.1.6.7	Implement return to work guidelines
A.1.6.8	Implement any travel policies; issue instructions for employees in high-risk situations
A.1.6.9	Activate programs to address the psychological and social needs of government employees

APPENDIX C: INCIDENT COMMAND SYSTEM

Incident Commander— responsible for all aspects of the response, including developing incident objectives and managing all incident operations. Unless specifically assigned to another member of the Command or General Staffs, these responsibilities remain with the IC. Some of the more complex responsibilities of the IC include:

- Establish immediate priorities especially the safety of responders, other emergency workers, bystanders, and people involved in the incident.
- Stabilize the incident by ensuring life safety and managing resources efficiently and cost effectively.
- Determine incident objectives and strategy to achieve the objectives.
- Establish and monitor incident organization.
- Approve the implementation of the written or oral Incident Action Plan.
- Ensure adequate health and safety measures are in place.

The Command Staff—responsible for public affairs, health and safety, and liaison activities within the incident command structure. The IC remains responsible for these activities or may assign individuals to carry out these responsibilities and report directly to the IC

Information Officer—is responsible for developing and releasing information about the incident to the news media, incident personnel, and other appropriate agencies and organizations.

Liaison Officer—serves as the point of contact for assisting and coordinating activities between the IC and various agencies and groups. This may include federal personnel, state government officials, local government officials, and criminal investigating organizations and investigators arriving on the scene.

The Safety Officer—develops and recommends measures to the IC for assuring personnel health and safety and to assess and/or anticipate hazardous and unsafe situations. The Safety Officer also develops the Site Safety Plan, reviews the Incident Action Plan for safety implications, and provides timely, complete, specific, and accurate assessment of hazards and required controls.

The General Staff— includes Operations, Planning, Logistics, and Finance/Administrative responsibilities. These responsibilities remain with the IC until they are assigned to another individual. When the Operations, Planning, Logistics or Finance/Administrative responsibilities are established as separate functions under the IC, they are managed by a section chief and can be supported by other functional units.

Operations Chief— responsible for all operations directly applicable to the primary mission of the response.

Planning Chief— responsible for collecting, evaluating, and disseminating the tactical information related to the incident, and for preparing and documenting Incident Action Plans (IAP's).

Logistics Chief— responsible for providing facilities, services, and materials for the incident response.

Finance and Administrative Chief is responsible for all financial, administrative, and cost analysis aspects of the incident.

The modular organization of the ICS allows responders to scale their efforts and apply the parts of the ICS structure that best meet the demands of the incident. In other words, there are no hard and fast rules for when or how to expand the ICS organization. Many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others will require some or all of them to be established. A major advantage of the ICS organization is the ability to fill only those parts of the organization required. For some incidents, and in some applications, only a few of the organization's

functional elements may be required. However, if there is a need to expand the organization, additional positions exist within the ICS framework to meet virtually any need.

For example, in responses involving responders from a single jurisdiction, the ICS establishes an organization for comprehensive response management. However, when an incident involves more than one agency or jurisdiction, responders can expand the ICS framework to address a multi-jurisdictional incident.

The roles of the ICS participants will also vary depending on the incident and may even vary during the same incident. Staffing considerations are based on the needs of the incident. The number of personnel and the organization structure are dependent on the size and complexity of the incident. There is no absolute standard to follow. However, large-scale incidents will usually require that each component, or section, is set up separately with different staff members managing each section. A basic operating guideline is that the IC is responsible for all activities until command authority is transferred to another person.

APPENDIX D: PANDEMIC INFLUENZA TELEWORK PLAN

N/A

APPENDIX E: TOOL FOR MONITORING EMPLOYEE AVAILABILTY AND ABSENCES

Name	Organizational Position	Original Status Code	Date of Original Status	Change in Status Code	Date of Status Change	Date Restored to Original Status

Status Codes:

1. Present at primary location
2. Present at Alternate Location
3. Absent—illness
4. Absent—caring for ill family member
5. Deceased

