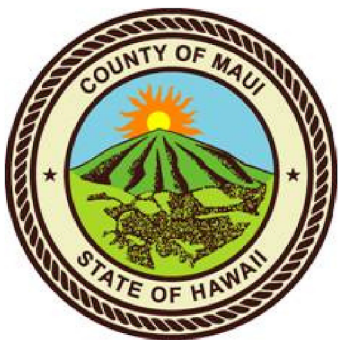


# COUNTY OF MAUI

## FOUR-YEAR AREA PLAN ON AGING

OCTOBER 1, 2023 - SEPTEMBER 30, 2027



### **MAUI COUNTY OFFICE ON AGING**

DEPARTMENT OF HOUSING AND HUMAN CONCERNS

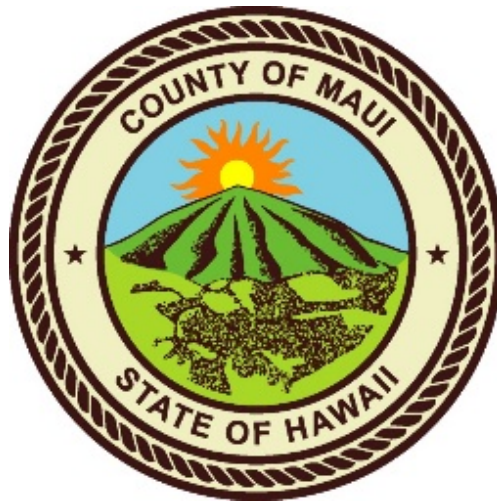
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[MAUICOUNTYADRC.ORG](http://MAUICOUNTYADRC.ORG)





# County of Maui

Department of Housing and Human Concerns

Maui County Office on Aging

*An Area Agency on Aging*

## **Four-Year Area Plan on Aging**

October 1, 2023 - September 30, 2027



AGING AND DISABILITY RESOURCE CENTER

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## ACKNOWLEDGEMENTS

The 'ulu, or breadfruit, holds a deep-rooted significance in Hawaiian culture, embodying the values of sustainability, resilience, and community. This versatile and nutritious fruit has been a staple in the Hawaiian diet for centuries, providing not only sustenance but also a symbol of abundance and interconnectedness within the community.

In traditional Hawaiian society, the 'ulu tree was often planted to commemorate the birth of a child, symbolizing the nurturing of life and the promise of a sustainable future. The fruit's capacity to feed many people from a single tree reflects the Hawaiian value of *mālama*, or caring for others, by ensuring that no one in the community goes hungry. 'Ulu's long life and ability to thrive in diverse environments also embody the spirit of resilience, a quality that has enabled Hawaiian culture and its people to endure and adapt through generations.

The integration of 'ulu into the Maui County Office on Aging's area plan on aging resonates with the principles that guide our approach to supporting the elderly. Just as the 'ulu tree sustains the community, our commitment is to cultivate an environment where older adults are nurtured, supported, and valued. The 'ulu tree's enduring presence serves as a metaphor for our mission to build a resilient and interconnected community where our kupuna (elders) can thrive, contributing to and benefiting from the collective well-being of Maui County.

As we look to the future, let the 'ulu be a reminder of our shared responsibility to care for each other, ensuring that every member of our community, especially our elders, can age with dignity and grace.

Mahalo to the team that directly participated in crafting MCOA's Four-Year Area Plan on Aging for 2023 to 2027. The plan has been designed to be a true working and practical document providing strong guidance and direction to the community of Maui County to make certain our County's older Americans receive proper support and assistance.

My appreciation also extends to the entire staff of the MCOA Division for their input into the plan and for managing the daily operations with compassion, competence and an emphasis on person-centeredness. With *Lōkahi*, MCOA employees engage collaboratively with program participants to work together improving quality of life and preserving dignity.

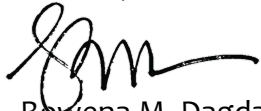
On behalf of the MCOA staff, we further thank members of our Aging Network and our community at large who provided essential information that will guide and inform MCOA in refining and expanding services targeted to older individuals, their families and caregivers while providing options to make informed decisions.

MCOA wishes to acknowledge the unprecedented support we experience from other Maui County Departments; our Director Lori Tshako, Deputy Director Saumalu Mataafa, and

fellow Divisions; Mayor Richard T. Bissen Jr. and his administration; and all of our elected officials.

Finally, all of us express our gratitude to the older adults of Maui County, individuals with disabilities, and family caregivers who allow us into your homes and lives on a daily basis. You inspire us to come to work each day with purpose and intent.

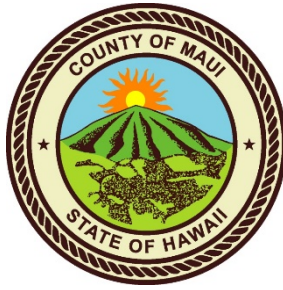
Mahalo,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal flourish extending to the right.

Rowena M. Dagdag-Andaya

County of Maui Executive on Aging

*'Ulu photography: Rowena Dagdag-Andaya, County of Maui Executive on Aging*



# **FOUR-YEAR AREA PLAN ON AGING**

**October 1, 2023 - September 30, 2027**

**for the**

**Maui County Office on Aging**

**Department of Housing and Human Concerns**

**County of Maui**

**as the Planning Service Area 3**

**in the**

**State of Hawaii**

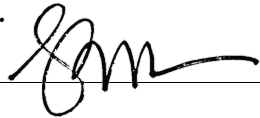


## Verification of Intent

This Area Plan on Aging is hereby submitted for the County of Maui including Kalawao County on the island of Moloka'i, currently under the administrative jurisdiction of the State Division of Health (Maui planning and service area) for the period October 1, 2023 through September 30, 2027.

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

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

Signed  \_\_\_\_\_ September 1, 2023  
Rowena M. Dagdag-Andaya, Executive on Aging Date  
Maui County Office on Aging

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

Signed \_\_\_\_\_  
Edward Romson, Chair Date  
Council on Aging

The Director of the Department of Housing and Human Concerns has reviewed and approved the Area Plan on Aging.

Signed \_\_\_\_\_  
Lori Tsuhako, Director Date  
Department of Housing and Human Concerns

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

Signed \_\_\_\_\_  
Richard T. Bissen, Jr., Mayor Date  
County of Maui

## Executive Summary

The four-year Area Plan on Aging, that covers the federal fiscal period from October 1, 2023 through September 30, 2027, is a practical and comprehensive planning and compliance document that guides the County of Maui to assure appropriate, high quality services are delivered to the tri-island county's older adults. The creation and adoption of the plan also enables the County of Maui to receive federal funds under the Older Americans Act through the Federal Administration on Aging and the State Executive Office on Aging.

This plan describes the Older American Maui County population and the approaches to be taken to provide them an appropriate and coordinated system of services that fully supports their well-being. The carefully developed array of services provided offers our seniors a backdrop for assuring that Maui County Seniors can age with the grace and dignity encompassed in the Hawaiian value known as 'aloha'.

According to the National Council on Aging (NCOA), as of 2020 there were 55.6 million adults (age 65+). This included 30.8 million women and 24.8 million men. The older American population as a nation is stated to have grown 38 percent since 2010. A partner of (NCOA), the Administration for Community Living (ACL) predicts there will be a 22 percent increase in the older adults (age 65+) by 2040. To meet this burgeoning increase of seniors NCOA has listed 6 of their values. Those six values stimulate creative thinking, foster collaboration and give voice to new ideas that will make a difference in helping individuals age well.

- 1) Financial stability and economic well-being for older adults.
- 2) Access to affordable health care for all Americans. Health care should be a basic right.
- 3) Social support systems that create community for older Americans.
- 4) Evidence-based health promotion and disease prevention programs.
- 5) Action to address injustice and inequity.
- 6) Network and coalition that support change.

In consideration of those ideas put forth, the State of Hawaii and Maui County have embraced the following five goals to guide the MCOA planning process and ongoing program delivery.

- **Hawaii's older adults have opportunities to live well.**
- **Hawaii's older adults are prepared for future health threats and disasters.**
- **Hawaii's underserved populations have equitable access to programs and services.**
- **Hawaii's older adults and people with disabilities will age in place.**

▪ **Hawaii’s caregivers have a broad array of services and support to effectively care for their loved ones.**

These goals relate to the US Administration on Aging’s efforts to rebalance and change long-term care systems and offer the framework of a map for states and Area Agencies on Aging (AAA’s) to build strong Aging and Disability Resource Center (ADRCs). The further development of Maui’s ADRC as the first place to go to obtain accurate, unbiased information on all aspects of life related to aging or living with a disability is the thread that runs throughout all of the programs and services proposed in this comprehensive plan for Maui County Office on Aging’s Four-Year Plan.

ADRCs are friendly, welcoming places where anyone -- individuals, concerned family members or friends, or professionals working with issues related to aging or disabilities -- can go for information specifically tailored to their situation. The ADRC provides information on a broad range of programs and services, helps people understand the various long-term care options available to them, assists people to apply for programs and benefits, and serves as the access point for both publicly and privately funded long-term supports and services. These services can be provided at the ADRC, over the telephone, through a home visit, or via email whichever is more convenient to the individual seeking help.

According to Alison Barkoff, United States Assistant Secretary for Aging stated, “ACL’s mission has always been important. But with COVID-19, our work has become literally a matter of life and death. What we do together has never been more urgent. It is our responsibility to make sure that the needs of older adults and people with disabilities are considered in the federal pandemic response. Our role has been, and will continue to be, crucial in:

- vaccine allocation and administration;
- protecting the lives of people with disabilities and older adults who live in congregate settings that put them at high risk; ensuring that older adults and people with disabilities are not discriminated against in getting lifesaving care;
- advocating for the needs of the workforce – including volunteers and families – who provides services and supports;
- helping people remain safely in, and transition back to, the community; and supporting our networks, which have not only innovated and persevered to continue providing critical services to millions of people, but also have found ways to expand services to meet the increased needs created by the pandemic”.

This plan outlines how Maui County Office on Aging will meet those challenges.



# INTRODUCTION

## A. Orientation to the Area Plan on Aging

This Maui Area Plan is a document submitted by the Maui County Office on Aging, an Area Agency on Aging (AAA), to the State of Hawaii Executive Office on Aging (EOA) in compliance with the Older Americans Act (OAA) established in 1965, revised in 2020 and for the receipt of sub grants and/or contracts from the Executive Office on Aging's Federal Title III grant and State Kupuna Care funds.

This plan contains the Maui Area Agency on Aging's strategy for meeting all of the important programs mandated by the reauthorized OAA as well as those identified needs that may be unique to Maui County. Some of these programs are home delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and protection in long-term care facilities.

This plan is made up of five major parts:

- **Part I** provides an overview of the structure of the older adult service network, notable statistics on the older adult population of the County of Maui and the programs and services available.
- **Part II** describes the context in which programs and services are developed.
- **Part III** provides specific goals, objectives, and plans for action over the next four years and aligns them with the 5 topic areas as required by the Administration on Community Living
- **Part IV** summarizes the plan for projecting and allocating funds for the next planning period
- The **Appendices** provide assurances made by the AAA as well as other pertinent information.

## B. Overview of the Aging Network

The OAA was passed by Congress in 1965, and reauthorized in 2020, and amended the same year. The reauthorized and amended OAA is also set to expire at the end of fiscal year 2024. The OAA reauthorization focused on improving coordination between ADRCs and AAA during a pandemic (COVID-19).

As a result of the original OAA, a social services and nutrition services program for America's older adults was established and expanded during 2020. On March 18, 2020 the former

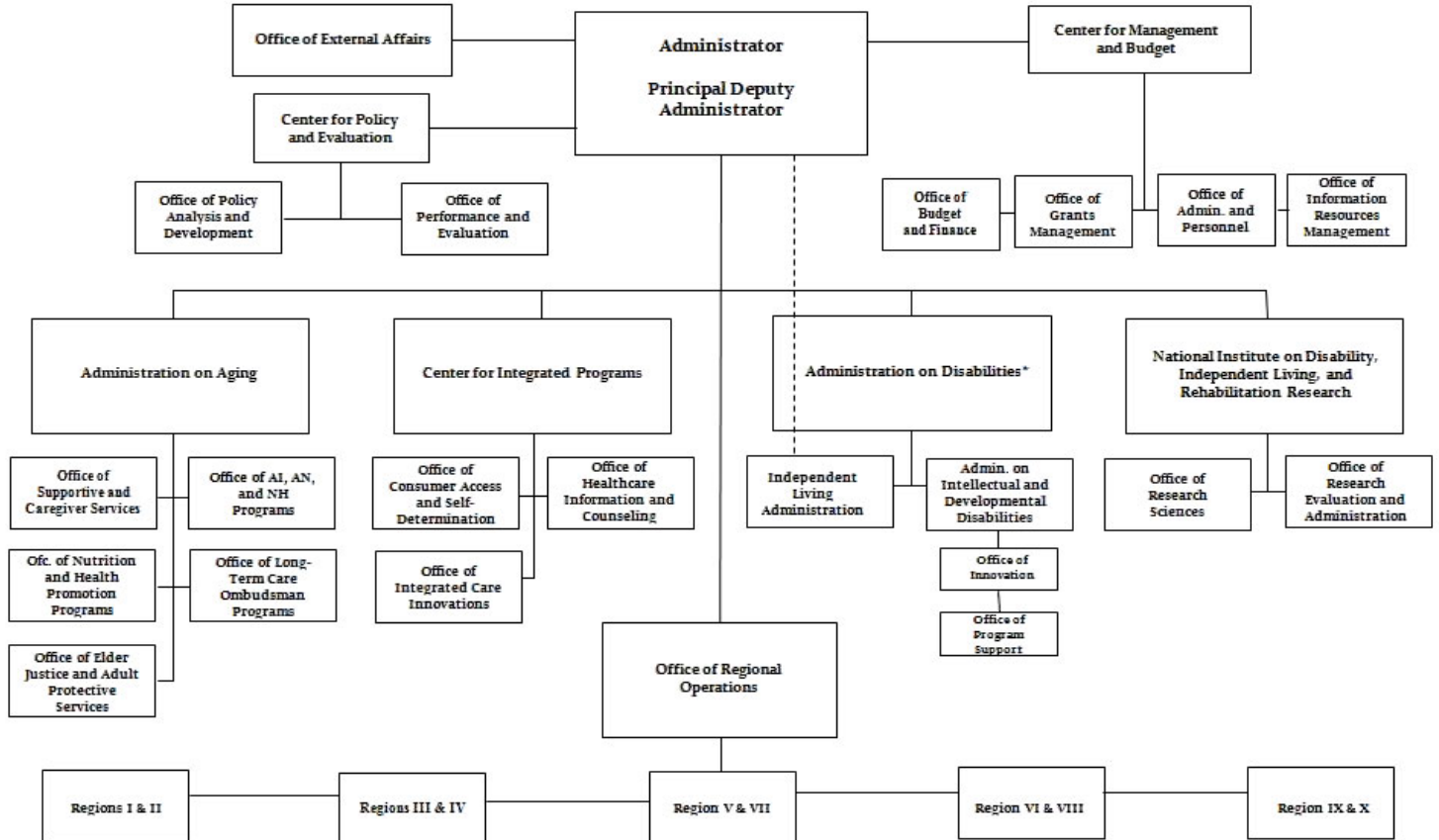
President signed the Families First Coronavirus Response Act (FFCRA) which provided 250.0 million in discretionary supplemental funding for expanded food assistance for OAA. A week later on March 27, 2020 the former President signed the Coronavirus Aid Relief, and Economic Security (CARES; PL. 116-136,) Act. The Act provided 870.0 million in discretionary supplement funding to states, U.S. territories, and tribal organizations for (OAA) nutrition services, supportive services, family caregiver services. Funding was to remain available until September 31,2021. On December 27, 2020 the former President signed the Consolidated Appropriation Act, 2021 which added 168.0 million to states and U.S. territories for nutrition services, in which the ACL allocated the entire amount to home delivered nutrition services. On March 12, 2021 the American Rescue Plan Act of 2021 was signed by the current President authorizing 1.434 billion in mandatory funding for OAA nutrition services, supportive services to include COVID-19 vaccination outreach (including transportation to vaccination sites) and activities to prevent and mitigate social isolation related to COVID-19, family caregiver services, disease prevention, grants for tribal organizations, and the long-term care ombudsman program, to be made available until exhausted. In addition, the (AAA) “Aging Network” expanded. The purpose of this “Network” is to assist older Americans to meet their physical, social, and mental health and to maintain their well-being and independence in our community in an organized and comprehensive way.

### **National Aging Network**

The Administration on Aging (AoA), housed in the Administration for Community Living (ACL), heads the Aging Network on the federal level. Directed by the Assistant Secretary on Aging, it is the agency that awards Title III funds to the states and territories. The AoA monitors and assesses state agencies which administer these funds to their local counties or certified agencies. Chart 1 identifies the flow of activities from the Federal level, to the states and finally to the local level.

**Chart 1 - Administration for Community Living Organizational**

**ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART (PROPOSED)**



\*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

**State Aging Network**

The State Executive Office on Aging (EOA) is the designated lead agency in the network in Hawaii. The 2020 amendments to the OAA require the EOA to plan for and offer leadership at both the state and local levels. The EOA also has the ability to coordinate the delivery of access, home, and community services to the older adult population. This office is responsible for statewide:

- planning
- policy and program development
- advocacy
- research
- information and referral

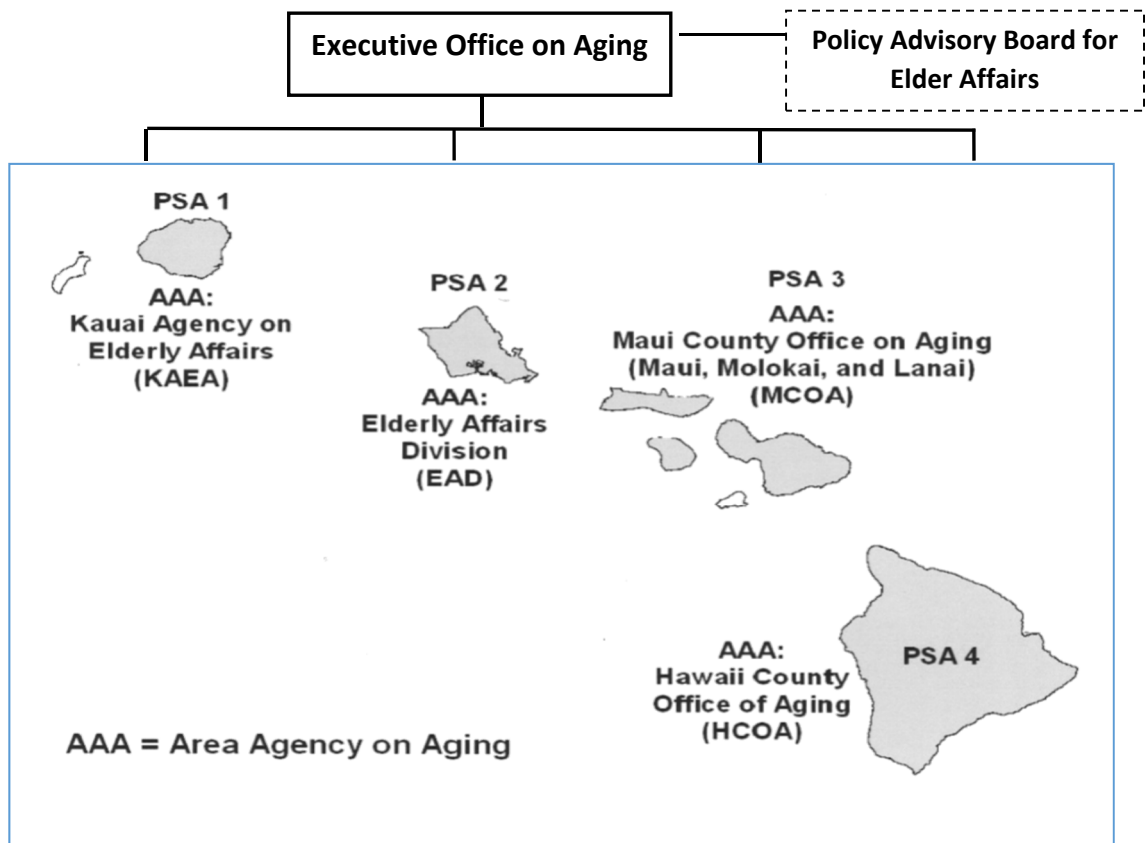


- coordination of services provided by public and private agencies for Older Americans and their families.

Chapter 349 of the Hawaii Revised Statutes established the **Policy Advisory Board for Elder Affairs (PABEA)** which assists by advising on the development and administration of the State Plan and conducting public hearings on the State Plan, by representing the interests of older persons, and by reviewing and commenting on other State Plans budgets and policies which affect older persons. There are currently two PABEA members representing Maui County.

The **Executive Office on Aging (EOA)** has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the state -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Moloka'i, currently under the administrative jurisdiction of the State Division of Health, is included in the Maui Planning and Service Area.

**Chart 2 – State Network on Aging**



## **C. Planning Process**

### **MCOA Area Plan Development Process**

The planning process used to develop the 2023-2027 MCOA Area Plan is divided into two distinct phases: 1) Data Gathering and 2) Plan Development.

The data gathering phase was designed to determine the needs of Maui County's older adults and their caregivers through survey collection and a series of seven geographically defined focus groups/listening sessions. Additionally, the information obtained through these two methods was then synthesized by MCOA leadership, shared with staff and other stakeholders. The process established a mutually developed blueprint and framework for the four-year Area Plan. The four-year plan is designed to be a true working document that will guide the Division over the next four years. The plan will be reviewed and modified continually. The delineated strategies and timelines will be used as benchmarks for the delivery of a comprehensive and coordinated system of services for older adults.