APPENDIX F: ABBREVIATIONS

AAR	After-Action Report
ASO	Administrative Services Office
CET	Continuity Evaluation Tool
CI/KR	Critical Infrastructure/Key Resources
CDC	Centers for Disease Control and Prevention
COG	Continuity of Government
COGCON	Continuity of Government Readiness Conditions
COOP	Continuity of Operations
CWG	Continuity Working Group
DHS	Department of Homeland Security
DHHS	Department of Health and Human Services
DOC	Department Operations Center
DOCD	Disease Outbreak Control Division
ECG	Enduring Constitutional Government
ERG	Emergency Relocation Group
ESF	Emergency Support Function
FCD	Federal Continuity Directive
FEA	Federal Executive Association
FEB	Federal Executive Board
FEMA	Federal Emergency Management Agency
HDOH	Hawai'i Department of Health
HQ	Headquarters
HSAS	Homeland Security Advisory System
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HVA	Hazard Vulnerability Analysis
IP	Improvement Plan
IT	Information Technology
MEF	Mission Essential Function
MOA/MOU	Memorandum of Agreement/Memorandum of Understanding
MYSPMP	Multi-Year Strategy and Program Management Plan
NCC	National Continuity Coordinator
NCP	National Continuity Programs
NCR	National Capital Region
NCS	National Communications System
NEF	National Essential Function
NEP	National Exercise Program
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
NSPD	National Security Presidential Directive
OEP	Occupant Emergency Plan
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSTP	Office of Science and Technology Policy
PMEF	Primary Mission Essential Function
POC	Point of Contact
SCD	State Civil Defense
SIP	Shelter-In-Place

TT&E	Test, Training, and Exercise
WMD	Weapons of Mass Destruction

APPENDIX G

Core Components and Criteria of a Fully Functioning ADRC

Aging & Disability ResourceCenter
An initiative of the U.S. Department of Health and Human Services
TECHNICAL ASSISTANCE EXCHANGE

Core Components and Criteria of a Fully Functional Aging and Disability Resource Center (ADRC) At-A-Glance

Updated March 2012

Information, Referral and Awareness (I&R/A)

- Formal Marketing Plan for All Ages, Income Levels, Disability Types
- Marketing to and Serving Private Paying Populations
- Systematic I&R Processes Provided Across all Operating Organizations
- Follow-Up on I&R Services
- Online Comprehensive Resource Database, Public and Searchable

Options Counseling and Assistance

- Formal Standards and Protocols Guiding Delivery to All Income Levels and Disabilities
- Short-term Support in Crisis/Urgent Situations (Preventing Institutionalization)
- Follow-Up on Options Counseling Services
- Futures Planning for Long Term Service and Support (LTSS) Needs

Streamlined Eligibility Determination for Public Programs

- Coordinated/Integrated Process for Financial and Functional Eligibility
- Standardized Intake and Screening Across all Operating Organizations
- Uniform Criteria to Assess Risk of Institutionalization
- Functional Eligibility Determined On-Site or Through Seamless Referral Process
- Personalized Assistance in Financial Application Completion
- Financial Eligibility Determined On-Site or Through Electronic Exchange
- Applicants Tracked through Determination Process; Follow-up with Ineligible Individuals

Person-Centered Transition Support

- Formal Agreements with Critical Pathway Providers and Protocols for Providing Transitions Support, Referral Processes, and Staff Training
- Local Contact Agency Designation (MDS 3.0 Section Q)

Consumer Populations, Partnerships and Stakeholder Involvement

- Staff with Capacity and Training to Serve All Ages and Disability Types
- Consumer Involvement in Program Design, Operation, and Quality Improvement
- Formal Partnership Agreements, Protocols, or Contracts with:
  - Critical Aging and Disability Organizations
  - Medicaid
  - State Health Insurance Assistance Program (SHIP), Adult Protective Services (APS), and 2-1-1
  - Veteran's Administration (VA) Medical Center(s)

Quality Assurance and Continuous Improvement

- Formal Sustainability Plan with Diverse Funding Sources
- Adequate Staffing and Management
- Continuous Quality Improvement Plan and Procedures in Effect
- IT/MIS Supports All Program Functions
- Routine State Level Performance Tracking
- Routine Local Level Performance Tracking

APPENDIX H

Acronym/Glossary

ACRONYM/GLOSSARY

ACRONYM	MEANING	DESCRIPTION
AAA	**Area Agency on Aging**	In Hawai‘i, county agency that is part of a nationwide network of State and local programs that help older people to plan and care for their life long needs. Created under the Older Americans Act. Goal is to keep seniors living independently in their own homes. Provides social services and nutrition services for elders, and support for caregivers
ACL	**Administration for Community Living**	Newly established federal agency which houses the former Administration on Aging, Center on Disability and Aging Policy, Center for Management and Budget and Administration on Intellectual and Developmental Disabilities.
ACS	**American Community Survey**	The American Community Survey (ACS) is a survey conducted by the U.S. Census Bureau. It uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. The ACS includes people living in both housing units and group quarters.
ADRC	**Aging and Disability Resource Center**	An entity established by the state to provide a coordinated long term care system. This is a federal and state initiative.
ADRD	**Alzheimer’s Disease and Related Dementias**	Dementia is a general term for a decline in mental ability severe enough to interfere with daily life, e.g., memory loss. Alzheimer’s is the most common type of dementia.
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 the OAA.
APS	**Adult Protective Services**	Division in the state Department of Human Services that provides crisis intervention, including investigation, and emergency services for vulnerable adults who are reported to be abused, neglected, or financially exploited by others or seriously endangered due to self-neglect.
BRFSS	**Behavioral Risk Factor Surveillance System**	The CDC's Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