### **DATA COLLECTION METHODOLOGIES**

From October 2022 through March 2023, MCOA conducted a countywide needs assessment to identify trends, issues and concerns from the perspective of Maui's older adults and caregivers. Surveys gathered from the elderly, caregivers, and key stakeholders were used as a primary information gathering tool to assist in guiding the direction of the area plan.

#### **Surveys (October 2022 to March 2023)**

- **Older Adult Survey (age 55 yrs. and older)**  
MCOA distributed surveys at Senior Centers, Nutrition Sites, Senior Clubs and community events to seniors over the age of fifty-five. The survey was also posted on the Maui County ADRC website to provide an alternate format to obtaining feedback from this group. MCOA collected 470 senior surveys.
- **Caregiver survey**  
MCOA distributed surveys at Senior Centers, Nutrition Sites and Senior Clubs to individuals identifying themselves as a caregiver of an older adult (including adult children under 60 years and grandchildren under the age of 18). Surveys were done at outreach and senior events, mailed to caregivers subscribing to monthly newsletters and posted online. MCOA collected 142 caregiver surveys.

MCOA staff members attended various meetings and trainings to ensure that the resulting area plan align consistently with the EOA goals and ADRC and system's change mandates. These meetings and trainings are listed below:

- Staff participated in statewide Planners Meetings conducted by the Executive Office on Aging to provide support, assistance, and direction.
- Staff participated in the EOA capacity building workshops. Leadership workshops were directed towards topics such as collaboration, needs assessments, data collection, and evaluation. Area agency staff advanced their knowledge and obtained the necessary skills to implement different elements and components required for the Area Plan.
- In the needs assessment and information meeting staff would discuss the various ways to disseminate information. Information would be circulated through the local news and weekly newspaper regarding meeting times.
- Two public hearings were scheduled at Cameron Center to provide an opportunity for anyone to comment on the Area Plan.
- 

### **Process and Timeline**

*The Plan Development phase involves three focal points.*

#### **Adult Survey Next Steps**

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

MCOA to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations to supplement existing contracted service providers.

The focus of MCOA is to improve the physical and mental well-being of older adults.

Some strategies implemented are targeted information on vaccination compliance, fall prevention and active participation in evidenced based programs like Enhanced Fitness, and increased social engagement (i.e. Congregate meals) to decrease social isolation and loneliness.

#### **Caregiver Next Steps**

Adult Day Care services continues to play a significant role in the prevention of caregiver burnout. Caregivers have a direct correlation in the prevention and subsequent delay for at risk for institutional placement of older adults with more than one chronic disease. Program monitoring for these services along with vital financial allocation for sustaining this program remains a priority.



## Staff Training and Development

Training on communication techniques and active listening as part of the person-centered approach has been vital as staff started to increase home visits following the COVID-19 pandemic. Attendance in best practice national conventions have been scheduled as part of a continuing education requirement for staff.

MCOA designs outreach events to the audience by discussing relevant topics like fall prevention tips, the use of simple technology to assist in everyday errands, and fraud prevention.

Advocacy to prevent elderly abuse and exploitation is paramount and part of the core assessments when evaluating eligibility and authorization of services.

Partnerships with health care providers and collaborative intervention and problem solving are some strategies that have been undertaken as part of a broader attempt to spread scarce resources.

### **D. Glossary of Terms and Acronyms**

Below are some common acronyms that are used in the Maui County Office on Aging Area Plan 2023-2027.

A&A	Access & Assistance (MCOA's outreach section)
AAA	Area Agency on Aging
ACL	Administration for Community Living (federal)
ADL	Activities of daily living (eating, dressing, bathing, transfers, toileting, walking)
ADRC	Aging and Disability Resource Center
ADS	Aging and Disability Services
AIRS	Alliance of Information and Referral Systems
AoA	Administration on Aging (federal)
APS	Adult Protective Services
ARCH	Adult Residential Care Home
CCTP	Community-Based Care Transitions Program
CIRS-A	Certified Information and Referral Specialist-Aging
CLP	Community Living Program
CMCP	Case Management Coordination Project
CMS	Centers for Medicare and Medicaid Services (federal - under DHHS)
DBEDT	Dept. of Business, Economic Development, and Tourism (state)
DHHC	Dept. of Housing and Human Concerns (county)
DHHS	Dept. of Health and Human Services (federal)
DME	Durable Medical Equipment
DOH	Dept. of Health (state)

EF Enhance®Fitness  
EOA Executive Office on Aging - Hawaii  
HAP Healthy Aging Partnership - Hawaii  
HCHC Hana Community Health Center  
HDM Home Delivered Meals  
HIPAA Health Insurance Portability and Accountability Act  
HUD U.S. Dept of Housing and Urban Development (federal)  
I&A Information and Assistance  
IADL Instrumental activities of daily living (preparing meals, shopping, taking medications, managing money, using the phone, doing light or heavy housework, utilizing transportation options)  
KC Kupuna Care  
KSS Kaunoa Senior Services  
LTSS Long-Term Supports and Services  
LTCOP Long-Term Care Ombudsman Program  
MCOA Maui County Office on Aging  
MEO Maui Economic Opportunity, Inc.  
NCOA National Council on Aging  
NWD No Wrong Door Initiative  
OAA Older Americans Act  
PABEA Policy Advisory Board for Elder Affairs  
PCO Person-Centered Organization  
PHN Public Health Nursing  
PTC Powerful Tools for Caregivers  
RFP Request for Proposal  
RSVP Retired and Senior Volunteer Program  
SCSEP Senior Community Service Employment Program  
SNF Skilled Nursing Facility  
SSA Social Security Administration  
SUA State Units on Aging (e.g. EOA is a SUA)  
USDA United States Dept. of Agriculture  
VA Veterans Affairs  
VDC Veterans Directed Care  
VOAD Volunteer Organizations Active in Disaster

# ORGANIZATIONAL STRUCTURE

## **A. Overview of the Maui County Office on Aging**

The Area Agency on Aging (AAA) is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area. Maui County Office on Aging is the AAA for Maui County.

### **Mission and Vision of the Maui County Office on Aging**

The Maui County Office on Aging (MCOA) is the designated leader in planning, implementing, supporting and advocating for the well-being of older Americans and their caregivers in Maui County.

The mission of the MCOA is to "promote independence, protect the well-being, and preserve the dignity of older adults in Maui County."

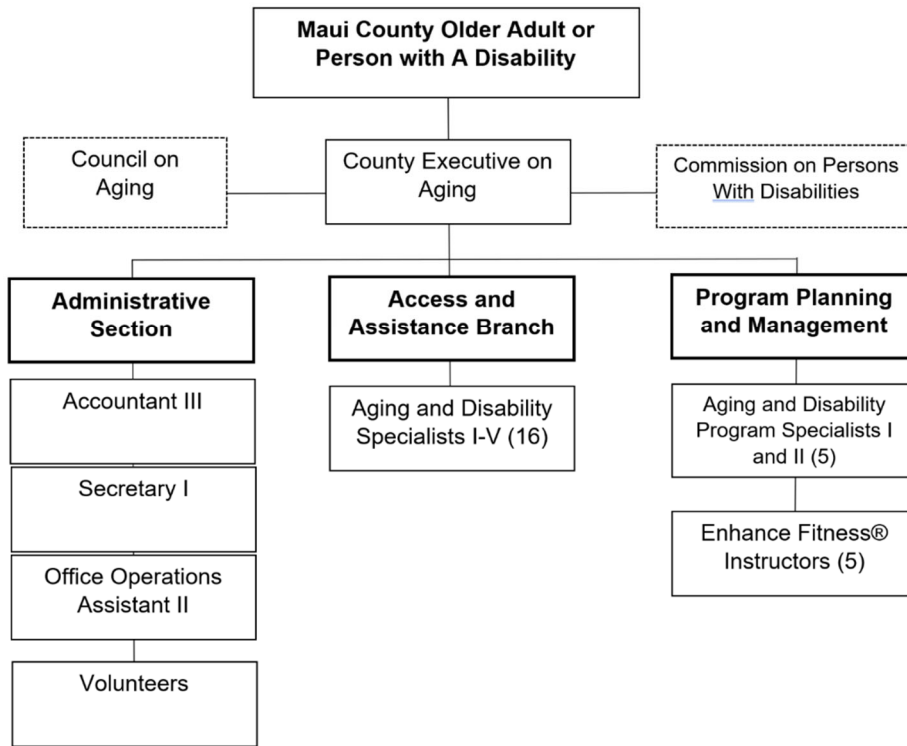
The vision for the MCOA is that Maui County's older adults, persons with disabilities, and family caregivers will be provided community supports that promote self-determination and optimal quality of life while respecting their cultural values and beliefs.

### **Staffing of the Area Agency**

The Maui County Office on Aging has 25 full time equivalent (FTE) staff positions on Maui, Lana'i and Moloka'i. In addition to the main office in Wailuku, MCOA maintains satellite offices in Hana, Lana'i and Moloka'i, ensuring that Maui County residents benefit from in-home assessments and person centered assistance regardless of geographic location. The agency endeavors to ensure that health promotion, caregiver support, nutrition assistance, home and community-based service as well as education and training, are provided with equity on Maui, Moloka'i, and Lana'i.

Maui County Office on Aging operates under the auspices of the Maui County Department of Human Concerns. The current structure of the Maui County Office on Aging is noted in the following organizational chart:

Department of Housing and Human Concerns  
Office on Aging  
Organizational Chart FY2023



The Maui County Office on Aging is a Division of the Maui County Department of Human Concerns (DHC). Other DHC Divisions include Kaunoha Senior Services, Grants Management, Immigrant Services, Homeless Program, Early Childhood, and Volunteer Services.

**Activities of the Area Agency**

MCOA, under the leadership, guidance and direction of the State EOA proactively plans, coordinates, implements and evaluates a comprehensive system of services that promotes and supports older people in maintaining independence and dignity in their homes and communities as long as appropriate.

Through functions related to the advocacy, planning, coordination, interagency linkages, dissemination of information, brokering, monitoring and evaluation, MCOA is diligent in the development and continual enhancement of a comprehensive and coordinated community-based system in each community on each of the three islands that make up the service area: Maui, Moloka’i and Lana’i. The convening of quarterly Aging Network meetings on Maui, Moloka’i, and Lana’i greatly assist in the fulfillment of these functions.

Direct services are provided by a network of community-based organizations located throughout Maui County who are contracted with MCOA. In addition, MCOA provides long-term support and services directly to *kupuna*, caregivers, family members and the public. Despite post-pandemic restrictions and state-wide labor challenges, MCOA connected with 13,766 unduplicated people in 2022.

The Maui County Office of Aging (MCOA) staff conducts outreach to elders to identify and assess needs. We also refer the elderly and individuals of all ages with disabilities to appropriate service providers.

Long-term services and supports include, but are not limited to:

- Adult day care
- Adult day care respite
- Alzheimer’s support
- Attendant Care
- Caregiver information and support
- Case management
- Chore services
- Congregate meals
- Disability Access Services
- Disease Prevention/Health Support
- Elder Abuse Prevention
- Financial Management
- Friendly visiting / telephone reassurance
- Home delivered meals
- Homemaker services
- Information and Assistance
- Nutrition
- Legal assistance
- Outreach advocacy
- Respite Care
- Personal care assistance
- Senior Centers
- Transportation
- Volunteer assistance and opportunities

## **MCOA Advisory Groups**

MCOA, in accordance with the Older Americans Act, has established an advisory council to advise the agency on the development, administration, and operations conducted under the area plan. Appointed by the mayor and confirmed by the County Council, this advisory board known as the Council on Aging, is comprised of 15 members representing older adults, agency and community representatives and stakeholders who provide advice and technical assistance to MCOA in addressing trends and issues related to aging. Geographic considerations are considered to allow for tri-isle participation. Meetings are held bi-monthly.

Additionally, the Commission on Persons with Disabilities assist the County in rendering services to persons with disabilities by performing duties such as reviewing county policies and practices; use of monies received from the federal and state governments designated for programs; county program and facility access, housing, employment, transportation and other activities that directly or indirectly impact persons with disabilities. The Commission on Persons with Disabilities also assists with educating community services providers and members of the community concerning non-discriminatory practices and laws regarding persons with disabilities.

## **Active Collaborations**

The main focus of active collaborations for **Maui County Office on Aging (MCOA)** is the Aging and Disability Resource Center (ADRC) which includes an array of private and public partners and formal and informal relationships. MCOA participates in and offers leadership in the following collaborations. In no particular order, they are:

1. Hawaii Family Caregiver Coalition
2. State Division of Transportation- Coordinated Planning
3. Maui County Emergency Preparedness Interagency Planning committee
4. Center for Disability Studies, University of Hawaii
5. Moloka'i Aging Network/Moloka'i Interdisciplinary Team
6. Maui Senior Planning and Coordinating Council (Maui Economic Opportunity)
7. Kupuna Caucus
8. Maui Community Partnerships (Coordinated Care Transition)
9. Case Management Coordination Program – Interdisciplinary Team
10. Healthy Aging Partnership- Empowering Elders
11. Maui Disability Alliance
12. Commission on Persons with Disabilities
13. Hi'i Na Kupuna Coalition (Grandparents raising Grandchildren)
14. Joint Advocacy Committee on Senior Affairs
15. University of Hawaii, Maui College- Cooperative Extension
16. Prevent Suicide Maui County Task Force



17. Adult Protective Services
18. Hawaii Pacific Gerontological Society
19. USAging
20. Healthy Eating +Active Living (HEAL) Coalition for Maui County
21. Maui Falls Prevention Coalition
22. State Falls Prevention Consortium
23. Maui Financial Abuse Team
24. Hale O Lanakila Clubhouse
25. Council on Aging
26. Policy Advisory Board for Elder Affairs
27. AARP Hawaii
28. Maui Voluntary Organizations Active in Disaster
29. American Society on Aging
30. University of Hawaii - Center on Aging
31. Hui No Ke Ola Pono
32. Job Corps- Career Technical Training Program
33. InformUSA (formerly Alliance of Information and Referral Systems)
34. Senior Medicare Patrol
35. State Health Insurance Assistance Program
36. Legal Aid Society of Hawaii
37. Alzheimer's Association, Maui
38. National Asian Pacific Center on Aging
39. Maui Metropolitan Planning Organization

## PART I

# OVERVIEW OF OLDER ADULT POPULATION, EXISTING PROGRAMS AND SERVICES, AND UNMET NEEDS

### A. Overview of Older Adult Population – Population Profile

Age is the single most important factor in understanding health status and the need and demand for health care resources. For the elderly, there is a clear relationship between age and mortality, prevalence of chronic conditions, and level of disability. Similarly, the elderly are the largest consumers of health care resources. Both age-related health status and resource utilization will be described in greater detail in subsequent sections.

**Hawai'i vs. U.S. Elderly Trend:** Until 2000, Hawai'i's elderly population, aged 65 and older, was growing at a much faster pace than the nation's elderly population.

As of 2023, Hawaii has 282,451 people aged 65 and older, which is 19.4% of the state's total population of 1.45 million. This is higher than the national rate of 16.8%, and Hawaii ranks 7th in the country for the highest share of its population aged 65 and older.

### State of Hawaii Older Adult Population Profile

**Table 1. Households and population in Hawaii in 2020**

	State of Hawaii	Honolulu County	Hawaii County	Maui County	Kauai County
Total households in 2020 (2020 decennial census)	490,267	336,412	73,021	56,122	24,712
Total population in 2020 (2020 decennial census)	1,455,271	1,016,508	200,629	164,836	73,298
Share of population 65 and over in 2020 (DBEDT estimates)	19.0%	18.3%	21.9%	19.2%	21.1%
Population 65 and over in 2020 (DBEDT estimates)	277,200	186,000	44,050	31,650	15,500

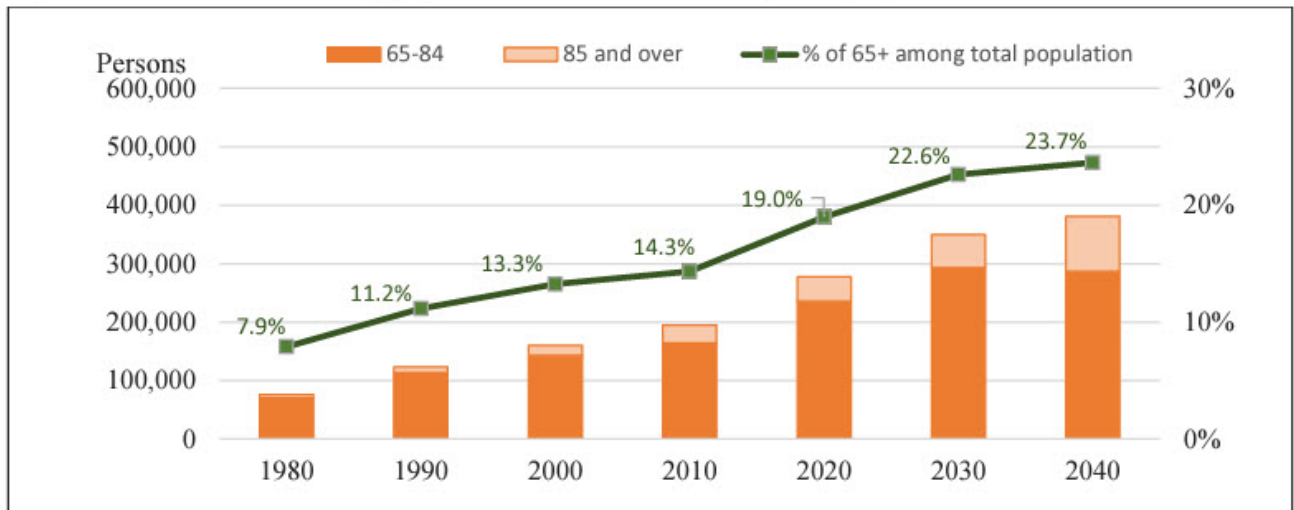
Source: DBEDT, Elderly Population in Hawaii: Current Living Circumstances and Housing Options, December 2021

Hawai'i has one of the fastest growing elderly populations in the country. From 2010 to 2040, the State of Hawai'i elderly population 60 years and older is expected to grow by 73%.

The state's 65 and older population has been growing rapidly, especially since 2010 when the first baby boomers turned 65. The oldest-old (85 and older) segment of the population is growing at a much faster rate than the 60-84 segment. By 2045, the oldest-old segment is expected to make up 27.4% of the elderly population, while the middle-old (75-84) and young-old (65-74) segments will make up 34.2% and 38.4%, respectively.

The older adult population is also expected to become more racially and ethnically diverse, with racial and ethnic minorities making up 34% of the population 65 and older by 2040.

**Figure 1. Growth of elderly population in Hawaii: History and Projection**



Source: DBEDT Population and Economic Projections for the State of Hawaii to 2045 with adjustments to reflect the actual counts of total population from the 2020 Decennial Census

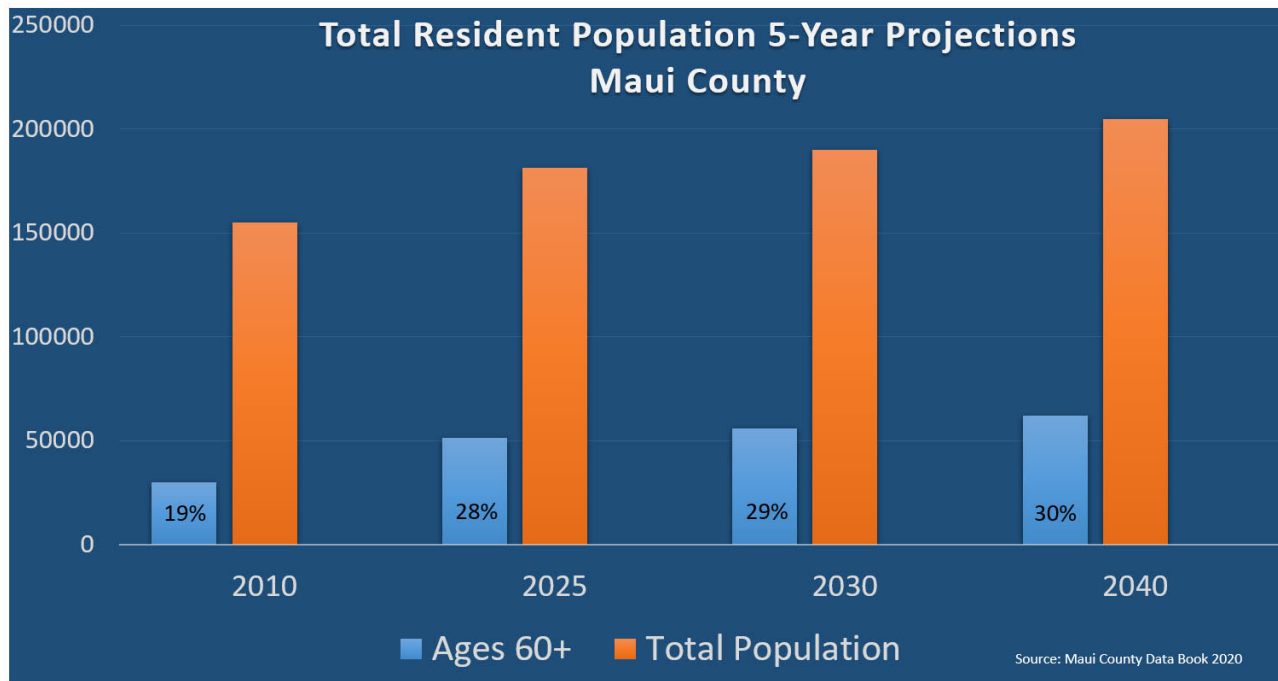
### Maui County's Older Adult Population Profile

The County of Maui is the second largest county by land area in the State of Hawai'i, consisting of four main islands: Maui, Moloka'i, Lana'i and Kaho'olawe. Together, these islands comprise a total land mass of 1,171 square miles, including 9 square miles of inland water. According to the 2020 Census data, the population has been increasing steadily and the estimated population of Maui County is 164,836

Maui County's percentage of older adults (65 and over) in comparison to the total population represents approximately 19.2% of the county's population. State of Hawaii Department of Business, Economic Development and Tourism long-range projections indicate that the number of individuals born between 1946 and 1964 will increase steadily in the next 20 years. (See Figure 1)

Individuals born between 1946 and 1964 are generally referred to as the “Baby Boomer” generations. With the large amount of Baby Boomers in Maui reaching the 60+ benchmark over the next 10 years, Maui will be presented with a notable increase in individuals in the older adult range that may need home and community-based services. See Figure 2.

**Figure 2. Total Resident Population 5-year Projections for the County of Maui**



### Life Expectancy

The U.S. Center for Disease Control’s (CDC) U.S. State Life Tables identified Hawai’i as having the highest life expectancy of any state at birth, or 80.7 years as compared to the average national life expectancy of 77 years in 2020. The State Department of Business Economic Development and Tourism (DBEDT) estimates a rapid increase in the population of those 85 years and older starting in 2030 as healthcare advances continue to increase life expectancy.

DBEDT’s projected implications anticipate by year 2040, one in four elderly residents will be age 85 years or older.

### Ethnicity and Language

The counties continue to show differences in ethnic composition. While the proportion of mixed ethnicity (more than 2) was between 18 to 20 percent in 2007, it has increased in each county, ranging from 22.6 percent to 30.3 percent in 2018 (U.S. Census Bureau QuickFacts: Hawaii County; Kauai County; Honolulu County; Maui County).

Hawai'i County has the largest proportion of Hawaiians/part-Hawaiians at 13 percent. Hawai'i County also has the largest proportion of mixed ethnicities (30.3 percent). Hawai'i and Maui have the largest proportion of Caucasians in their populations.

In Maui County, 77.9% of its residents speak only English, while 22.1% speak other languages. The non-English language spoken by the largest group is Asian and Pacific Island languages, which is spoken by 17.48% of the population.

According to the most recent report from the State of Hawaii, there are 25 languages that are spoken in Maui County. For further details and a breakdown of the top ten languages, see the table below, "Top 10 Languages Other Than English Spoken at Home for Maui County".

Top 10 Languages Other Than English Spoken at Home for Maui County					
Rank	Language	Number of speakers	% of total speakers	Speak English less than "Very Well"	% speak English less than "Very Well"
1	Ilocano	8,665	28.6	5,000	57.7
2	Tagalog	6,119	20.2	3,343	54.6
3	Spanish	2,750	9.1	1,105	40.2
4	Hawaiian	2,050	6.8	240	11.7
5	Japanese	2,006	6.6	820	40.9
6	Tongan	1,450	4.8	525	36.2
7	Marshallese	1,220	4.0	670	54.9
8	French	740	2.4	205	27.7
9	Mandarin	605	2.0	360	59.5
10	German	490	1.6	70	14.3

files.hawaii.gov › census › acs › Report › Detailed\_Language\_March2016

**Number of Chronic Conditions:** 'Chronic conditions' is a general category that includes chronic illnesses and impairments. It includes conditions that are expected to last a year or longer, limit what an individual can do, and/or may require ongoing medical care.

Common chronic conditions include hypertension, high cholesterol, diabetes, heart disease, asthma, respiratory diseases, arthritis, eye conditions, and certain mental health conditions. Twenty-five percent of people with chronic conditions have some type of activity limitation. The incidence for chronic conditions will likely grow over the next 10 to 20 years because of the expected increase in Hawai'i's elderly population and long-life expectancy. Advances in medical technology may also increase the incidence of chronic conditions as detection and treatment methods improve.

People with chronic conditions, particularly those with multiple chronic conditions, are the heaviest users of health care services. In 2001, the care given to people with chronic conditions accounted for 83 percent of U.S. health care spending. Ninety-six percent of Medicare spending is on behalf of people with multiple chronic conditions. Average per capita spending on people with one or more chronic conditions is more than five times greater than spending on people without any chronic conditions. Over the next two decades, chronic conditions in Hawai'i will need to be closely monitored to address resource and cost issues.

Because older age groups are affected more by chronic diseases, prevention, early detection, public education campaigns and community outreach may help elders better manage their chronic health conditions.

### Caregivers in Maui County

For the purposes of this area plan, family caregivers are defined as those individuals who provide unpaid regular care or assistance to a family member or friend who is 60 years of age or older. The responsibility to provide ongoing care and support impacts the lives of caregivers in different ways. Finding time to properly manage their own lives is often a problem and family caregivers struggle to find time to do the simple things in life such as run errands, sleep, manage their work properly or enjoy hobbies or time with friends.

State Profile: Hawaii			
Informal Caregivers	HI	US	Source
# of Caregivers (thousands)	154	38,000	AARP Valuing the Invaluable 2023 Update
# of Caregiving Hours (millions)	144	36,000	AARP Valuing the Invaluable 2023 Update
Value of Caregiving (millions)	2,600	600,000	AARP Valuing the Invaluable 2023 Update
Last Updated: August 2023; detailed citations available at <a href="https://caregiver.org/Hawaii-2023-1-1">caregiver.org / Hawaii-2023-1-1</a>			

A new AARP report on caregivers in Hawaii finds that an estimated 154,000 caregivers provided unpaid services at a value of \$2.6 billion which is an increase of \$500 million since data was last collected in 2019. The value is based on an estimated \$144 million hours of



unpaid family care at an equivalent hourly rate of \$18.09. (source: “Valuing the Invaluable” AARP 2023 Update)

MCOA values the caregivers in our community and is very conscious about reaching out to caregivers and providing them with the resources they need. One avenue for such outreach involves the annual Caregiver’s Conference. At this conference, caregivers have the chance to network with professionals, and enjoy a positive social experience. Additionally, MCOA works in partnership with the University of Hawaii College of Tropical Agriculture and Human Resources (UH-CTAHR). UH-CTAHR provide an evidence-based program known as *Powerful Tools for Caregivers*. Caregivers participate in the six-week program. During the six-week program, family caregivers learn skills necessary to avoid burnout. Caregivers in Maui County are appreciated, valued and MCOA will continue to promote their wellbeing. Caregivers represent an unnoticed economic benefit and need all the support they can receive. Also, according to NCOA 2017-2018 national database 40.4 million family caregivers cared for someone age 85 or older, 13 percent cared for someone age 65 to 69.

### **Grandparents and other relative caregivers in Maui County**

According to the AARP Foundation in 2017 in Hawaii 63,047 children lived in grandparent-headed households (20.9% of all the children in the state). There were another 15,443 children living in households headed by other relatives (5.1% of all the children in the state). Of the children living in households headed by grandparents or other relatives in Hawaii, 3,590 were living there without either parent present.

The Foundation further reported that 12,621 grandparents are responsible for their grandchildren living with them (2,247 in Honolulu): 22% of these grandparents were Native Hawaiian and other Pacific Islander; 9% were Hispanic/Latino; 37% were Asian; and 12% were White. Thirty percent of these grandparents lived in households without the children’s parents present. Fifty-five percent were under the age of 60; 11% lived in poverty.

In Maui County, the exact numbers of grandparent or relative caregivers that are raising children, are not precisely known; however, it is evident through outreach that many of our families continue to manage balancing the complex needs of intergenerational families living in one household.

Hi’i Na Kupuna is a coalition that began in 2004 in which MCOA is an active participant. This informal group of agency providers has dedicated themselves to understand and serve the needs of grandparents and other relative caregivers in our County. Hi’i Na Kupuna conducted a needs assessment in 2010-2011 which determined that caregivers are specifically looking for support groups, financial assistance, and programs for their children under the age of 18. Hi’i Na Kupuna was placed on pause during the pandemic in 2020. There are plans to restart the program in 2024.

Additionally, MCOA provides legal services for grandparents 55 years and older who maintain physical custody of grandchildren in their homes.

## **B. Overview of Adult Population – Needs Assessment and Unmet Needs**

### **MCOA Area Plan Development Process**

The planning process used to develop the 2023-2027 MCOA Area Plan is divided into two distinct phases: 1) Data Gathering and 2) Plan Development.

The data gathering phase was designed to determine the needs of Maui County’s older adults and their caregivers through survey collection and a series of seven geographically defined focus groups/listening sessions. Additionally, the information obtained through these two methods was then synthesized by MCOA leadership, shared with staff and other stakeholders. The process established a mutually developed blueprint and framework for the four-year Area Plan. The four-year plan is designed to be a true working document that will guide the Division over the next four years. The plan will be reviewed and modified continually. The delineated strategies and timelines will be used as benchmarks for the delivery of a comprehensive and coordinated system of services for older adults.

### **Data Collection Methodologies**

From October 2022 through March 2023, MCOA conducted a countywide needs assessment to identify trends, issues and concerns from the perspective of Maui’s older adults and caregivers. Surveys gathered from the elderly, caregivers, and key stakeholders were used as a primary information gathering tool to assist in guiding the direction of the area plan.

### **Surveys (October 2022 to March 2023)**

- **Older Adult Survey (age 55 yrs and older)**

MCOA distributed surveys at Senior Centers, Nutrition Sites, Senior Clubs and community events to seniors over the age of fifty-five. The survey was also posted on the Maui County ADRC website to provide an alternate format to obtaining feedback from this group. MCOA collected 470 senior surveys.

- **Caregiver survey**

MCOA distributed surveys at Senior Centers, Nutrition Sites and Senior Clubs to individuals identifying themselves as a caregiver of an older adult (including adult children under 60 years and grandchildren under the age of 18). Surveys were done at outreach and senior events, mailed to caregivers subscribing to monthly newsletters and posted online. MCOA collected 142 caregiver surveys.

MCOA staff members attended various meetings and trainings to ensure that the resulting area plan align consistently with the EOA goals and ADRC and system's change mandates. These meetings and trainings are listed below:

- Staff participated in statewide Planners Meetings conducted by the Executive Office on Aging to provide support, assistance, and direction.
- Staff participated in the EOA capacity building workshops. Leadership workshops were directed towards topics such as collaboration, needs assessments, data collection, and evaluation. Area agency staff advanced their knowledge and obtained the necessary skills to implement different elements and components required for the Area Plan.
- In the needs assessment and information meeting staff would discuss the various ways to disseminate information. Information would be circulated through the local news and weekly newspaper regarding meeting times.
- Two public hearings were scheduled at Cameron Center to provide an opportunity for anyone to comment on the Area Plan.

### **Overview of Findings and Unmet Needs**

MCOA staff identified the following themes from community surveys, meetings, and capacity building workshops, in no particular order: (1) Access to Core Services and Information, (2) Built Environment, Housing and Home Modification, (3) Caregiver Support, (4) Social Isolation

#### *Access to Core Services and Information*

In many cases, older adults and caregivers contact the Maui County Office on Aging during a time of crisis. Forty-five percent (45%) of older adults and caregivers surveyed indicated that they were unaware of what resources were available in the community or how to get information, while others indicated that they were unable to afford to pay for services out of pocket. Providing useful information about assistance programs and community resources, especially to older adults and caregivers in the rural areas, can help residents age in place. Access to services in the rural areas however, are limited due to workforce shortages and capacity.

#### *Built Environment, Housing and Home Modification*

A tight and expensive housing and rental market contributes to Maui County's older adults being unable to transition into housing that is accessible and meets their needs to age in place. Respondents indicated a need to improve the built environment in our community that include walkable neighborhoods and transportation options. Responses also indicate the need to prioritize the development of affordable, age-friendly housing options that accommodate the mobility and accessibility needs of our senior population, ensuring they can live comfortably and independently for as long as possible.

### *Caregiver Support*

Caregivers surveyed reported moderate levels of stress associated with their responsibilities and expressed significant concerns about the effects of caregiving on their own health and future well-being. Notably, approximately 70% of respondents indicated a strong need for additional in-home respite services to provide much-needed breaks. Furthermore, caregivers identified the importance of home renovations to create more age-friendly environments, as well as the need for practical training in hands-on care techniques, such as assisting with bathing, transferring, using medical equipment, and managing behavioral challenges. Social isolation also emerged as a pressing issue closely linked to caregiving.

### *Social Isolation*

Respondents indicated satisfaction in activities provided through faith communities, social organizations, volunteer work, and the Kaunoa Senior Center, but also expressed interest in additional opportunities for social activities and reliable transportation options to these activities. They emphasized the importance of being in places where they felt safe to interact with others. This underscores the need not only to expand the range of social activities available, but to also create environments that foster connection, a sense of belonging, feelings of equity and trust, and reduce social isolation among older adults. Respondents expressed interest in recreational opportunities (field trips, games, dining, arts and crafts, etc.) and fitness opportunities (exercise classes, group walking, etc.).

### **C. Description of Existing Programs, Services, and Initiatives**

Maui County Office on Aging operates under the general framework of program and service delivery for older adults as developed and directed by the State by the Executive Office on Aging. This framework is drawn from the **Older Americans Act**, as amended in 2016, and Chapter 349, Hawaii Revised Statutes. They are consistent with the objectives of the Older Americans Act, as amended in 2016, the U.S. Administration for Community Living's goals, and Chapter 349, Hawaii Revised Statutes Goals.

#### **The Older Americans Act**

The Older Americans Act is the primary and contributing federal legislation designed to address the needs of older Americans. The Older Americans Act of 1965, as amended, "... declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Native American tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- an adequate income in retirement in accordance with the American standard of living;
- the best possible physical and mental health which science can make available, without regard to economic status;
- obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford;
- full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- opportunity for employment with no discriminatory personnel practices because of age;
- retirement in health, honor, and dignity--after years of contribution to the economy;
- participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities;
- efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals; and
- immediate benefit from proven research knowledge which can sustain and improve health and happiness; and freedom, independence, and the free exercise of

individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.”

### **Aging and Disability Resource Center**

In 2011, the Hawaii Statewide Aging and Disability Resource Center (ADRC), was implemented where information, services, and supports were centralized for single-point entry to streamline access to publicly funded support. The ADRC is intended to serve as the highly visible and trusted place where people of all incomes and ages can get information of the full-range of long-term support options.

The ADRC is the gateway for older adults to access Kūpuna Care, Kūpuna Caregiver and Older American Act services, as well as private pay options for all populations. The AAAs also provide information, referrals, and linkages for persons with disabilities that include physical disabilities, developmental disabilities or mental illness, as well as for children with long-term support needs. The ADRC also screens and links individuals to the state Medicaid agency if the individual requesting assistance is likely to be eligible for Medicaid.

The four Hawaii Area Agencies on Aging have adapted standardized tools and protocols, and the Hawaii State Executive Office on Aging has implemented a consolidated statewide database.

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

NWD is increasing active collaboration with state agencies such as the Department of Human Services Medicaid and Vocational Rehabilitation Divisions; the Department of Health Executive Office on Aging, Adult Mental Health Division, Developmental Disabilities Division, Disability and Communication Access Board, Hawaii State Council on Developmental Disabilities, the Language Access Advisory Council, the Hawaii Department of Defense Office of Veterans Services, and with community organizations and councils such as Centers for Independent Living.



**D. Description of Community Focal Points, Multi-Purpose Senior Centers, Nutrition Sites, and Home Delivered Meal Providers**

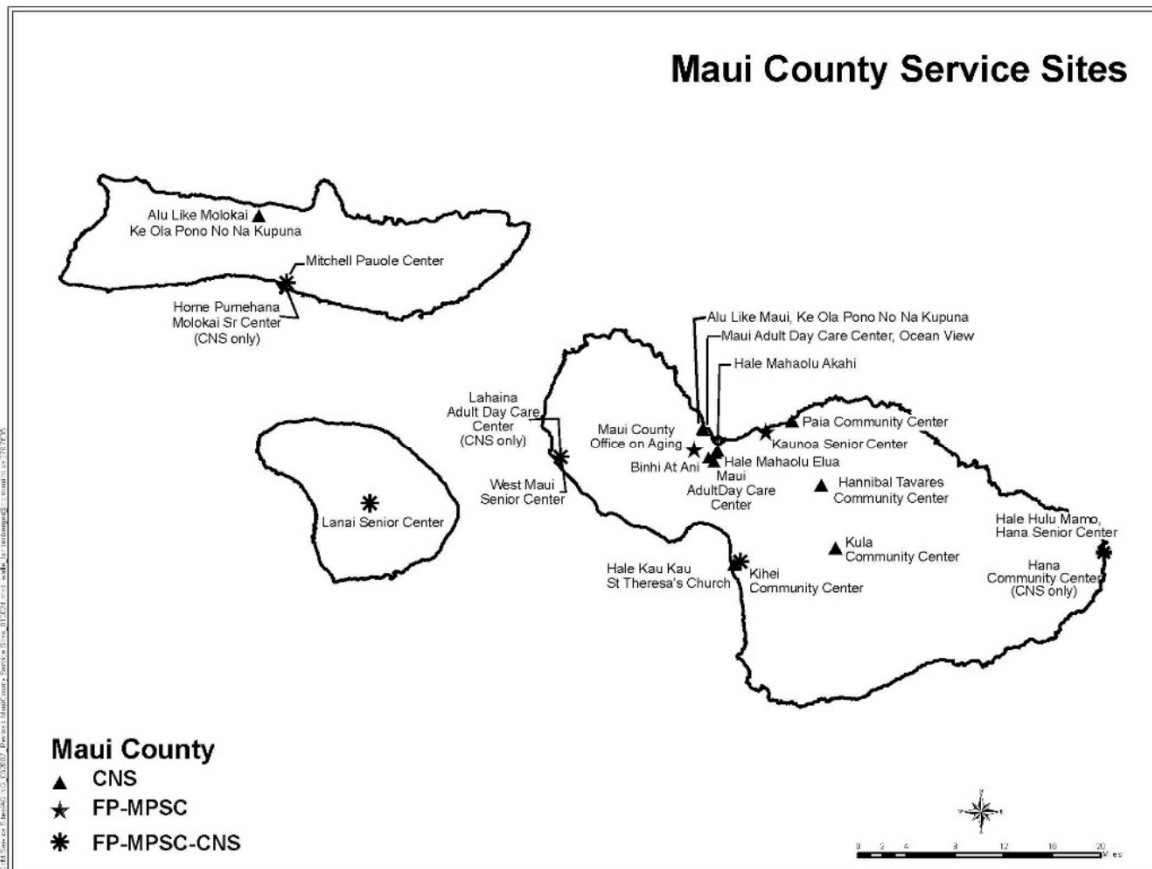
**Community Focal Points**

Focal points are visible community partners where members of our local communities can find information and gain access to a full range of aging services. They are established to encourage the maximum collocation and coordination of services for older persons. The following centers have been designated as Focal Points in their communities:

<b>Focal Points and Multi-Purpose Senior Centers</b>		<b>Areas Served</b>
Hale Hulu Mamo, Hana Senior Center	5101 Uakea Road, Building G Hana, HI 96713	Hana, Nahiku, East Maui
Home Pumehana	290 Kolapa Place Kaunakakai, HI 96748	Moloka'i
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	Countywide
Maui County Office on Aging	95 Mahalani St, Rm 20 Wailuku, HI 96793	Countywide
Mitchell Pauole Center	Ala Moana Street Kaunakakai, HI 96748	Moloka'i
Lana'i Senior Center	7 <sup>th</sup> Street Lana'i, HI 96763	Lana'i
Kihei Community Center	303 E. Lipoa Street Kihei, HI 96753	Kihei, Maalaea, Wailea, Makena

## Multi-Purpose Senior Centers

These centers coordinate and integrate services for older adults that include but are not limited to congregate meals, community education, health screening, exercise/health promotion programs and transportation.



## Congregate Nutrition Sites

Congregate nutrition sites are group settings that provide nutritious meals to older adults at least once a day while providing opportunities for social engagement and connecting people with community services.

<b>Congregate Nutrition Sites**</b>	<b>Areas Served</b>	<b>Congregate Units</b>	<b>HD Meals Units</b>	<b>Days and Hours</b>
Central Center @ KCC Annex** 275 Uhu Street, Kahului	Kahului	1146	N/A	Mon-Tue 8:30 – 11:30
Hale Kau Kau - St. Theresa Church** 25 W. Lipoa Street Kihei HI, 96753	Kihei	1480	2264	Weekdays, 5 pm – 6 pm Weekends, 4:30 pm – 5:30pm
Hale Mahaolu Akahi** 300 West Wakea Avenue Kahului, HI 96732	Akahi Tenants and Kahului	8855	N/A	Mon - Fri, 8:30 am – 11:30 am
Hale Mahaolu Elua 200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului	2350	N/A	Mon - Fri, 8:30 am – 11:30 am
Hana Community Center** 1501 Uakea Road Hana, HI 96713	Hana, Nahiku	2057	N/A	Tues, Thurs & Fri 9 am – 12 pm
Hannibal Tavares Community Center** 91 Pukalani Street Pukalani, HI 96768	Pukalani	2216	N/A	Mon & Thurs, 8:30 am – 11:30 am
Home Pumehana/Moloka'i Senior Center** Kolapa Place Kaunakakai, HI 96748	Home Pumehana Residents and Kaunakakai, Hoolehua, Kualapuu	7545	N/A	Mon, Wed & Fri, 9 am – 12 pm
Kahului Union Church 101 W. Kamehameha Avenue Kahului, HI 96732	Kahului	3647	N/A	Tues & Thurs, 8:30 am – 11:30 am

Congregate Nutrition Sites**	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Kaunoa Senior Center** 401 Alakapa Place Paia, HI 96779	Maui County	*Number being counted towards Hannibal Tavares CC	126,323	Meals Delivered Mon - Fri
Kihei Community Center** 303 E. Lipoa Street Kihei, HI 96753	Kihei	1589	N/A	Tues & Fri, 8:30 am – 11:30 am
Kula Community Center** Lower Kula Road Kula, HI 96790	Kula, Keokea	1255	N/A	Tues & Fri, 8:30 am – 11:30 am
Lana'i Senior Center** 7 <sup>th</sup> St. Lana'i City, HI 96793	Lana'i	4153	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center** 11 Mahaolu Kahului, HI 96732	Kahului	13691	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center – Kihei** 56 Ehiku Street Kihei, HI 96753	Kihei	2595	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Lahaina** 810 Kelaweia Street Lahaina, HI 96761	Lahaina	2954	N/A	Destroyed in the Maui Wildfires

Congregate Nutrition Sites**	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Maui Adult Day Care Center - Ocean View** Kahului Beach Road Kahului, HI 96732	Wailuku	6456	N/A	Mon – Fri, 8:30 am – 11:30 am
Mitchell Pauole Center Ala Malama Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu	*Number being counted towards Molokai Senior Center	N/A	Tues & Thurs, 9:30 am - 12 pm
Velma Santos Community Center Makakoa Place Wailuku, HI 96793	Wailuku	*Number being counted towards Central Center	N/A	Mon & Wed, 8:30 am – 11:30 am
West Maui Senior Center 778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina	2820	N/A	Destroyed in the Maui Wildfires
ALU LIKE Maui, Kumu Kahi 95 Mahalani St., Suite 28-1B Wailuku, 96793	Central Maui, Paukukalo	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Mon - Thurs, 9 am – 12 :30 pm HD Meals
ALU LIKE Moloka’i, Kumu Kahi 10 N. Mohala St. Kaunakakai, HI 96748	Island wide	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Congregate - 9:45 am - 12:45 pm Hoolehua - Mon & Wed Kaunakakai – Mon, Tues & Thurs HD Meals - Mon - Fri

Congregate Nutrition Sites**	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Hale Mahaolu CHSP Meals Program** 300 Wakea Ave & 200 Hina Avenue Kahului, HI 96732	Honolua, Napili, Kaanapali, Lahaina	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Meals Delivered Daily (evening and weekends)

### E. Maui’s Diverse Communities

Maui County is made up of three unique islands with multiple communities that connect the diversity of its people and the land. Data provided here was obtained from the 2017-2021 American Community Survey, the current census information, input from key informants and focus groups, survey data and online sources.