ACRONYM	MEANING	DESCRIPTION
CDC	**Centers for Disease Control and Prevention**	Part of the Department of Health and Human Services, CDC's main goal is to protect public health and safety through the control and prevention of disease, injury, and disability. CDC focuses national attention on developing and applying disease control and prevention. In addition, CDC researches and provides information on non-infectious diseases such obesity and diabetes.
CMS	**Center on Medicare and Medicaid Services**	Federal agency under U.S. Department of Health and Human Services responsible for administering the Medicare and Medicaid Programs.
DDD	**Developmental Disabilities Division**	Division within the State Department of Health that provides and maintains services for persons with developmental or intellectual disabilities.
DHS	**Department of Human Services**	State department that provides programs, services and benefits to empower the most vulnerable in Hawai‘i to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.
DOH	**Department of Health**	State department that protects and improves the health and environment for all people in Hawai‘i.
EOA	**Executive Office on Aging**	Federal and State designated state unit on aging administratively attached to the State Department of Health. Designated lead state agency in the coordination of a statewide system of aging and family caregiver support services in the State of Hawaii, as authorized by federal and state laws.
HAP	**Healthy Aging Partnership**	Statewide coalition of partners promoting evidence- based chronic disease management programs.
HAWAII SHIP	**Hawaii State Health Insurance Assistance Program**	Hawaii SHIP provides free, in depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. The program is funded by a grant from the federal U.S. Department of Health and Human Services (HHS), U.S. Administration for Community Living (ACL).
HHS	**U.S. Department of Health and Human Services**	The missiong of HHS is to enhance and protect the health and well-being of all Americans. HHS fulfills that mission by providing for effective health and human services and fostering advances in medicine, public health, and social services. HHS is responsible for administering Social Security, and public health and family support services.

ACRONYM	MEANING	DESCRIPTION
HRS	**Hawaii Revised Statutes**	Codified permanent State laws in Hawai‘i passed by the State Legislature.
LGBT	**Lesbians, Gay, Bisexual, and Transgender**	Terms used to describe sexual orientation and gender identity.
LTC	**Long Term Care**	Services for people who need ongoing assistance with their daily tasks. Includes institutional and non-institutional types of services.
LTCOP	**Long Term Care Ombudsman Program**	The LTCOP was established by federal and state statutes. The Ombudsman identifies, investigates, and resolves complaints that are made by, or on behalf of residents, and related to action, inaction, or decisions that may adversely affect the health, safety, welfare, and rights of residents of long term care facilities such as nursing homes, adult residential care homes, assisted living facilities, and other long-term care facilities.
LTSS	**Long Term Services and Supports**	Services that enable persons with disabilities and older adults live in the community. These include services such as home care, personal care, chore services, home and congregate meal services, etc.
MedQUEST	**QUEST: Quality care Universal access Efficient utilization Stabilizing costs Transforming the way health care is provided to members.**	Division of the State Department of Human Services. Administers Medicaid programs such as QUEST, which pro- vides health coverage through health plans for medical and mental health services for eligible Hawaii residents.
NWD	**No Wrong Door**	Federal grant to implement a system that streamlines access to long term care options for all populations and all payers.
OAA	**Older Americans Act**	1965 federal law that provides assistance in the development of new or improved programs to help older persons. Authorizes grants to states for community planning and services.
PABEA	**Policy Advisory Board on Elderly Affairs**	Consumer advisory board to the Executive Office on Aging established in Hawaii statute.

ACRONYM	MEANING	DESCRIPTION
SMP	**Senior Medicare Patrol**	SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. SMPs are grant-funded projects of the federal U.S. Department of Health and Human Services (HHS), U.S. Administration for Community Living (ACL).
Title III		Title III provides for OAA formula grants to State agencies on aging, under approved State plans, to stimulate the development or enhancement of comprehensive and coordinated community-based systems resulting in a continuum of services to older persons with special emphasis on older individuals with the greatest economic or social need, with particular attention to low-income minority individuals.
Title VI		Provides funds for OAA Title III type services for indigenous populations.
Title VII		Provides OAA funds for vulnerable elderly rights activities.