#### Moloka’i

Moloka’i is the fifth largest of the Hawaiian Islands with a land area of 260 square miles. Moloka’i is 38 miles long and 10 miles wide. Moloka’i has a variety of climate zones. East Moloka’i is cool and wet with dense rainforests and mountain valleys. West and Central Moloka’i are warmer with the driest land being along the coastal areas of West Moloka’i. Its principal towns are Kaunakakai, Kualapuu, West Moloka’i and East Moloka’i.

Nearly 40% of Moloka’i residents are of Hawaiian descent. Over 2,500 of the island's inhabitants have more than 50% Hawaiian blood. Filipino is the next largest ethnic group.

Moloka’i is geographically diverse. Perpetually green valleys, tumbling waterfalls, scented pine forests, tangled bamboo thickets, trackless beaches, drifting sand dunes and the world’s tallest sheer sea cliffs that hang from clouds to earth, dropping 3,000 vertical feet to the sea.

Moloka’i’s economy has seen its share of struggles, offering few employment opportunities because of the demise of its sugar and pineapple industries in the 1990s, the closing of Moloka’i Ranch in 2005, and the downsizing of agricultural businesses. Tourism has a small impact on Moloka’i as the residents weigh the extent to which the benefits from tourism can be maintained, while sustaining the quality of the community’s social, economic and environmental assets.

Moloka'i has a congregate meal site servicing senior in Kaunakakai daily. From October 2022 to September 2023: congregate meals served was 7545 meals to 45 seniors. There are 77 participants for home delivered meals. Total MCOA participant meals in the same period served was 10,788 meals. Additionally, there are 34 active caregiver participants who received 4,788 meals served. Overall, participants receiving services from MCOA: 183 totaling \$25,325. Caregivers receiving services from MCOA: 56 totaling \$8,531.

There is just one senior housing community on Moloka'i, Home Pumehana in Kaunakakai. Na Pu'uwai operates an adult day care in town as well. There are two adult residential care homes (ARCHs) on Moloka'i.

There are two airports on Moloka'i: Moloka'i Airport or Ho`olehua Airport is located in the center of the island and Kalaupapa Airport is located on the Kalaupapa Peninsula two miles north of the Kalaupapa community.

Kalaupapa is a small unincorporated community located on the Kalaupapa peninsula that has much historical significance on Moloka'i. The village is the site of a former Hansen's disease settlement. Kalaupapa is presently under the Department of Health's jurisdiction and affiliated with the Federal National Park.

## **Upcountry**

On the western slopes of Haleakala, just below the cloud line, exists Maui's unique setting stretching from Kula and Ulupalakua in the south and Makawao in the north. This is Maui's "Upcountry."

Upcountry is a unique place where many of Maui's families have deep roots and connections. Upcountry Maui has its rich history in agriculture under a system of land division called *ahupua'a*. These zones represented the areas of forest, agriculture, shoreline and ocean and each provided the goods and resources of their district. This rural region is indeed "country" and is much defined by agriculture.

Upcountry is made of the following individual communities that recognize their citizenship as part of the Upcountry scene. Each enjoys their own individual personalities, histories and microclimates.

According to the US Census 2020, the total Upcountry area population is 35,510.

There are three congregate meal sites in the upcountry area: Kula, Pukalani, and Paia. Several other congregate meal sites have existed in the past, but changing community needs resulted in the consolidation of these Upcountry sites. For the period October 2022 through September 2023: congregate meals served were 3,471 to 77 seniors. There were 159 participants for home delivered meals. The total participant meals served was 26,093.



Additionally, there were 65 caregivers who were served 10,355 meals in the same period. Overall, participants receiving services from MCOA: 476 totaling \$59,214. Caregivers receiving services from MCOA: 149 totaling \$22,754.

There are two senior living complexes in Upcountry, Hale Mahaolu Eha and Hale Mahaolu Ewalu. Hale Mahaolu Eha is a senior housing site for individuals aged 62 and above located in the quaint Makawao town. Eha offers 40 units, beautiful grounds, and peaceful living. Eha is located near groceries, the post office, & Komoda bakery. Hale Mahaolu Ewalu is a senior rental housing complex for individuals aged 62 years and above in the Kulamalu Community Center in Pukalani. Phase I opened its doors to its first residents in February 2019 with 38 affordable subsidized rental units (36 one-bedroom / one-bath and two (2) two-bedroom / one bath), and one manager's unit. The application and waitlist is managed by the County of Maui Department of Housing Section 8 office. Hale Mahaolu Ewalu II, the second phase of the Ewalu senior housing complex, opened its doors to residents in August 2020 with an additional twenty-two non-subsidized one bedroom / one bath units. Hale Mahaolu manages the application and waitlist for Ewalu II. Upcountry seniors cite the need for additional senior housing, adult day care, transportation options and more linkages with neighbors and communities to assist in meeting every day needs for care and safety. Upcountry seniors value companion/visiting services, respite care, transportation, homemaker/chore and personal care services the important services necessary for older adults living Upcountry. Kaunoa Senior Center, located in Pa'ia, is a central hub of activity for senior programs and activities.

## **West Maui**

West Maui covers the areas of Olowalu, Launiupoko, Puamana, Lahaina, Kaanapali, Honokowai, Kahana, Napili, and Kapalua. The area is generally dry and hot and susceptible to fires and coastal impacts. Lahaina was the royal capital of the Kingdom of Hawaii from 1820 to 1845. The history of Lahaina, is steeped in the sugar plantation industry. Many of its long-time residents living in West Maui have strong roots with the plantation. Like other parts of Maui, West Maui has its beautiful beaches and is reminiscent of Old Hawaii. This side of Maui has been known for its development of numerous hotels and tourist/cultural attractions (e.g. Front Street, Halloween Night, and Plantation Days). In recent years, West Maui experienced the approval and construction of various residential housing projects.

According to the 2020 Census, the entire West Maui Population was estimated at 20,826. Of that total number, approximately 4,012 people were ages 60 and older.

West Maui is about an hour drive from Central Maui. Bus transportation is available through the county and non-profit contractors. Lahaina harbor is a major point of access for ferry rides that connect Maui Island to Lana'i. Residents on Maui and Lana'i islands utilize the ferry as a means for transportation to and from work.

Two congregate meal sites offer lunches to West side seniors, (Maui Adult Day Care five days a week and the West Maui Senior Center three days a week). For periods October 2022 through August 2023: there were 83 seniors receiving congregate meals with a combined total of 5,774 meals served. There were 41 participants receiving home delivered meals. The total participants meals served was 4,985. Additionally, there were 7 caregiver participants receiving a total combined 641 caregiver meals. Overall, current participants receiving services from MCOA: 197 totaling \$22,015. For the same period, active caregivers receiving services from MCOA: 44 totaling \$6,961.

For social opportunities, the West Maui Senior Center, run by Kaunoha Senior Center, offers a variety of activities to engage older adults in lifelong learning and growth. The Lahaina-Honolua Senior Club is the largest club of the non-profit Maui Economic Opportunity. To date, the West Maui community continues to advocate for an acute care hospital in the Ka'anapali area. Transportation barriers are a major issue towards medical care and community-based services in West Maui. Travel to essential health care services such as the Maui Memorial Medical Center in Wailuku have an average travel time of 45 minutes in a single passenger vehicle, and 60 to 180 minutes by bus.

## **Central Maui**

Sprawling below the West Maui Mountains is Wailuku, the civic, financial and cultural center of Maui. County and state offices are conveniently located within walking distance from each other. Incidentally, the Maui County Office on Aging is located in Central Maui. The narrower streets and older plantation style architecture and historical buildings add charm to Wailuku Town. Wailuku is the gateway to Iao Valley, one of Hawaii's most sacred and beautiful sites. A few "mom and pop" stores are sprinkled around town. Market Street becomes alive with music, good food and great company during "First Friday" events.

Wailuku as well as Kahului comprise Central Maui. Hailed as "Dream City", Kahului was built in 1948 by Alexander & Baldwin Sugar Plantation to provide affordable housing for plantation workers. Maui's first railroad was built in the 1880's to haul sugar from the fields to the refinery and harbor. Hawaii's second busiest airport, the Kahului Airport and a seaport are found in Kahului as well as the island's largest shopping center and the University of Hawaii Maui College. Kahului is considered the business and industrial center of Central Maui.

Smaller, less populated towns of Waihee, Waiehu, Waikapu and Puunene also comprise the central area of the Valley Isle. Lesser known communities of Puuohala, Piihana, Kahakuloa and Paukukalo contribute to the beauty and uniqueness of Central Maui. A rich and diverse blend of cultures exist in this district with Asians making up the majority. Pride of culture is reflected in events such as the Okinawan Festival, Barrio Fiesta, Maui Matsuri and Chinese

New Year festivals. The largest resident population of all districts on Maui is found in Central Maui.

Many find that living in Central Maui is convenient because there are more services available including those for the elderly and persons with disabilities. Maui Economic Opportunity (MEO) and Maui County operate buses. Eligible seniors are linked with Kaunoa Transportation services by the Maui County Office on Aging. For period October 2022 through September 2023: 521 seniors received congregate meals totaling a combined 21,483. There were 309 active participants receiving home delivered meals. The total participant meals served was 50,163 meals during that period. Additionally, there were 106 caregiver participants receiving a combined 16,466 meals. Overall, current participants receiving services from MCOA: 941 totaling \$154,923. Current caregivers receiving services from MCOA: 274 totaling \$52,664.

Hale Mahaolu delivers meals 365 days a year. Hot lunches are delivered 5 times a week to frail and homebound elderly of the ALU LIKE Program.

Senior housing is available at Lokenani Hale and Hale Mahaolu Ekolu in Wailuku. Next door is Lokahi Akahi Housing, operated by Lokahi Pacific. It offers affordable apartments for persons with disabilities. Elua, Akahi and Elima are Hale Mahaolu's Kahului sites. The only assisted living residence, Roselani Place, is located in Kahului. Hale Makua operates skilled nursing facilities in Kahului (254 beds) and Wailuku (124 beds). Presently, there are 10 Adult Residential Care Homes and 23 Adult Foster Care Homes on Maui.

Active seniors have a selection of two congregate meals sites in Wailuku: Waikapu Community Center and Velma McWayne Santos Center. Kupuna of Hawaiian ethnicity enjoy the program at ALU LIKE's Paukukalo Community Center. Hale Mahaolu Elua, Akahi and Elima sites are filled with smiles and laughter as seniors exercise to Zumba, shout out "Bingo" when the right numbers are called and just enjoy talking story with others. The largest program is situated at Hale Mahaolu Elua. Most centers meet twice a week. Elua and Akahi sites serve congregate meals five days a week.

One segment of Maui Economic Opportunity's (MEO) numerous community services is supporting independent senior clubs where participants immerse themselves in various activities to remain active in the community. Several clubs in Central Maui enjoy the benefits of health education, excursions and a number of other activities. Legal services, Senior Community Service Employment Program (SCSEP) and Red Discount Card are a few services available to seniors.

Caregivers of frail adults requiring supervision can entrust their loved ones in the capable hands of the Maui Adult Day Care Centers (MADCC) staff in Kahului and Wailuku. The Nisei Veterans or Oceanview facility in Wailuku and the Kansha Preschool share the same property

and scenic views of the ocean. The common location offers the frail adults opportunities to participate in intergenerational activities.

Most of Maui's medical services are available in Central Maui. Kaiser Permanente and Maui Medical Group have their larger clinics here. In addition, there are a number of independent medical professionals. Maui Memorial Medical Center (196 beds), the only hospital on Maui, is located in Wailuku.

Maui County Office on Aging assists 1215 seniors in Wailuku and Kahului to help them live independently in their homes. Transportation, housekeeping and personal care are a few of the services available to meet their needs.

Although Central Maui seniors and persons with disabilities have access to a greater array of services, many have identified what is inadequate or unavailable. A few mentioned the need for more accessible and increased frequency of transportation, respite services for caregivers, adult day care and affordable programs to help with yard work and retrofitting homes to safely age in place.

### **South Maui**

The drive to South Maui is dotted with acres of agricultural fields. Typically, dry and hot during the summer months, this area, which is comprised of Maalaea, Kihei, Wailea, and Makena, sometimes faces torrential rain runoff from the upper regions of Maui. Like West Maui, this area is a travel hotspot with numerous vacation accommodations (hotels, short term rentals) and activities to satisfy both visitors and locals alike.

Kihei and Makena beaches like Sugar beach, Kamaole beaches and Makena landing are hotspots for wind and water activities.

Of South Maui's population of 29,414 individuals (Data USA 2020). Hale Mahaolu Ehiku, a housing complex for seniors, was first developed in 2007 and now provides 114 housing units, along with a salon, dental practice, and an adult day care center run by Maui Adult Day Care Centers. Kalama Heights Retirement community is another independent living option for seniors. Opened in 2000, the 120 unit facility is home to 100 residents and offers an array of services. Community clubs like the Kihei Piliialoha Club and Kihei AARP provide venues for older adults to remain engaged in civic activities.

South Maui has two active congregate meal sites which is located at the Kihei Center senior community. Maui Adult Day Care also uses the Ehiku facility to provide services in the South Maui Community. For periods October 2022 through September 2023: there were 75 seniors receiving congregate meals for a combined total of 4,184. There are also 36 seniors receiving home delivered meals through MCOA referrals to providers. Total participant meals served is 4,736. Additionally, there are 11 caregiver participants who received a combined 1,506

caregiver meals during the same period. Overall, participants receiving services from MCOA: 232 totaling \$27,320. Caregivers receiving services from MCOA: 57 totaling \$9,173.

Hale Kau Kau, which is a program of St. Theresa's church, provides daily meals to the housing and food insecure to everyone most specially to the elderly and disabled recipients. In August 2023, Hale Kau Kau served 4,423 meals. Home delivered meals totaled 2,331. On-site meals totaled 1,578 served.

The area of South Maui is relatively flat. At times, coastal roadways are subject to flooding and tsunamis. The main transportation service is bus transport provided by the county and contracted companies. The infrastructure of roads and sidewalks is an issue that seniors and disability advocates are seeking improvements. Maalaea Harbor is known for its blustery winds and water activities. Due to the recent devastation in West Maui, Maalaea currently functions as a major port. The Lana'i ferry now docks temporarily in the Maalaea Harbor. The Maui Ocean Center is a state-of-the-art marine park that was opened in 1998 and features the undersea creatures found in our tropical waters. Lipoa (formerly Maui Research Technology Park) in central Kihei is home to the US Space Force, Boeing, Maui Brewing Company and 16 other businesses and is touted as Maui's Innovation Community. (source is Lipoa website) With its expanse of land and development potential for housing, parks, and businesses, South Maui continues to be a focal interest of the county. South Kihei Road is home to the National Marine Sanctuary Visitor Center while North Kihei Road is home to the Kealia Wildlife refuge.

### **East Maui**

This part of Maui covers a vast land area including Keanae, Nahiku, Hana, Kaupo, and Kipahulu. East Maui has the lowest population of any region on Maui, about 2,291 or 1% of the total population of the island. The road to Hana is only 52 miles from Kahului, however the drive can take anywhere from 2 to 4 hours to complete. Hana Highway (HI-360) has 600 curves and 59 bridges, of which 46 are only one lane wide. Products are brought in to East Maui residents by truck. Hana is home to one of three airports in Maui but the cost to fly commercially is almost \$180 one-way. There are 2 stores in Hana: the famous Hasegawa's General Store and Hana Ranch Store.

According to a local source, the majority of the seniors live with other people who are identified as caregivers. Most of the seniors remain active. In this area there is one congregate meal site: Hana Community Center (open 3 days a week—Tue, Thu for Hana; Fri for Keanae and Nahiku). Home delivered meals are offered 5 days a week utilizing Title III Older American Act funds. Hana Health Center provides home delivered meals several days a week utilizing Title VI Older American Act funds.

For period October 2022 through September 2023: 21 seniors received congregate meals totaling a combined 2,057 meals served. There were 15 participants receiving home delivered meals. The total participant meals served was 2,455. Additionally, there were 12 caregivers receiving a combined total of 1,639 meals served. Overall, current participants receiving services from MCOA during this period was 35 totaling \$4,259. Current caregivers receiving services from MCOA: 17 totaling \$1,832.

Currently, there are no long-term senior housing options in East Maui other than living in a private home. The primary agencies that assist the elderly and disabled populations are Kaunoha Senior Services (Meals on Wheels/congregate), Hana Health Center provides medical and limited dental services, Hale Hulu Mamo Senior Center and respite care program managed by Maui Adult Day Care Centers (MADCC), Ohana Makamae Family Resource Center (including Family Counseling and substance abuse help), Hui No Ke Ola Pono (Native Hawaiian Health practice - medical visits twice a week from a doctor coming from Central Maui) and Hana Community Dialysis Home.

There is one social club for older adults in the area: Hanalani MEO Senior Club.

## **Lana`i**

Lana`i is the sixth largest of the main Hawaiian Islands and the smallest publicly accessible inhabited island. Lanai has a total area of 140.5 square miles and the highest elevation at Lana`i Hale is 3,366 feet. Lana`i City is situated in the upper elevations of central Lana`i. Lana`i's population is about 3,315 in 2023 at the World Population Review; 772 of whom are age 60 years and older.

Lana`i was once known as the "Pineapple Island" and was home of the world's largest pineapple plantation which opened in 1922 by the Hawaiian Pineapple Company – later renamed Dole Company. In 1985, billionaire businessman David Murdock garnered ownership of 98 percent of Lana`i and had taken over Dole's parent company, reformed to Castle & Cooke. His presence has defined the development and life on the island. In June 2012, billionaire businessman Larry Ellison purchased Lana`i from David Murdock and became owner of 98 percent of the island (the remaining percentage is owned by the state, county and individual homeowners). Since then, Lana`i island has seen its only community pool enhanced and the old theater refurbished to full functionality. Today, the island's main employer is the Four Seasons Resorts with two locations: Four Seasons Resorts Manele Bay (formerly the Manele Bay Hotel) and Sensei Lanai, A Four Seasons Resort in Koele (formerly the Lodge at Koele). Larry Ellison transform the Manele Bay into a luxury resort and at Koele into a wellness and spa resort in 2015. In the heart of Lanai City is Dole Park Square which is surrounded by two grocery stores, restaurants, Beauty Salons, banks and retail stores. Young Brothers ship cargo once a week at Kaumalapau Harbor to deliver dry goods, produce and mixed cargo. There are two preschools and one public school serving grades Pre-K - 12 and there are no stop lights on the island.

The remoteness of Lanai has posed some challenges. For example, there is currently only one home health agency that is situated on island and that is Lanai Kinaole. Patients who need oxygen encounter great difficulties because there is no supplier and no one to provide maintenance of such a product. Specialized medical help is limited on island so residents often pay great expenses to travel to Oahu, Maui or another island for medical services. The following services have been established such as Hospice, Rainbow Pharmacy, Venture

Physical Therapy, Lanai Kinaole, the Lanai Community Health Center providing primary care, dental, behavioral health and selected specialty services, Lanai Counseling services, Lanai Dialysis Center and visiting health professionals come regularly to the island. Generally, the need is great for health professionals in specialty fields (mental health, geriatrics, public health nursing). The ferry, Expedition, is privately owned and operated and is a critical transport mode that allows both residents and tourists access to Lana`i and Maalaea, Maui.

Another challenge for Lanaians and visitors is limited ground transportation options provided by the county. However, Lanaians and visitors have options for rental of vehicles, taxi services and Uber/Lyft. There is one senior housing on island and that is Hale Mahaolu - Hale Kupuna O Lana`i, there is one assisted living facility long-term at the Lanai Community Hospital but with limited beds and there are no care homes. There is only one airport on island and two harbors.

The Lana`i Senior Center funded by the county was completed in 2011 and is home to Kaunoa Senior Services, the Office on Aging, Immigration Services, and the Department of Motor Vehicles. In fiscal year 2022, Kaunoa Senior Services provided seniors with 47 congregate dining meals at Lana`i Senior Center. Lana`i's MEO senior club is the second largest in the county.

For periods October 2022 through September 2023: 48 seniors received congregate meals for a combined total of 4,153 meals. There were 30 participants that received home delivered meals. The total participant meals served for this period was 3,784. Additionally, 19 caregivers received caregiver meals for a combined 2,831. The current participants receiving services from MCOA: 32 totaling \$3,708. Current caregivers receiving services from MCOA for the same period: 99 totaling \$8,489.

## Part II: Recommendations

### A. Framework: Laws/Governance and Targeting

Maui County Office on Aging operates under the general framework of program and service delivery for older adults as developed and directed by the State by the Executive Office on Aging. This framework is drawn from the **Older Americans Act**, as amended in 2020, and Chapter 349, Hawaii Revised Statutes. The Area Agency on Aging's recommendations are consistent with the objectives of the Older Americans Act, as amended in 2020, and Chapter 349, Hawaii Revised Statutes.

#### Federal - The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

#### Title I - Declaration of Objectives for Older Americans [Sec. 101 (1-10)]

- An adequate income in retirement in accordance with the American standard of living;
- The best possible physical and mental health (including access to person-centered, trauma-informed services as appropriate) which science can make available and without regard to economic status;
- Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford;
- Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- Opportunity for employment with no discriminatory personnel practices because of age;
- Retirement in health, honor, and dignity--after years of contribution to the economy;
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, and training and recreational opportunities;



- Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner, and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals;
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

### **State - Chapter 349 Hawaii Revised Statutes Area Plan for Elders**

Hawaii Revised Statutes, Section 349-6 (2013) State Master Plan for Elders. The Executive Office on Aging shall be responsible for the development, implementation, and monitoring of a comprehensive master plan for elders which shall include, but not be limited to, the following:

- (1) Compilation of basic demographic data on elders in the State;
- (2) Identification of the physical, sociological, psychological, and economic needs of elders in the State;
- (3) Establishment of immediate and long-range goals pursuant to programs and services for elders in the State;
- (4) Establishment of priorities for program implementation and of alternatives for program implementation; and
- (5) Organization of administrative and program structure, including the use of facilities and personnel.

The state master plan for elders shall be developed in accordance with the requirements of the executive budget act. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

In alignment with the State Executive Office on Aging, all County Agencies on Aging are responsible for the development, implementation, and monitoring of a comprehensive Area Plan on Aging for elders in each respective county which shall include, but not be limited to the following:

- (1) Compilation of basic demographic data on elders in your respective county;
- (2) Identification of the physical, sociological, psychological, and economic needs of elders in your respective county;

- (3) Establishment of statewide goals, measurable objectives, strategies, and outcomes pursuant to programs and services to meet the need of elders in your respective county;
- (4) Establishment of priorities for program implementation and alternatives; and
- (5) Organization of administrative and program structure, including the use of county facilities and personnel.

The County area plan on aging shall be developed in accordance with the requirements of their county executive budget act.

### **Targeting of Services**

The OAA, reauthorized in 2020, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, including low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas. Emphasis has been and will be placed on using outreach methods to target services to:

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

### **B. Prioritization of Issues and Services**

As the Area Agency on Aging for the County of Maui, the Maui County Office on Aging agrees to administer programs in accordance with the OAA of 1965, Section 306 pertaining to Area Plans, and all applicable rules, regulations, policies, and procedures established by the Commissioner or the Secretary, and by the Director of the Executive Office on Aging. Means testing shall not be used to qualify any individual for services utilizing OAA funds.

The Maui County Office on Aging shall prepare and develop an area plan for the next four (4) years with assurances for the establishment of strategies and objectives that target services to older adults who:

- 1) Have greatest economic need
  - a. Minorities at or below the poverty level
  - b. Income at or below the poverty level
- 2) Have Greatest Social Need
  - a. Frail and/or at risk for institutional placement
  - b. Significant physical, cognitive, or mental impairments
  - c. Limited English Proficiency (LEP)
  - d. Living in a rural or underserved area
  - e. Underserved or marginalized population due to race, culture, ethnicity, religion, LGPTQ+
- 3) Native American inclusive of Native Hawaiians

### **Prioritization of Services**

MCOA uses an established process to make decisions when changes occur in the amount of funding available, following the guidelines listed below:

### **Priority in Funding Services**

1. In making decisions to increase or decrease funding for services, the AAA's first priority is to create and maintain a comprehensive and coordinated network of services for older adults in Maui County.

2. An emphasis will be placed on maintaining and enhancing services that are targeted for frail and vulnerable older adults. A person is considered vulnerable if he/she meets the following criteria:

- Is unable to perform one or more activities of daily living without assistance due to physical, cognitive, emotional, psychological or social impairment. A higher priority will be given to those individuals who lack an informal support system; i.e., no family, friends, neighbors or others who are both willing and able to perform the service(s) needed.
- Has behavioral or mental health problems that could result in premature institutionalization or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions inhibiting decision-making and threatening their ability to remain independent. A higher priority will be given to those individuals who lack an informal support system i.e., has no family,

friends, neighbors or others who are both willing and able to perform the service(s) needed.

### **Factors in Funding Decisions**

Although flexibility exists in the use of discretionary funds, the federal Older Americans Act mandates the following services be funded:

- Access Services (Information & Assistance, case management, outreach and transportation services).
- Legal Services (related to income, health care, long-term care, housing, protective services, abuse and neglect, guardianship, and age discrimination)
- Congregate Nutrition
- Home Delivered Meals

In addition, Information and Assistance is considered central to a comprehensive and coordinated network of services for older persons. The Older Americans Act of 1965 called for AAAs to “provide for the establishment and maintenance of information and assistance services in sufficient numbers to assure that all older individuals have reasonably convenient access” to services.

### **Approach to Developing Funding Priorities**

When prioritizing services for additional funding or when reductions in funding must be made, the following questions will be used when in considering the needs of older adults in our community:

1. Does the service reach the target population including those with greatest economic or social need?
2. Does the service provide support to caregivers?
3. What amount of funding is necessary to maintain adequate operating levels of the service?
4. Are there other sources of funding for the service?
5. Does the service allow a person to live independently to the greatest possible extent?

MCOA continues to review existing programs on a monthly basis to understand what the programs provide and the population being served. Ongoing discussions are necessary in determining how programs can be administered in ways that are equitable and representative of the diverse population in our community. The following strategies will be utilized to ensure that services are available for older adults:

- Community Engagement and Outreach
- Collaboration and Partnerships
- Education and Awareness
- Capacity Building Activities
- Advocacy and Policy Development

## **Part III. Topic Areas: Goals, Objectives, Strategies, Outputs, and Outcomes**

### **A. Topic Areas**

The Administration for Community Living (ACL) provided five (5) topic areas for the Area Plan on Aging to optimize the services and support systems for older adults. The five topic areas are:

1. Older Americans Act (OAA) Core Programs that include the following:
  - Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, Caregiver Programs),
  - Title VI (Native American Programs), and
  - Title VII (Elder Rights Programs) and serve as the foundation of the national aging services network.
2. COVID-19
3. Equity
4. Expanding access to Home and Community Based Services (HCBS)
5. Caregiving

### **B. Summary of Goals: She State of Hawaii through the four (4) County Area Agencies on Aging, developed the following five (5) statewide goals that connect to ACL's 5 Topic Areas:**

**GOAL 1:** Hawaii's older adults have opportunities to live well. (ACL Topic Area: OAA/Title III Core Programs)

**GOAL 2:** Hawaii's older adults are prepared for future health threats and disasters. (ACL Topic Area: COVID-19)

**GOAL 3:** Hawaii's underserved populations have equitable access to programs and services. (ACL Topic Area: Equity)

**GOAL 4:** Hawaii's older adults and people with disabilities will age in place. (ACL Topic Area: Expanding Access to HCBS)

**GOAL 5:** Hawaii's caregivers have a broad array of services and supports to effectively care for their loved ones. (ACL Topic Area: Caregivers)

<b>Goal 1: Hawaii's older adults have opportunities to live well.</b>
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**1-1: Objective to meet goal:** Support community initiatives, agencies and programs that assist older adults to stay healthy, active and socially engaged.

**Strategies:**

1. Maintain Access and Assistance Branch outreach visits to congregate meal sites, senior clubs, and special events.
2. Promote community programs and resources and provide educational material through information tables, multi-media presentations, speaking engagements, etc.

**Outcome(s):**

- Older adults report having positive and meaningful lives and improved functioning.
- Older adults are more aware of local programs and are able to access available resources.
- Community residents continue to have access to self-management programs designed to improve overall health outcomes.

**Effectiveness Measure(s):**

- 75% of surveyed participants report having positive, meaningful lives.
- 80% of participants report increased awareness of community resource programs.
- 100% of partner agencies report satisfaction with MCOA support and technical assistance.

**1-2: Objective to meet goal:** Ensure that evidence-based health and fitness programs are readily available to older adults and persons with disabilities throughout Maui County.

**Strategies:**

1. Maintain a minimum of 10 sites for Enhance®Fitness across Maui County, including Hana, Lana'i and Moloka'i
2. Increase visibility and outreach of evidence-based programs through the development and implementation of an expanded public relations effort.
3. Provide advocacy for the program's financial stability by grant application assistance and state legislative advocacy with the statewide Healthy Aging Partnership
4. Maintain evidence-based program licenses through Senior Services as required by complying with program fidelity and reporting requirements.
5. Actively participate in the statewide Healthy Aging Partnership, a coalition dedicated to embedding evidence-based promotion programs into Hawaii's communities

6. Support community initiatives in the provision of evidence-informed and Evidence-Based Health Promotion Programs via delivery of services in community settings.

**Outcome(s):**

- 600 unduplicated individuals will participate in an evidence-based program annually.
- Participants will report improved physical functioning and/or managing chronic health conditions.
- Residents in rural areas have the opportunity to participate in an evidence-based program.
- Older adults, caregivers, and persons with disabilities, including persons from underserved ethnic groups will be provided opportunities to participate in evidence-based health and fitness programs.

**Effectiveness Measure(s):**

- 90% of EF classes remain at capacity.
- 75% of EF participants demonstrate improved or maintained levels of physical functioning.
- 90% of MCOA outreach events, presentations, speaking engagements, multi-media, etc. will include written information regarding EF.  
MCOA will establish virtual and fitness checks in person EF classes in Hana, Moloka'i and Lana'i.

**1-3: Objective to meet goal:** Promote a comprehensive falls prevention program within the County of Maui.

**Strategies:**

1. Co-sponsor, support and promote initiatives and activities designed to increase public awareness of falls prevention.
2. Support planning efforts on county and state level regarding falls prevention.
3. Advocate for increased use of home risk assessments to reduce residential falls risks.
4. Offer evidence-based programs and support organizations that provide programs designed to reduce falls, improve participant health and well-being, and improve strength, balance, and fitness.

**Outcome(s):**



- Seniors, caregivers, family members, and the general public are able to identify the main causes of falls and demonstrate increased awareness of falls prevention interventions.
- Older adults in Maui County will receive in-home fall risk assessments.

**Effectiveness Measure(s):**

- 100% of seniors receiving home and community-based services through MCOA will receive falls risk screening.
- 100% of seniors deemed at risk for falls receive a referral for an in-home fall risk assessment.
- 75% of Enhance®Fitness participants maintain or improve balance as demonstrated by fitness checks

**1-4: Objective to meet goal:** Increase opportunities for purpose and fulfillment by addressing isolation and loneliness.

**Strategies:**

1. Work with volunteer organizations that help older adults to recruit, retain and utilize volunteers.
2. Assess all older adults receiving home and community-based services for social isolation and loneliness.
3. Partner with and support other volunteer programs that work with older adults and people with disabilities in the County.
4. Provide appropriate referrals to community agencies that offer paid and unpaid engagement opportunities.

**Outcome(s):**

- Increased community awareness of programs that offer opportunities for engagement.
- Older adults are engaged in the community and satisfied with their worth.

**Effectiveness Measure(s):**

- 100% of those assessed with having feelings of isolation and loneliness will be offered the opportunity to have a corresponding support plan goal.

**1-5: Objective to meet goal:** Educate older adults and the community at large on abuse, neglect and exploitation so that risk of harm is reduced.

**Strategies:**

1. Maintain the current APS referral mechanism to assure that individuals needing information about abuse and neglect obtain the appropriate assistance.
2. Assure culturally-appropriate multimedia educational materials and programs are disseminated.
3. Use ADRC Website to educate, inform and link.
4. Increase awareness about the types of elder abuse and appropriate community resources through community outreach.

**Outcome(s):**

- Community members report that they are more aware of the resources and protocols as to reporting elder abuse.
- The incidence of abuse and neglect of vulnerable adults in Maui County decreases.
- Older Adults and family caregivers are informed about services such as Sage PLUS and Senior Medicare Patrol.
- MCOA Staff are informed and perform their duties consistent with the mandatory reporting laws for older adult protection and advocacy.
- Education will be accessible in the common ethnic languages spoken in the community.

**Effectiveness Measure(s):**

- 90 % of individuals receiving information indicate increased knowledge and awareness of elder abuse.
- 100% of MCOA staff members will be trained annually to identify and report suspected incidents of abuse to APS.

**1-6: Objective to meet goal:** Strengthen efforts in continuing a multi-disciplinary approach to prevent, detect, assess, intervene and investigate elder abuse, neglect, and financial exploitation.

**Strategies:**

1. Maintain active engagement of the Maui Elder Justice Team to discuss and review cases.
2. Maintain active engagement in coalitions and community partnership meetings designed to minimize the prevalence of abuse and/or neglect.
3. Provide training for staff, first responders, business leaders, and community stakeholders to build capacity in response and mandatory reporting for abused elders.
4. Seek funding to expand support for victims of elder abuse

**Outcome(s):**

- Community members report that they are adequately equipped in responding and reporting elder abuse.
- The incidence of abuse and neglect of vulnerable adults in Maui County decreases.
- By aligning the resources of the Maui Criminal Justice System, Maui County will be in a strong position to advocate for funding from federal, state, and local grant sources.

**Effectiveness Measure(s):**

- Meetings held every other month to discuss elder abuse updates and reporting measures. 100% of MCOA staff will receive annual training on identification, intervention and reporting elder abuse.

**Goal 2 - Hawaii's older adults are prepared for future health threats**

**2-1: Objective to meet goal:** Ensure that Maui County's elders and persons with disabilities are informed, educated and prepared for the wide variety of disasters that are common in the Pacific region.

**Strategies:**

1. Assist frail seniors and family caregivers in developing a personal disaster preparedness plan.

2. Educate older adults about preparedness for various/possible types of disasters including evacuation procedures.
3. Support community education efforts at county and statewide levels around the topic of disaster preparedness.
4. Ensure that all contracted providers have an emergency and disaster preparedness plan in place.
5. Utilize the ADRC Website as an ongoing education venue about emergency preparedness.

**Outcome(s):**

- Senior and persons with disabilities will feel more prepared to deal with disaster/emergency situations.
- Maui County efforts to assist seniors and individuals with disabilities in a time of disaster will be well-coordinated and informed.

**Effectiveness Measure(s):**

- 100% of MCOA participants have a personalized disaster preparedness plan.
- 100% of community service providers have a written disaster plan.
- 100% of Home-Delivered Meal recipients will receive a minimum of a five-day supply of emergency food rations during pre-hazard events.

**2-2: Objective to meet the goal:** Support community initiatives aimed at increasing COVID-19 and Influenza vaccination rates.

**Strategies:**

1. Address vaccine hesitancy through partnerships and collaborations among agency partners.
2. Provide access to vaccinations for older adults, homebound individuals, family caregivers, and home care providers.
3. Develop a vaccination collaborative within the Maui County aging and Disability networks to perform vaccination promotion activities in coordination with the Department of Health Public Health Nurse.

**Outcome(s):**

- Seniors and persons with disabilities will be provided with resources to make informed health care decisions and manage their healthcare as they choose.
- MCOA and the vaccination collaboration can identify barriers in accessing health care resources and provide community member with the support and education they need to make decisions regarding their health.

**Effectiveness Measure(s):**

- By December 2023, identify a baseline number of older adults 60 and over that have received a COVID-19 booster
- By December 2025, the percentage of older receiving a COVID-19 booster will increase by 15%.
- By December 2026, the percentage of older adults receiving a COVID-19 booster will increase by 25%.
- 90% of MCOA outreach to include vaccination information (Covid-19 and Influenza vaccination only).

**2-3: Objective to meet goal:** Minimize the impacts of power outages, food insecurity, and social isolation associated with a health threat or natural disaster on older adults and persons with disabilities through partnerships and collaboration with emergency response agencies and relief organizations.

**Strategies:**

1. Collaborate with Maui County Civil Defense, VOAD, and DOH Disaster Preparedness Coalitions.
2. Meet annually with agency partners and service providers to exercise disaster response capabilities, identify and correct vulnerabilities and deficiencies and demonstrate the viability of existing continuity plans and programs.

**Outcome(s):**

- Senior and persons with disabilities will feel more prepared to deal with disaster/emergency situations.
- Maui County efforts to assist seniors and individuals with disabilities in a time of disaster will be well-coordinated and informed.

**Effectiveness Measure(s):**

- 100% of Home-Delivered Meal recipients will receive a minimum of a five-day supply of emergency food rations during pre-hazard events.
- 100% of agency partners and contracted service providers will participate in annual emergency preparedness exercise coordinated by MCOA.

**Goal 3 - Hawai'i's underserved populations have equitable access to programs and services.**

**3-1: Objective to meet the goal:** MCOA will invest in annual diversity, inclusion, equity, and accessibility training for all staff and service providers.

**Strategies:**

1. Continue to use the statewide standardized tools for assessment, support planning, and service authorization
2. Maintain agency participation in the statewide consolidated database.
3. Maintain and update inclusion of all service providers in the statewide Consolidated database.
4. Continue to educate local and state elected officials regarding the need for continued ADRC funding.
5. 100% of eligible Outreach staff will obtain CRS-A/A Certification

**Outcome(s):**

- MCOA operates a seamless, high-quality Long-Term Supports and Services (LTSS) system.
- Participant data is readily available through a HIPAA-compliant statewide database.
- Decision makers and stakeholders are informed about the role that the Maui County ADRC serves for its citizens.
- Participants served through the ADRC receive person-centered Options Counseling and are serviced by certified staff.

**Effectiveness Measure(s):**

- 90% of individuals surveyed following assessment, Support Planning, and authorization of services express overall satisfaction of services

- 100% providers included in the statewide Consolidated Database are following the Inclusion/Exclusion policy established by EOA.
- 100% of eligible Outreach staff will obtain and maintain CRS-A/D Certification.
- 90% of MCOA's staff will receive the Person-Centered Organization training annually.

**3-2: Objective to meet goal:** Increase access to relevant ADRC information and assistance for individuals for whom English is not the primary language.

**Strategies:**

1. Implement MCOA's Language Access Plan in collaboration with the State Executive Office on Aging.
2. Acquire and distribute the most commonly requested informational brochures in a variety of languages.
3. Ensure that all MCOA staff members know how to access interpreters when necessary.
4. Increase overall staff knowledge of, access to and use of assistive technologies in appropriate circumstances.

**Outcome(s):**

- Individuals with limited English-proficiency have the opportunity to access services and to feel fully supported.
- Individuals receive written information in languages other than English.

**Effectiveness Measure(s):**

- 100% of participants requesting language assistance will receive appropriate Language Access assistance.
- 100% of translatable materials that are requested for translation into another language will be completed upon request.

**3-3: Objective to meet goal:** Promote awareness of culturally appropriate Long-term Services and Supports (LTSS) planning/education including the end of life.

**Strategies:**

1. Assist in the coordination of Long-term Services and Supports (LTSS) education presentations and trainings for the public.
2. Provide regular in-service training for MCOA staff and ADRC partners.
3. Utilize ADRC Website to educate, inform and link.
4. MCOA will provide Five Wishes in a minimum of four languages.

**Outcome(s):**

- Older adults will acquire advance health care directives.
- Community members will have access to Five Wishes in the most common languages spoken in the community.
- Maui’s older adults are Self-assured because they have planned for aging and the end of life.

**Effectiveness Measure(s):**

- 80% of program participants who indicated the absence of an advance healthcare directive will possess an advance healthcare directive upon reassessment.
- 100% of MCOA staff are trained annually in Long-term Services and Supports (LTSS)\_ planning and education including end of life.

**GOAL 4 - Hawaii’s older adults and people with disabilities will age in place.**

**4-1: Objective to meet the goal:** Expand the number of home modifications completed in Maui County that provide reasonable accommodations allowing older adults or disabled individuals to remain at home comfortably and safely.

**Strategies:**

1. Continue partnerships with community agencies in the development of a home modification program on all islands.
2. Implement the use of grant funds to provide home modification through a partner agency.
3. Provide resources to older adults and people with disabilities on the availability of grants and loan programs for home repairs and modifications.

**Outcome(s):**

- MCOA will establish a referral service which can provide minor home modifications.



- Older adults will obtain meaningful home modification assistance.
- Individuals in the community will become informed about home modification resources that will facilitate aging in place.
- Individuals will experience greater independence and lower their risks for injury in their homes.

**Effectiveness Measure(s):**

- 100% of eligible seniors will be referred for home modification.
- 95% of seniors who receive minor home modification will report satisfaction with the results.

**4-2: Objective to meet the goal:** Examine and address current housing and transportation concerns for older adults and disabled persons in the Maui community.

**Strategies:**

1. Partner with county, state and private sectors to identify housing and transportation service gaps and collaborate to develop solutions.
2. Educate seniors and individuals with disabilities regarding available housing and transportation options.
3. Assist individuals in applying for appropriate services for housing and transportation
4. Provide advocacy and support to increase affordable transportation options for Maui County residents.
5. Collaborate with other County and State agencies in developing policies protecting older adults and persons with disabilities against displacement and poor housing conditions.

**Outcome(s):**

- Housing and transportation become more accessible to older adults and people with disabilities in Maui County in a participant-directed manner.
- Seniors and individuals with disabilities are more aware of available housing and transportation options.
- Implementation of a housing pilot or demonstration project geared toward the creation of housing options for older adults and persons with disabilities.

**Effectiveness Measure(s):**

- 75% of transportation recipients report satisfaction with available transportation options/services.
- 80% of informational Maui County Transportation Option Guides taken to outreach and educational events are distributed.
- Implementation of a housing pilot or demonstration project by September 30, 2027.
- Inclusion of language in housing policies that protect older adults and persons with disabilities against displacement and poor housing conditions by September 30, 2027.

**4-3: Objective to meet the goal:** Ensure ongoing and comprehensive Home and Community Based Services that provide comprehensive person-centered care including: home delivered meals and congregate nutrition services, in-home supportive services, transportation, caregiver support, and other long-term supports and services in accordance with the Older Americans Act.

**Strategies:**

1. Follow appropriate procurement procedures to secure service providers in all geographic areas in Maui County.
2. Maintain highly trained staff that provide comprehensive assessments and appropriate referrals for effective service delivery.
3. Utilize effective Options Counseling to develop person-centered support plans that meet individualized needs.
4. Develop relationships and ongoing community partnerships that support various levels of MCOA program delivery.

**Outcome(s):**

- MCOA and community provider partners actively collaborate to strengthen the in-home direct service workforce.
- MCOA and community provider partners deliver high quality Long-term Services and Supports (LTSS) services.
- Individuals remain in their homes with dignity for as long as appropriate and desired.
- Participant-driven options are available to the citizens of Maui County.

**Effectiveness Measure(s):**

- 90% of individuals at risk for institutionalization remain safely at home for a minimum of twelve months.
- 90% of persons receiving services from MCOA and service providers indicate satisfaction.
- 100% of Maui County communities have access to at least three Long-term Services and Supports (LTSS).

**4-4: Objective to meet the goal:** Promote and provide input in the development of livable and age-friendly communities.

**Strategies:**

1. Educate leaders about the importance of creating livable and age-friendly communities for the future.
2. Support and encourage proactive building codes that will allow citizens to build dwellings with universal design in mind on Maui regarding home modifications.
3. Participate in community master plan efforts for housing and transportation.

**Outcome(s):**

- Community leaders and the general public have a better understanding about livable communities.
- Maui County moves towards infrastructure and residential design that embrace the concepts of livable communities.
- Maui County Office on Aging will continue to actively engage in legislative advocacy efforts at the local, state, and federal level.

**Effectiveness Measure(s):**

- MCOA will submit legislative testimony 90% of the time when applicable to advocate for an age friendly community.

- MCOA will be a recognized body for comments and advocacy for older adults and persons with disabilities on residential and commercial development projects by December 31, 2026.

**4-5: Objective to meet goal:** Meet people at their point of need with person-centered services and programs delivered in a timely and effective manner.

**Strategies:**

1. Embed a Person-Centered philosophy into all operational aspects of the agency and promote person-centered service delivery among direct service providers.
2. Manage waitlists effectively to ensure that individuals obtain service at an optimum time.
3. Support and maintain the Community Living Program (CLP).
4. Establish and maintain a Community-Based Care Transitions Program (CCTP) in collaboration with local hospitals and rehabilitation facilities

**Outcome(s):**

- Staff develop mastery in using person-centered approaches.
- Participants believe that their individualized Support Plan reflects personal choices and priorities.
- Community Living Program (CLP) participants continue to live at home in their community.
- Participants have support to make successful transitions from hospital to home and avoid unnecessary hospital readmissions.

**Effectiveness Measure(s):**

- 100% of staff members utilize person-centered practices and philosophy.
- 100% of persons receiving services are offered the opportunity to create an individualized Support Plan that reflects their choices and priorities.

- 90% of Community Living Program (CLP) participants have the supports and services necessary to remain in their homes.
- Establish a Community Care Transition Program (CCTP) by December 31, 2026.

**GOAL 5 – Hawaii’s caregivers have a broad array of services and supports to effectively care for their loved ones.**

**5-1: Objective to meet the goal:** Maximize MCOA capacity to support caregivers through person-centered direct service, training and educational opportunities.

**Strategies:**

1. Investigate opportunities to expand Caregiver Respite in Maui County’s rural communities
2. Host a Caregiver’s Conference annually that addresses the needs of the local community as evidenced in caregiver conference evaluations, referrals, staff recommendations and colleague requests.
3. Co-sponsor and provide funding for evidence-based Caregiver programs and Caregiver training, support and counseling activities.
4. Participate in six (6) outreach events annually and provide caregiver materials to caregivers of older adults and persons with disabilities.

**Outcome(s):**

- Caregivers benefit from Respite Services knowing that their loved one is receiving appropriate care.
- Caregiver stress and burnout are reduced which likely results in fewer incidents of elder abuse.
- Caregivers are well-informed about where to obtain resources.
- Caregivers receive support from a variety of community agencies.

**Effectiveness Measure(s):**

- 80% of Caregivers demonstrate a reduction of stress as indicated by assessment.
- 90% of Caregivers report satisfaction with services provided.
- 90% of Caregivers served report increased knowledge of available services, community resources and care giving skills after a caregiver outreach event.
- Implementation of an evidenced-based stress reduction program for family caregivers by December 31, 2025.

**5-2: Objective to meet the goal:** Expand MCOA’s intergenerational programs and efforts.

**Strategies:**

1. Increase awareness of the supports and services available to multigenerational families.
2. Participate in community events that provide education and support to multigenerational families.
3. Connect grand families with appropriate resources and assistance.

**Outcome(s):**

- Multigenerational families obtain the information and support they need.

**Effectiveness Measure(s):**

- 90% of multigenerational families receiving support and assistance report satisfaction with services received.
- 90% of assisted multigenerational families report increased awareness of available resources.

**Part IV. Funding Plan**  
**Previous Year Expenditures for Priority Services (FY2022)**  
**Title III Part B Federal Funds Only**

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

Service	Budgeted Compliance Amount (\$)	FY 22 Actual Expenditures (\$)	% for Title III Categories
<b>Access</b>			
Information & Assistance	128,682	71,012	14%
Outreach	0	0	0%
<b>Subtotal</b>	128,682	71,012	14%
<b>In-Home</b>			
Friendly Visiting*	0	0	0%
Telephone Reassurance*	0	0	0%
Case Management	157,278	86,792	17%
<b>Subtotal</b>	157,278	86,792	17%
<b>Legal</b>	44,889	98,125	
<b>Subtotal</b>	44,889	98,125	5%
<b>Title III Part B Total</b>	330,849	255,929	36%

\* Paid with county funds

## Projected Service Outputs and Resources for 2023-2027 Allocation Levels

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit Type	*Total Amount				Source Code
	2024	2025	2026	2027	2024	2025	2026	2027		2024	2025	2026	2027	
<b>ACCESS</b>														
Information & Assistance	1,946	1,965	1,983	2,001	4,312	4,355	4,394	4,434	Contacts	\$125,487.00	\$126,741.87	\$127,882.55	\$129,033.49	NB
Information & Assistance										\$200,020.00	\$202,020.20	\$203,838.38	\$205,672.93	S
Outreach	1,048	1,058	1,068	1,078	1,048	1,058	1,068	1,078	Contacts	\$2,224.00	\$2,246.24	\$2,266.46	\$2,286.85	A
Outreach										\$142,612.00	\$144,038.12	\$145,334.46	\$146,642.47	S
Case Management	1,445	1,459	1,473	1,486	4,412	4,456	4,496	4,537	Hours	\$153,373.00	\$154,906.73	\$156,300.89	\$157,707.60	NB
Case Management										\$246,416.00	\$248,880.16	\$251,120.08	\$253,380.16	S
Transportation	175	177	178	180	7,494	7,569	7,637	7,706	Trips	\$111,102.00	\$112,213.02	\$113,222.94	\$114,241.94	NB
Transportation										\$111,102.00	\$112,213.02	\$113,222.94	\$114,241.94	A
Transportation										\$323,624.00	\$326,860.24	\$329,801.98	\$332,770.20	S
Transportation										\$7,085.00	\$7,155.85	\$7,220.25	\$7,285.23	PI
<b>SUPPORTIVE: IN-HOME</b>														
Chore	22	22	22	23	128	129	130	132	Hours	\$4,566.00	\$4,611.66	\$4,653.16	\$4,695.04	S
Homemaker	231	233	235	238	5,510	5,565	5,615	5,666	Hours	\$3,738.00	\$3,775.38	\$3,809.36	\$3,843.64	A
Homemaker										\$170,518.00	\$172,223.18	\$173,773.19	\$175,337.15	S
Homemaker										\$29.00	\$29.29	\$29.55	\$29.82	PI
Personal Care	179	181	182	184	10,912	11,021	11,120	11,220	Hours	\$86,056.00	\$86,916.56	\$87,698.81	\$88,488.10	A
Personal Care										\$217,752.00	\$219,929.52	\$221,908.89	\$223,906.07	S
Personal Care										\$41.00	\$41.41	\$41.78	\$42.16	PI
Adult Day Care	196	198	200	202	11,853	11,972	12,079	12,188	Hours	\$506,664.00	\$511,730.64	\$516,336.22	\$520,983.24	A
Adult Day Care										\$154,940.00	\$156,489.40	\$157,897.80	\$159,318.88	S
Friendly Visiting	750	758	764	771	15,000	15,150	15,286	15,424	Visits	\$75,000.00	\$75,750.00	\$76,431.75	\$77,119.64	S
Telephone Reassurance	300	303	306	308	13,000	13,130	13,248	13,367	Calls	\$75,000.00	\$75,750.00	\$76,431.75	\$77,119.64	S
<b>NUTRITION</b>														
Congregate Meals	745	752	759	766	63,403	64,037	64,613	65,195	Meals	\$203,398.00	\$205,431.98	\$207,280.87	\$209,146.40	NC1
Congregate Meals										\$747,706.00	\$755,183.06	\$761,979.71	\$768,837.52	S
Congregate Meals										\$49,916.00	\$50,415.16	\$50,868.90	\$51,326.72	PI
Home Delivered Meals	1,177	1,189	1,199	1,210	130,311	131,614	132,799	133,994	Meals	\$77,588.00	\$78,363.88	\$79,069.15	\$79,780.78	NC2
Home Delivered Meals										\$181,930.00	\$183,749.30	\$185,403.04	\$187,071.67	N
Home Delivered Meals										\$394,710.00	\$398,657.10	\$402,245.01	\$405,865.22	A
Home Delivered Meals										\$682,390.00	\$689,213.90	\$695,416.83	\$701,675.58	S
Home Delivered Meals										\$83,031.00	\$83,861.31	\$84,616.06	\$85,377.61	PI
Nutrition Education	1,262	1,275	1,286	1,298	3,786	3,824	3,858	3,893	Sessions	\$2,500.00	\$2,525.00	\$2,547.73	\$2,570.65	NC1
Nutrition Education										\$2,500.00	\$2,525.00	\$2,547.73	\$2,570.65	NC2
<b>LEGAL</b>														
Legal	512	517	522	526	1,743	1,760	1,776	1,792	Hours	\$87,138.00	\$88,009.38	\$88,801.46	\$89,600.68	NB
<b>CAREGIVER SUPPORT</b>														
Information & Assistance	999	1,009	1,018	1,027	1,015	1,025	1,034	1,044	Contacts	\$11,000.00	\$11,110.00	\$11,209.99	\$11,310.88	NE
Information & Assistance										\$9,210.00	\$9,302.10	\$9,385.82	\$9,470.29	S
Public Information Services	406	410	414	417	6	6	6	6	Contacts	\$11,000.00	\$11,110.00	\$11,209.99	\$11,310.88	NE
Support Groups	33	33	34	34	236	238	241	243	Sessions	\$11,000.00	\$11,110.00	\$11,209.99	\$11,310.88	NE
Counseling	119	120	121	122	362	366	369	372	Sessions	\$14,500.00	\$14,645.00	\$14,776.81	\$14,909.80	NE
Training	29	29	30	30	67	68	68	69	Sessions	\$11,000.00	\$11,110.00	\$11,209.99	\$11,310.88	NE
Case Management	158	160	161	162	102	103	104	105	Hours	\$9,310.00	\$9,403.10	\$9,487.73	\$9,573.12	S
Respite - In Home	23	23	23	24	694	701	707	714	Hours	\$602.00	\$608.02	\$613.49	\$619.01	A
Respite - In Home										\$22,761.00	\$22,988.61	\$23,195.51	\$23,404.27	S
Respite - Day	112	113	114	115	49,596	50,092	50,543	50,998	Hours	\$59,514.00	\$60,109.14	\$60,650.12	\$61,195.97	NE
Respite - Day										\$273,620.00	\$276,356.20	\$278,843.41	\$281,353.00	A
Respite - Day										\$9,568.00	\$9,663.68	\$9,750.65	\$9,838.41	S
Respite - Other	2	2	2	2	302	305	308	311	Hours	\$1,480.00	\$1,494.80	\$1,508.25	\$1,521.83	A
Supplemental - Legal	18	18	18	19	77	78	78	79	Hours	\$3,620.00	\$3,656.20	\$3,689.11	\$3,722.31	NE

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



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

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

<b>Categories of Services</b>	<b>Percent</b>
*Access	15%
In Home	5%
Legal	20%
<b>Total Percent</b>	<b>40%</b>

\*Transportation, health services (including mental health services), outreach, information and assistance

# Appendices

## APPENDIX A: WAIVERS

### Waiver to Provide Direct Service

Maui County Office on Aging (Area Agency on Aging)

### JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning July 1, 2023 through September 30, 2027

#### Service

Information and Assistance with special emphasis on Information and Outreach Services

#### Service

Access and Assistance (A&A) on Maui, Moloka'i and Lana'i

#### Title III Reference

**OAA Sec. 306(a)(4)(B) Provide** assurances that the area agency on aging will use outreach efforts that will:

**306(a)(4)(B)(i)** Identify individuals eligible for assistance under this act with special emphasis on:

**306(a)(B)(i)(I)** Older individuals living in rural areas;

**306(a)(B)(i)(II)** Older individuals with the greatest economic need (particular attention to low income minority individuals and older individuals living in rural areas);

**306(a)(B)(i)(III)** Older individuals with greatest social need (with particular attention to low income minority individuals and older individuals living in rural areas);

**306(a)(B)(i)(IV)** Older individuals with severe disabilities;

**306(a)(B)(i)(V)** Older individuals with limited English-speaking ability;

**306(a)(B)(i)(VI)** Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

**306(a)(B)(i)(ii)** Inform the older individuals referred to in sub-clauses (I) through (VI) of clause (i) and the caretakers of such individuals, of the availability of such assistance.

## Funding Source and Annual Estimates

<b>Title III</b>	<b>\$805,832.00</b>
<b>ADRC</b>	<b>\$417,028.00</b>
<b>Kupuna Care</b>	<b>\$1,026,516.00</b>
<b>County of Maui Council Adopted Budget</b>	<b>\$861,739.00</b>

### \*Estimates based on FFY 23 Data

#### Justification:

The Maui County Office on Aging needs to continue to provide "Access and Assistance" (A&A) on Maui, Moloka'i, and Lana'i for the following reasons:

- In order to assure that the older adults of Maui County can make informed decisions about selection of services or programs that they need or desire, it is necessary that they receive the most comprehensive information from an informed and neutral source that does not provide direct service. It is more difficult to assure that providers of direct services who are in competition with other providers of the same service would not influence decisions and choice. This principle is one of the bases for the Older Americans Act requirement that case management services be provided by a public agency or a non-profit that does not provide and does not have a conflict of interest due to direct or indirect affiliation with an agency that provides services other than case management. (306(a)(8)(C)(iii))
- The Maui County Office on Aging maintains satellite offices and sub-contracts to provide outreach services to all districts of Maui. This provides coverage for all Maui's older adults.
- In order for the Maui County Office on Aging to fulfill its role of planning, coordinating and advocating it needs accurate and unbiased information including facts and figures to determine the demand for services. A&A staff of the Maui County Office on Aging is able to gather reliable information and disseminate information as needed.
- The volume of service providers, programs and services with all their different qualifying requirements requires that the A&A staff be highly and regularly trained and updated in their knowledge of available resources.
- The administrative staff of the MCOA gathers information to provide technical support for service providers and to keep the aging network as well as legislators, businesses, and others in the community informed on the demographics and services for older adults in the community. This important information is shared with the A&A staff and contributes to their performance of their duties.

- Likewise, the information gathered by the A&A staff as they conduct their public contacts contributes to the administrative staff's ability to evaluate qualitatively the provision of services by contractors and aging network organizations.
- Other provider outreach to clients is generally much narrower in scope and clientele; A&A is more comprehensive and broader.
- The functions mandated to the MCOA such as advocacy, monitoring and assessing the quality, quantity, comprehensiveness of services, and serving as the focal point of the aging network are enhanced by the hands-on provision of outreach.
- The provision of Information and Assistance by multilingual staff supports the purposes of the Older Americans Act and ensures access for all of Maui County's older adults, especially the economically and socially needy residing in rural areas and having limited English abilities.

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

## Waiver of Priority of Category of Services

Maui County Office on Aging (Area Agency on Aging)

### JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning July 1, 2023 through September 30, 2027

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

Priority Service	Check Category Affected
<b>Access</b> (Transportation, Outreach, and Information and Assistance, and Case Management Services)	15%
<b>In Home Services</b> (including supportive services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).	5%
<b>Legal Assistance</b>	20%

## APPENDIX B: Assurances

### Appendix B1. ASSURANCE OF COMPLIANCE WITH THE DIVISION OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

**Maui County Office on Aging** (hereinafter called the “Applicant”)

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Division of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Division; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Division, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Division.

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

MAUI COUNTY OFFICE ON AGING  
(Applicant)

Date \_\_\_\_\_

95 MAHALANI STREET, RM 20

WAILUKU, HAWAII 96793  
(Applicant’s mailing address)

By \_\_\_\_\_  
Richard T. Bissen Jr., Mayor  
County of Maui

**Appendix B2. Division of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**

The undersigned (hereinafter called the recipient) HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794), all requirements imposed by the applicable HHS regulation (45) CFR, Part 84 and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulations {45 CFR 84.5(a)}, the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance and guaranty), property, discounts, or other federal financial assistance extended by the Division of Health and Human Services after the date of this Assurance, including payments of other assistance made after such date on the applications for federal assistance that were approved before that date. The recipient recognizes and agrees that such federal assistance extended in reliance on the representations of and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Division of Health and Human Services, or, where the assistance is in the form of real or personal property, for the period provided for in 84.5(b) of the regulation {42 CFR 84(b)}.

The recipient {check (a) or (b)}

- (ii)  employs fewer than fifteen persons;
- (iii)  employs fifteen or more persons pursuant to 84.7(a) of the regulations {45 CFR 84.7(a)}, has designated the following person(s) to coordinate its efforts to comply with HHS regulations:

MAUI COUNTY OFFICE ON AGING

Name of Designee - Type or Print

COUNTY OF MAUI

Name or Recipient

95 MAHALANI STREET, RM 20

Street Address

99-60000618

IRS-Employee Identification Number

WAILUKU

City

808-270-7755

Phone Number

HAWAII 96793

State, Zip

I certify that the above information is complete and correct to the best of my knowledge

\_\_\_\_\_  
Richard T. Bissen Jr., Mayor, County of Maui

\_\_\_\_\_  
Date



**Appendix B3: Assurances - General and Program Specific Provisions and Assurances**

The \_\_\_\_\_ Maui County Office on Aging \_\_\_\_\_ certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES:

- Ba. General Assurances
- Bb. Program Specific Assurances
- Bc. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15
- Bd. Certification Regarding Lobbying

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Richard T. Bissen Jr, Mayor  
County of Maui**

### **B3a. General Assurances**

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

#### 1. General Administration

##### a. Compliance with Requirements

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

##### b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

##### c. General Administrative and Fiscal Requirements

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

##### d. Training of Staff

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

##### e. Management of Funds

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

##### f. Safeguarding Confidential Information

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

##### g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

##### h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable federal, state, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the state or

local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

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

k. Standards for a Merit System of Personnel Administration

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

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

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

b. Non-Discrimination on the Basis of Handicap

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

c. Non-Discrimination on the Basis of Age

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

d. Civil Rights Compliance

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

3. Provision of Services

a. Needs Assessment

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

b. Priorities

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

c. Eligibility

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

d. Residency

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

e. Coordination and Maximum Utilization of Services

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

4. Non-Construction Programs

a. Legal Authority

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

b. Hatch Act

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

c. Single Audit Act of 1984

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

d. Other Laws

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

### **B3b. Program Specific Provisions and Assurances**

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in through P.L. 116-131, enacted March 25, 2020.

#### Section 306 AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare, and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(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 with 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I); (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider; (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and (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, specifically including survivors of the Holocaust; and (ii) inform the older individuals referred to in subclauses (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;

(6) provide that the area agency on aging will—(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan; (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals; (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings; (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan; (E) establish effective and efficient procedures for coordination of—(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area; (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 and behavioral health services (including mental health screenings) provided with

funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations; (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act; (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; and (I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care; (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—(i) respond to the needs and preferences of older individuals and family caregivers; (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—(i) the need to plan in advance for long-term care; and (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—(A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and (C) be provided by a public agency or a nonprofit private agency that—(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging; statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);



(9) provide assurances that—(A) 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 2019 in carrying out such a program under this title; and (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services 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; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(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; and (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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

#### SEC. 306. (b)

(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—(A) the projected change in the number of older individuals in the planning and service area; (B) 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; (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—(A) health

and human services; (B) land use; (C) housing; (D) transportation; (E) public safety; (F) workforce and economic development; (G) recreation; (H) education; (I) civic engagement; (J) emergency preparedness; (K) protection from elder abuse, neglect, and exploitation; (L) assistive technology devices and services; and (M) any other service as determined by such agency.

SEC. 306. (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

SEC. 306. (d)

(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

SEC. 306. (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

SEC. 306. (f)

(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency. (B) At a minimum, such procedures shall include procedures for—(i) providing notice of an action to withhold funds; (ii) providing documentation of the need for such action; and (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

SEC. 306. (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—(1) contracts with health care payers; (2) consumer private pay programs; or (3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

[42 U.S.C. 3026]

**B3c. Other Assurances as Related to the Code of Federal Register 1321.17(F) 1 to 15**

1321.17(f)(1)

Each Area Agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under 1321.11;

1321.17(f)(2)

Preference is given older persons in greatest social or economic need in the provisions of under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means test;

1321.17(f)(4)

All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area Plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

1321.17(f)(7)

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the ombudsman program operates at the state level and the relation of the at the state level and the relation of the ombudsman program to Agencies where Area Agencies have been designated;

1321.17(f)(8)

The State Agency on Aging will require the Area Agencies on Aging to arrange for outreach that assures on the community level the identification of individuals eligible for assistance under this Act and other programs both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on the reaching older individuals with greatest economic and social need, with particular attention to low income and minority elders including outreach to identify Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act;

1321.17(f)(9)

Area Agency will comply with the State agency request for data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely state-wide data requested by the Commissioner in such form as the Commissioner directs;

1321.17(f)(10)

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in Section 361, the State plan and the area plan will demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low income minorities;

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurances will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites and in other appropriate places;

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany an eligible for congregate meals under this part will be provided a meal on the same basis that the meals are provided to volunteers pursuant to section 307(a)(13)(1) of the Act;

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(14)

(i)The state Agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of its total allotments under Title III on administration of area plans;

(iv)State and Area Agencies on Aging will, consistent with budgeting cycles annually, bi-annually, or otherwise), submit the details of proposals to pay for the program development and coordination as a cost of supportive services, to the general public for review and comment;

(v)The State agency certifies that any such expenditures by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area; and

1321.17(f)(15)

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

The Area Agency will meet all assurances as required under CFR 1321.53-1321.61, 1321.63-1321.75.

**The Area Agency on Aging will meet all assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75.**

**B3d. Assurances—General and Program Specific Provisions and Assurances Certification Regarding Lobbying**

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

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

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

(3) The undersigned will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements and that all sub-recipients shall certify and disclose accordingly.

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

MAUI COUNTY OFFICE ON AGING  
Organization

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Richard T. Bissen Jr., Mayor  
County of Maui

Note: If Disclosure Forms are required, please contact:

Deputy Director  
Grants & Contract Management Division  
Rm. 341, HHH Building  
200 Independence Avenue  
SE. Washington, D.C. 20201-0001



## Appendix C. Chart of Existing Services

Programs and Services	Provider Agency	Area Served by Judicial Districts	Also serve disabled persons under 60
<b>ACCESS</b>			
Information and Assistance	Maui County Office on Aging**	Maui, Moloka'i, Lana'i	Yes
	Hale Hulu Mamo**	Hana	Yes
KC Trans/Assisted Transportation	Kaunoa Senior Services**	Maui except Hana	No
		Moloka'i & Lana'i	No
Case Management	Mental Health Kokua	Maui	Yes
	Hale Makua Home Health	Maui except Hana	Yes
	Moloka'i General Hospital	Moloka'i	Yes
	Public Health Nursing	Maui, Moloka'i, Lana'i	Yes
Counseling	Women Helping Women	Maui	Yes
Immigrant Services	County of Maui Immigrant Services Division MEO Inc	Maui, Moloka'i, Lana'i	Yes
Transportation	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
Outreach	Hale Hulu Mamo**	Hana	Yes
	Maui County Office on Aging**	Maui, Moloka'i, Lana'i	Yes
<b>IN-HOME</b>			
Chore	Hale Mahaolu**, Bayada Health, Hawaii**,	Maui, Moloka'i, Lana'i	No
Friendly Visiting	Na Hoaloha**	Maui, Moloka'i, Lana'i	Yes
Home Health	Hale Makua	Maui	Yes
Hospice	Hospice Maui, Islands Hospice	Maui, Moloka'i, Lana'i	Yes
Personal Care	Hale Mahaolu**, Bayada Health, Hawaii**, Ho'okele Caregivers Maui**	Maui, Moloka'i, Lana'i	Yes
Telephone Reassurance	Na Hoaloha**	Maui, Moloka'i, Lana'i	No
<b>NUTRITION</b>			
	Hale Mahaolu	Central Maui	Yes

Meals: Home Delivered	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	No
Meals: Congregate	ALU LIKE, Inc.*	Maui & Moloka'i	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
<b>LEGAL SERVICES</b>			
Legal	Legal Aid Society of Hawaii**	Maui, Moloka'i, Lana'i	Yes
Consumer Protection	State of Hawaii Consumer Protection	Maui, Moloka'i, Lana'i	Yes
Counseling	Dept. of the Prosecuting Attorney - Victim/Witness Assistance Program	Maui, Moloka'i, Lana'i	Yes
<b>CAREGIVER SERVICES</b>			
Alzheimer's Support	Alzheimer's Association	Maui, Moloka'i, Lana'i	Yes
Day Health	Hale Makua	Maui	Yes
Discount Card	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
Education	ALU LIKE, Inc.*	Maui, Moloka'i	Yes
	DOE-Adult Education	Maui, Moloka'i, Lana'i	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
	UH Maui college	Maui, Moloka'i, Lana'i	Yes
Elder Abuse and Neglect	Dept of Human Services- Adult Protective Services	Maui, Moloka'i, Lana'i	Yes
	Hale Ho'omalua - Battered Woman's Shelter	Moloka'i	Yes
Employment	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
	State-Workforce Development Division	Maui	Yes
Family Caregiver Support Groups	Maui Adult Day Care**	Maui	Yes
Family Caregiver Counseling	Maui Adult Day Care**	Maui, Moloka'i, Lana'i	Yes
Family Caregiver Training	Maui Adult Day Care**	Maui	Yes
Family Caregiver Telephone Reassurance and Friendly Visiting	Na Hoaloha**	Maui, Moloka'i, Lana'i	Yes
Health Education/Promotion	Maui County Office on Aging- Enhance®Fitness**	Maui, Lana'i	Yes
Housing	Hale Mahaolu - Moloka'i	Moloka'i	Yes

Housing Assistance	County Housing Division (HUD)	Maui, Moloka'i, Lana'i	Yes
Recreation/Leisure	Kaunoa Senior Services **	Maui, Moloka'i, Lana'i	Yes
Respite	ALU LIKE, Inc.*,	Moloka'i	No
	Hale Mahaolu**, Bayada Home**, Ho'okele Caregivers Maui**	Maui, Moloka'i, Lana'i	No
Respite Adult Day Care	Maui Adult Day Care**, Na Pu'uwai**	Central Maui, Lahaina, Moloka'i	Yes
Volunteer Services	Kaunoa Senior Services (RSVP)** Na Hoaloha**, Senior Companion, Project Dana	Maui, Moloka'i, Lana'i	Yes

Updated July 1, 2023

\*Designates minority service providers.

\*\* Represents AAA administered programs and services.

Above Table not meant to be an exhaustive list.

**APPENDIX D. CONTACT INFORMATION FOR MULTI-PURPOSE SENIOR CENTER, CONGREGATE AND HOME DELIVERED MEALS AND ADULT DAY CARE AND DAY HEALTH CENTERS IN THE PSA**

**Congregate Nutrition Sites and Home Delivered Distribution Centers**

<b>Congregate Nutrition Sites**</b>	<b>Areas Served</b>	<b>Congregate Units</b>	<b>HD Meals Units</b>	<b>Days and Hours</b>
Central Center @ KCC Annex** 275 Uhu Street, Kahului	Kahului	1146	N/A	Mon-Tue 8:30 – 11:30
Hale Kau Kau - St. Theresa Church** 25 W. Lipoa Street Kihei HI, 96753	Kihei	1480	2264	Weekdays, 5 pm – 6 pm Weekends, 4:30 pm – 5:30pm
Hale Mahaolu Akahi** 300 West Wakea Avenue Kahului, HI 96732	Akahi Tenants and Kahului	8855	N/A	Mon - Fri, 8:30 am – 11:30 am
Hale Mahaolu Elua 200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului	2350	N/A	Mon - Fri, 8:30 am – 11:30 am
Hana Community Center** 1501 Uakea Road Hana, HI 96713	Hana, Nahiku	2057	N/A	Tues, Thurs & Fri 9 am – 12 pm
Hannibal Tavares Community Center** 91 Pukalani Street Pukalani, HI 96768	Pukalani	2216	N/A	Mon & Thurs, 8:30 am – 11:30 am
Home Pumehana/Moloka'i Senior Center** Kolapa Place Kaunakakai, HI 96748	Home Pumehana Residents and Kaunakakai, Hoolehua, Kualapuu	7545	N/A	Mon, Wed & Fri, 9 am – 12 pm

Congregate Nutrition Sites**	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Kahului Union Church 101 W. Kamehameha Avenue Kahului, HI 96732	Kahului	3647	N/A	Tues & Thurs, 8:30 am – 11:30 am
Kaunoha Senior Center** 401 Alakapa Place Paia, HI 96779	Maui County	*Number being counted towards Hannibal Tavares CC	126,323	Meals Delivered Mon - Fri
Kihei Community Center** 303 E. Lipoa Street Kihei, HI 96753	Kihei	1589	N/A	Tues & Fri, 8:30 am – 11:30 am
Kula Community Center** Lower Kula Road Kula, HI 96790	Kula, Keokea	1255	N/A	Tues & Fri, 8:30 am – 11:30 am
Lana'i Senior Center** 7 <sup>th</sup> St. Lana'i City, HI 96793	Lana'i	4153	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center** 11 Mahaolu Kahului, HI 96732	Kahului	13691	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center – Kihei** 56 Ehiku Street Kihei, HI 96753	Kihei	2595	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Lahaina** 810 Kelawea Street Lahaina, HI 96761	Lahaina	2954	N/A	Destroyed in the Maui Wildfires

Congregate Nutrition Sites**	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Maui Adult Day Care Center - Ocean View** Kahului Beach Road Kahului, HI 96732	Wailuku	6456	N/A	Mon – Fri, 8:30 am – 11:30 am
Mitchell Pauole Center Ala Malama Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu	*Number being counted towards Molokai Senior Center	N/A	Tues & Thurs, 9:30 am - 12 pm
Velma Santos Community Center Makakoa Place Wailuku, HI 96793	Wailuku	*Number being counted towards Central Center	N/A	Mon & Wed, 8:30 am – 11:30 am
West Maui Senior Center 778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina	2820	N/A	Destroyed in the Maui Wildfires
ALU LIKE Maui, Kumu Kahi 95 Mahalani St., Suite 28-1B Wailuku, 96793	Central Maui, Paukukalo	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Mon - Thurs, 9 am – 12 :30 pm HD Meals
ALU LIKE Moloka'i, Kumu Kahi 10 N. Mohala St. Kaunakakai, HI 96748	Island wide	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Congregate - 9:45 am - 12:45 pm Hoolehua - Mon & Wed Kaunakakai – Mon, Tues & Thurs HD Meals - Mon - Fri
Hale Mahaolu CHSP Meals Program** 300 Wakea Ave & 200 Hina Avenue Kahului, HI 96732	Honolua, Napili, Kaanapali, Lahaina	*Monies not provided by Title III C-1 and Title III C-2	*Monies not provided by Title III C-1 and Title III C-2	Meals Delivered Daily (evening and weekends)

## APPENDIX E. STAFFING AND RESPONSIBILITIES

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
1. <u>General Administration</u>	<u>Descriptive Position Title</u>
Overall program administration	County Executive on Aging
The statement of written procedures under the Act for carrying out all defined responsibilities	County Executive on Aging
Responding to the views of older persons relative to issues of policy development and program implementation under the plan	County Executive on Aging, ADS, Program Specialists, ADS Specialist V
Hiring of staff resources	Director of Human Concerns, County Executive on Aging
Organization of staff resources	County Executive on Aging
Liaison to Council on Aging	County Executive on Aging
Public relations/information	County Executive on Aging, ADS Program Specialists, Administrative Staff
Overall program policy	County Executive on Aging
Contracts and grants management	ADS Program Specialists
Fiscal Management	County Executive on Aging, Accountant III

**Primary Area Agency Responsibilities**

**Position with Lead Authority for  
Decision-Making for Defined  
Responsibilities**

Personnel Management	County Executive on Aging, Secretary I, ADS Specialist V,
Information management/reporting	County Executive on Aging, ADS Program Specialists, Accountant III
2. <u>Program Planning</u>	<u>Descriptive Position Title</u>
Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people	County Executive on Aging, ADS Program Specialists
Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs	County Executive on Aging, ADS Program Specialists
Defining means for giving preference to older persons with greatest economic or social need	County Executive on Aging, ADS Program Specialists
Defining methods for establishing priorities for services	County Executive on Aging, ADS Program Specialists
Conduct research and demonstration	ADS Program Specialist responsible for Data Analysis
Resource identification/grantsmanship	County Executive on Aging, ADS Program Specialists, Accountant III
3. <u>Advocacy</u>	<u>Descriptive Position Title</u>
Monitoring, evaluating and commenting on all plans, programs, hearings and community actions which affect older people	County Executive on Aging, ADS Program Specialists
Conducting public hearings on the needs of older persons	County Executive on Aging, ADS Program Specialists
Representing the interests of older people to public officials, public and private agencies or organizations	County Executive on Aging, All Staff



**Primary Area Agency Responsibilities**

**Position with Lead Authority for  
Decision-Making for Defined  
Responsibilities**

Coordinating activities in support of the statewide long-term care ombudsman program	ADS Program Specialists
Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the area plan	ADS Specialists I-V
4. <u>Systems Development</u>	<u>Descriptive Position Title</u>
Defining community service area boundaries	County Executive on Aging, ADS Program Specialists
Designating community focal points	Department of Human Concerns Director's Office, County Executive on Aging, ADS Program Specialists
Pursuing plans to assure the older people in the planning and service area have reasonably convenient access to services	ADS Program Specialists
Entering into contracts with service providers	County Executive on Aging, ADS Program Specialists
Providing technical assistance to service providers under the area plan	ADS Program Specialists
Pursuing plans for developing a system of services comprised of access services, in home services, community services and services to residents of care providing facilities	County Executive on Aging, ADS Program Specialists
Coordinating plan activities with other programs supported by federal, state and local resources in order to develop a comprehensive and coordinated service system in the planning and service area	County Executive on Aging, ADS Program Specialists

**Primary Area Agency Responsibilities**

**Position with Lead Authority for  
Decision-Making for Defined  
Responsibilities**

5. Program Maintenance

Descriptive Position Title

Monitoring performance of all service providers under the area plan

ADS Program Specialists,  
Accountant III

Evaluating performance of all service providers

ADS Program Specialists,  
Accountant III

Providing feedback to providers and key decision-makers

County Executive on Aging,  
ADS Program Specialists

Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area

County Executive on Aging, ADS  
Program Specialists

## APPENDIX F: PUBLIC HEARINGS, SURVEYS, EVALUATIONS

### Public Hearing on Area Plan

A public hearing was scheduled for the DRAFT County Area Plan which coincided with the Council on Aging meetings on Tuesday, November 28, 2023.

**COUNCIL ON AGING (COA)**  
**November 28, 2023**  
**12:30 p.m.**  
**Virtual Meeting via BlueJeans Video/Teleconference**  
**Meeting Link: <https://bluejeans.com/788350819>**

**Call to Order: 12:31 pm**

**Members Present:** Chair Ed Romson, Council Members Jim Diegel, Arleen Gerbig, Shane Sinenci, Deldrine Manera, Leonardo Sequeira, Chase Traphagen, Teana Kaho'ohanohano and Valerie Kalaniopio -Cook

**Members Excused:** Council Member Elaine Slavinsky

**Members Unexcused Absent:** Vice Chair John Tomoso, Council Members Helen Tabura, Edwina Wilson-Snyder and Laura Vo

**County Staff Present:** MCOA Executive on Aging Rowena Dagdag -Andaya, Office Operations Assistant/Secretary Karen Sumer, Program Specialists Dionne Carvalho, Juno Vega, Claudette Medeiros, and Vicki Belluomini, and Deputy Corporation Counsel Chris 'Nahulu' Nunokawa.

**Guests Present:** Brian Hauser, Judy Guajardo, Curt Kiri, King Van Nostrand, Kathleen Kenney, Valerie Janikowski, Mikey (Last name not provided), Tarsis (Last name not provided) and Akaku Maui Community Media

<b>Topic/Agenda Item</b>	<b>Discussion</b>	<b>Action</b>
Call to Order & Roll Call	Chair Ed Romson called the meeting to order at 12:31 p.m.  Staff member conducted Roll Call. 9 members were present , 1 member was excused absent and 4 members were unexcused absent.  Also, one vacancy.  Council Member Sinenci logged off at 1:30 pm.	There is Quorum.

Public Testimony on Agenda Items

Brian Hauser (Advocacy Coordinator) Requests for the Maui County Office on Aging to secure a partnership with the Aloha Independent Living Center with the goal of having a physical disability resource center that would serve all people with disabilities, including age related disabilities.

Curt Kiriu (Aging-In-Place Specialist) Specializes in accessible and universal design and expresses that he would be happy to be a resource for planning, as far as home building, remodeling, and design for kupuna with various disabilities so they can adapt in their home to age in place. [curtk@hawaii.rr.com](mailto:curtk@hawaii.rr.com)  
808-258-8158

Council Member Manera commends Curt in offering his expertise with what is required for kupuna to aging in place at home.

Mikey (Written testimony, spoken by Brian Hauser) expresses that he has a few issues regarding the lack of physical locations for the Independent Living Center and housing and rental subsidies.

Chair Romson requested that the guest come back to next month's meeting.

Kathleen Kenney (Independent Living Specialist) Advocates for individuals of all ages who have a disability so they can live independently where they want to live and do the things that they want to continue doing. There are individuals who have significant

	<p>needs that don't qualify for certain programs because they're not yet 60 or for those that are over 60, they miss qualifying for certain services because of their income, which results in them receiving less in other benefits. The biggest challenge that for individuals with disabilities or age-related disabilities are the challenge of living independently due the shortage of personal care workers that can provide services in home and the cost of those services for people that is not covered. Also has issues with the lack of affordable housing for seniors and for people with a disability.</p> <p><u>King Van Nostrand</u> (Na Hoaloha Executive Director)  A provider for the Maui County Office on Aging, attended the 50<sup>th</sup> Maui County Senior Fair and found that kupuna want to be involved in their lives and their decision-making. He expresses that kupuna are really important part of our community and we really must listen, cherish and honor them.</p>	
Approval of Minutes: October, 2023	Members reviewed the October 10, 2023 meeting minutes.	Chair Romson moved to approve the minutes; Councilmember Sinenci seconded. Motion carried unanimously.
New Business	No new business at the time.	

<p>Unfinished Business</p>	<p>Four-Year Area Plan on Aging (October 1, 2023 to September 30, 2027)</p> <p>Provides an overview of the older adult network starting from the Associate Administration for Community Living at the Federal level down to the State Executive Office on Aging.</p> <p>Describes the framework for how our programs are developed</p> <p>Summary of goals and objectives</p> <p>Funding sources – Federal, State and County</p> <p>Evaluation</p> <p>Program Specialist Juno Vega - explains what's different from the last 4-Year plan. There are 3 events that occurred which shifted the needs of the community: 2020 Census, which occurs every 10 years; Covid-19 Pandemic; August 2023 Lahaina and Kula wildfires</p> <p>With the 2020 Census important information was gathered so that our office becomes more attuned to the future rather than being reactive to what's happening. Our office has updated the post-pandemic information to the extent that information is available, including information regarding people with one or more types of disability, by age group.</p> <p>The second is that I want to point out that back to October 2020 to March 2023, our office conducted a</p>	

	<p>county wide needs assessment to better gauge how to address these needs and to reallocate resources.</p> <p>The projection of the needs for kupuna will forever be there and we are watching for trends and changes that will impact service delivery. Our Office is looking at data about ethnic composition, language by age, life expectancy and the health status; self-reported, along with the focus on caregivers; the welfare and the support that they need. holding ourselves accountable in terms of how we meet the goals and objectives.</p> <p>Council Member Manera will send recommendations via email.</p> <p>Chair Romson asks about the changes regarding multigenerational households .</p> <p>Program Specialist Juno Vega explains that here's very little information regarding multigenerational households, but in the 2020 Census, a percentage of family households was reflected for all of Hawaii. Office on Aging has been conducting surveys, and part of the care survey is not only looking at the service that we provide, but also asking questions about their health, because if they're living with multigenerational family members, we want to know how we can support them.</p>	
	<p>Curt Kiriu mentioned that Hawai'i has always had the highest multi-generational housing nationwide because of the culture and it's</p>	

	<p>becoming more so on the mainland only because</p> <p>of the lack of housing and high costs. Individuals cannot afford it and with their parents getting older, they're moving back home to care for them because the high cost of health care. The challenge now, is the lack of health care workers and there has been suggestions to draw in the workforce by having students get credits for interning for different health care facilities, whether it's in-home or Assisted Living, so they have hands more hands on training.</p> <p>When looking at multigenerational families here, it's important to modify homes to fit the kupunas needs to age in place</p> <p>Council Member Kalaniopio-Cook will submit recommendations for Hana via email. She expresses that there are newer things that the community has been doing for kupuna. She also suggests that we should highlight the concerns and support systems that can be used.</p> <p>Executive on Aging Dagdag-Andaya reiterated that comments and feedback from the Council Members are appreciated, especially for the partitive section of the 4-Year plan</p>	
Upcoming Events/Announcements	Members are encouraged to share any upcoming events known to be happening across Maui County over the next few months.	No event shared.
Agenda Setting for Next Meeting	Please send any suggestions to the Staff Secretary. Four-Year Area Plan on Aging	



	State of Hawai‘ i Digital Equity Plan Administration for Community Living Funds	
Next Meeting	The next regular meeting is scheduled for Tuesday, December 12, 2023 at 12:30pm. The meeting will be done virtually, using video/teleconferencing and possibly a Physical Location. More information to come.	
Adjournment	The meeting was adjourned at 1:40 p.m.	

Submitted by Karen Sumer, Office Operations Assistant/Interim Board Secretary

## Maui County Older Adult Survey 2022-2023

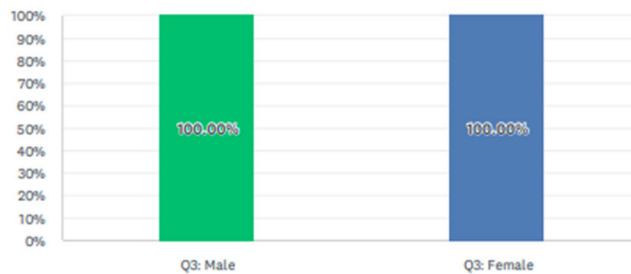
(Note: Survey period from October 2022 through March 2023)

The Maui County Office On Aging gathered community input to develop the new 4-Year Plan on Aging (2023-2027). The survey was an opportunity for Maui County older adults (55 years and up) to share their opinions to develop, maintain, or change services in the county. All responses are anonymous.

Maui County Office on Aging - Older Adult Survey 2022

### Q3 What is your gender identity?

Answered: 465 Skipped: 0



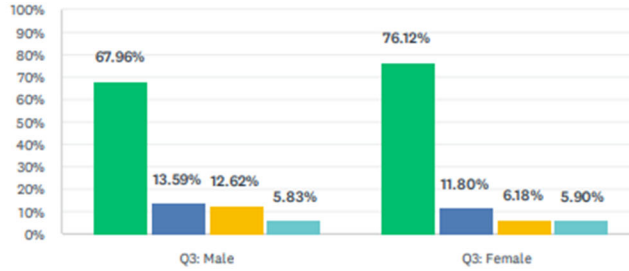
Male Female Other (plea...

	MALE (1)	FEMALE (2)	OTHER (PLEASE SPECIFY) (3)	TOTAL
Q3: Male (A)	100.00%	0.00%	0.00%	22.58%
	105	0	0	105
	B	B		
Q3: Female (B)	0.00%	100.00%	0.00%	77.42%
	0	360	0	360
	A	A		
Total Respondents	105	360	0	465

Maui County Office on Aging - Older Adult Survey 2022

Q5 Where do you live?

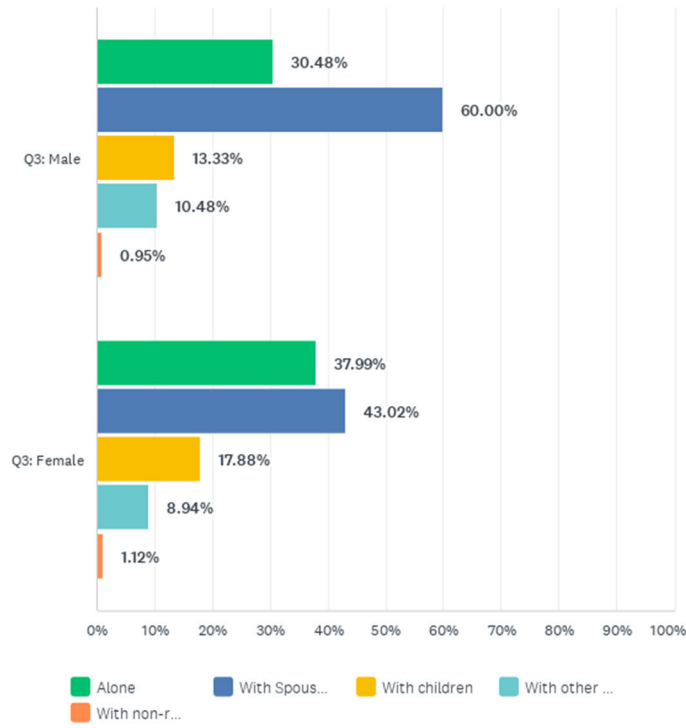
Answered: 459 Skipped: 6



Own Home Rent apart... Subsidized ... Other (plea...

	OWN HOME (1)	RENT APARTMENT OR ROOM (2)	SUBSIDIZED HOUSING PROJECT/PROGRAM (SEC 8, HALE MAHAOLU, ETC.) (3)	OTHER (PLEASE SPECIFY) (4)	TOTAL
Q3: Male (A)	67.96% 70	13.59% 14	12.62% 13 B	5.83% 6	22.44% 103
Q3: Female (B)	76.12% 271	11.80% 42	6.18% 22 A	5.90% 21	77.56% 356
Total Respondents	341	56	35	27	459

Q6 Who do you live with? Select all that apply.

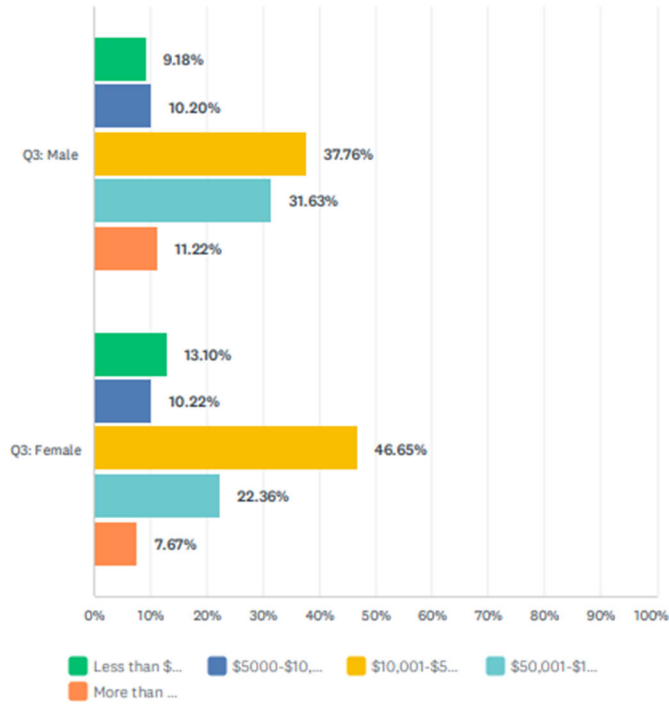


	ALONE (1)	WITH SPOUSE OR PARTNER (2)	WITH CHILDREN (3)	WITH OTHER RELATIVES (4)	WITH NON-RELATIVES (E.G. FRIENDS, ETC) (5)	TOTAL
Q3: Male (A)	30.48% 32	60.00% 63 B	13.33% 14	10.48% 11	0.95% 1	26.13% 121
Q3: Female (B)	37.99% 136	43.02% 154 A	17.88% 64	8.94% 32	1.12% 4	84.23% 390
Total Respondents	168	217	78	43	5	463

Maui County Office on Aging - Older Adult Survey 2022

Q7 What is your annual personal (not household) income?

Answered: 411 Skipped: 54

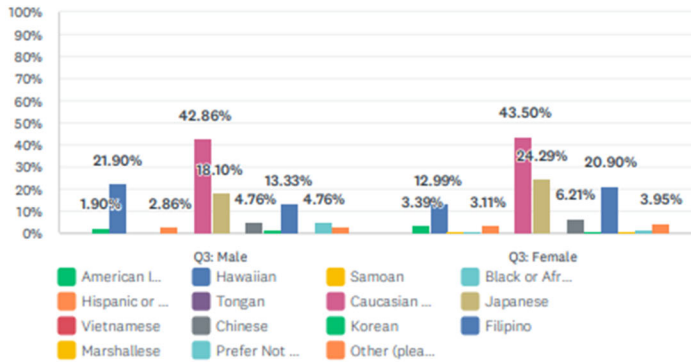


	LESS THAN \$5,000 (1)	\$5000-\$10,000 (2)	\$10,001-\$50,000 (3)	\$50,001-\$100,000 (4)	MORE THAN \$100,000 (5)	TOTAL
Q3: Male (A)	9.18% 9	10.20% 10	37.76% 37	31.63% 31	11.22% 11	23.84% 98
Q3: Female (B)	13.10% 41	10.22% 32	46.65% 146	22.36% 70	7.67% 24	76.16% 313
Total Respondents	50	42	183	101	35	411

Maui County Office on Aging - Older Adult Survey 2022

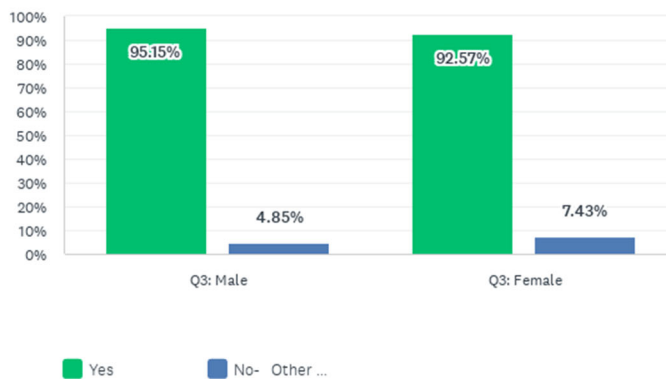
Q8 What is your race/ethnicity? (select all that apply)

Answered: 459 Skipped: 6



	AMERICAN INDIAN OR ALASKA NATIVE (1)	HAWAIIAN (2)	SAMOAN (3)	BLACK OR AFRICAN AMERICAN (4)	HISPANIC OR LATIN (5)	TONGAN (6)	CAUCASIAN OR WHITE (7)	JAPANESE (8)	VIETNAMESE (9)	CHINESE (10)	KI (11)
Q3: Male (A)	1.90% 2	21.90% 23 B	0.00% 0	0.00% 0	2.86% 3	0.00% 0	42.86% 45	18.10% 19	0.00% 0	4.76% 5	
Q3: Female (B)	3.39% 12	12.99% 46 A	0.28% 1	0.28% 1	3.11% 11	0.00% 0	43.50% 154	24.29% 86	0.00% 0	6.21% 22	
Total Respondents	14	69	1	1	14	0	199	105	0	27	3

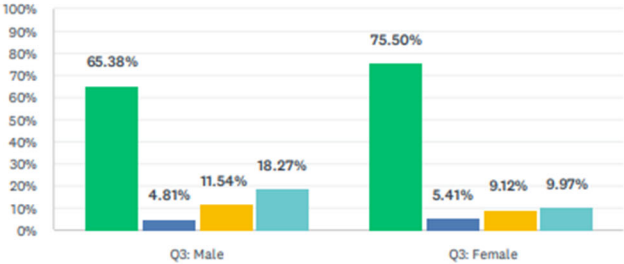
Q9 Is English our primary language?



Maui County Office on Aging - Older Adult Survey 2022

Q10 Are you currently employed?

Answered: 455 Skipped: 10

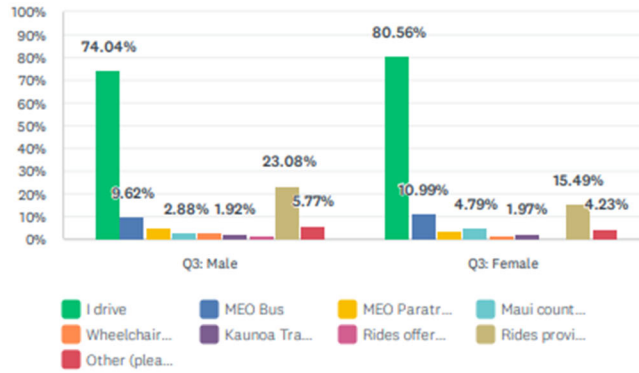


	NO (1)	YES- PART TIME (2)	YES- FULL TIME (3)	DESCRIBE TYPE OF WORK DONE (4)	TOTAL
Q3: Male (A)	65.38%	4.81%	11.54%	18.27%	22.86%
	68	5	12	19	104
	B			B	
Q3: Female (B)	75.50%	5.41%	9.12%	9.97%	77.14%
	265	19	32	35	351
	A			A	
Total Respondents	333	24	44	54	455

Maui County Office on Aging - Older Adult Survey 2022

Q11 What are your modes of transportation? Check all that apply.

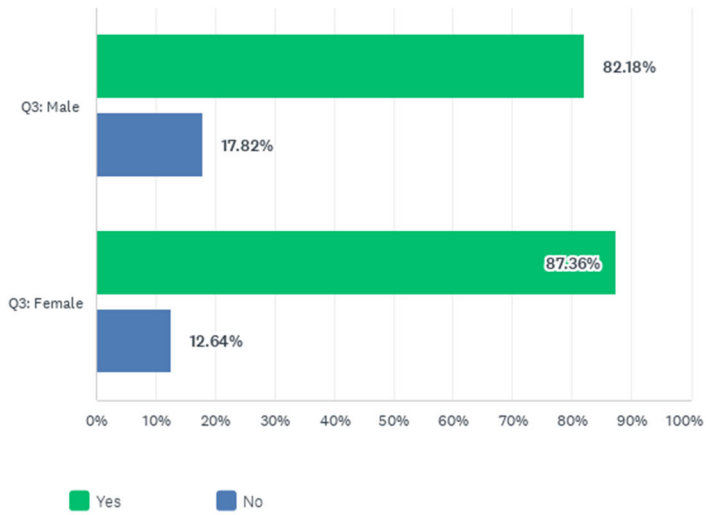
Answered: 459 Skipped: 6



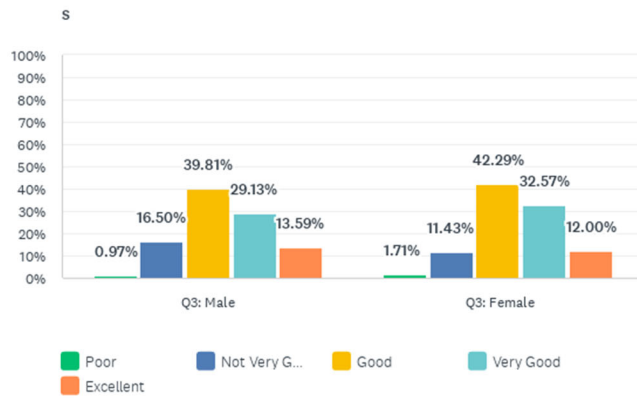
	I DRIVE (1)	MEO BUS (2)	MEO PARATRANSIT (3)	MAUI COUNTY BUS (4)	WHEELCHAIR/SCOOTER (5)	KAUNOA TRANSPORTATION (6)	RIDES OFFERED BY VOLUNTEER (7)	RIDES PROVIDED BY FAMILY AND/OR FRIENDS (8)	OTHER (PLEASE SPECIFY) (9)
Q3: Male (A)	74.04% 77	9.62% 10	4.81% 5	2.88% 3	2.88% 3	1.92% 2	0.96% 1	23.08% 24	5.77% 6
Q3: Female (B)	80.56% 286	10.99% 39	3.94% 14	4.79% 17	1.41% 5	1.97% 7	0.00% 0	15.49% 55	4.23% 15
Total Respondents	363	49	19	20	8	9	1	79	21



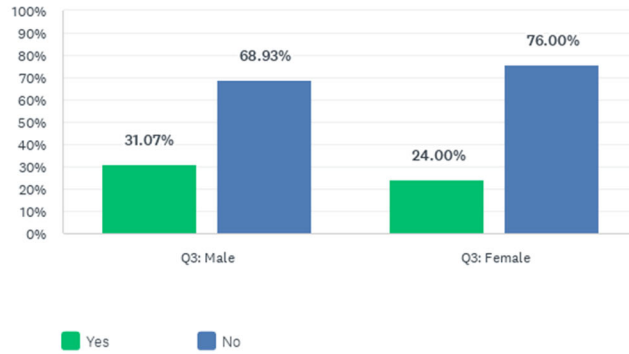
Q12 Have you heard about the Maui County Office on Aging?



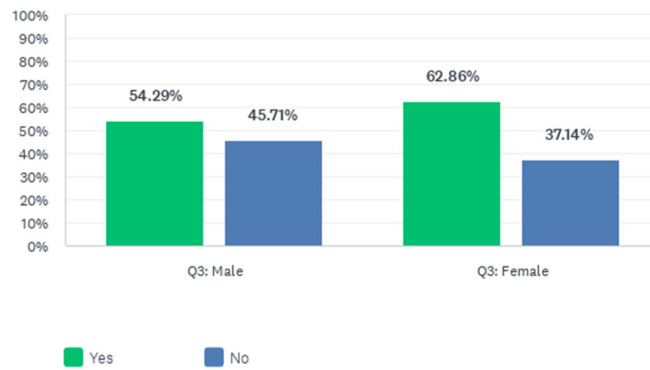
Q13 Over the last 12 months, how would you rate or describe your overall health?



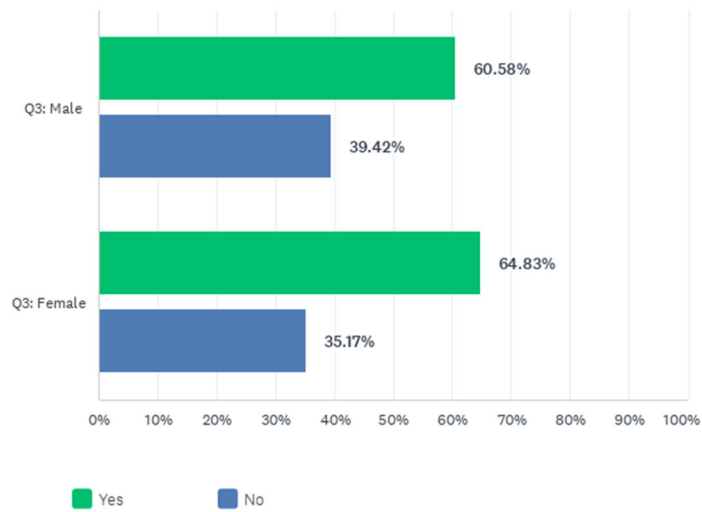
### Q14 Do you have a physical or mental disability?



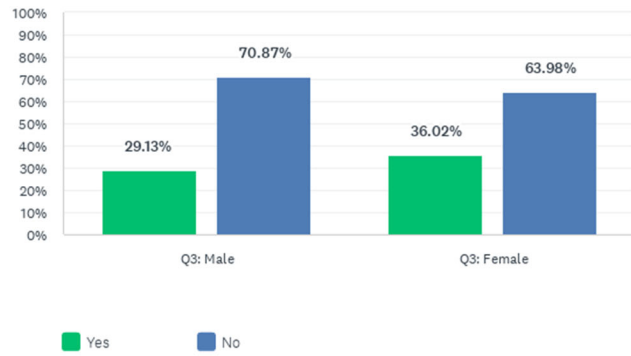
### Q15 Are you concerned about developing or having to deal with dementia and/or cognitive changes?



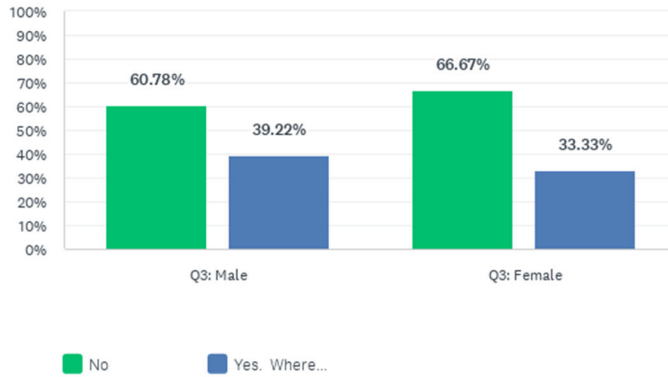
Q16 Do you have a completed an Advance Health Care Directive (living will)?



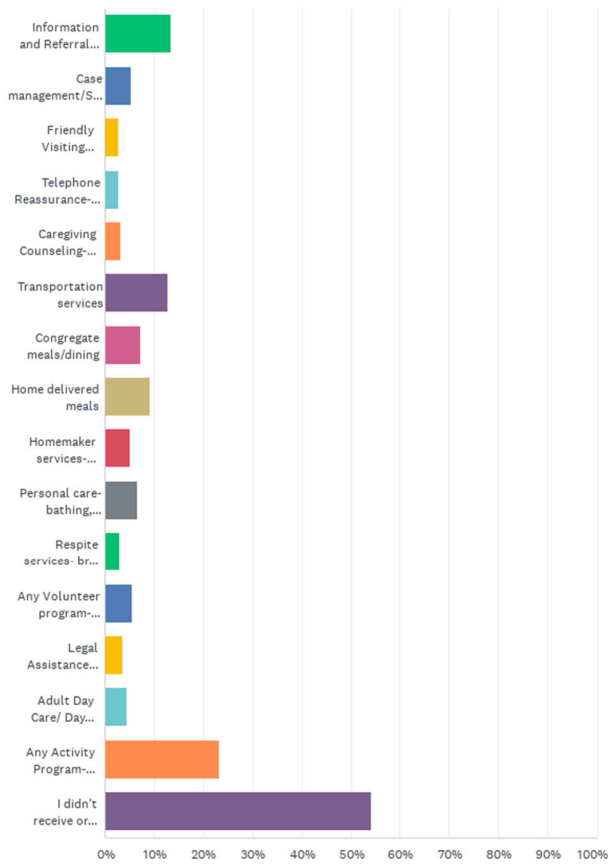
Q17 Have you had to remodel/renovate your home to make it more age-friendly (e.g. install grab bars, ramps, improve lighting?)



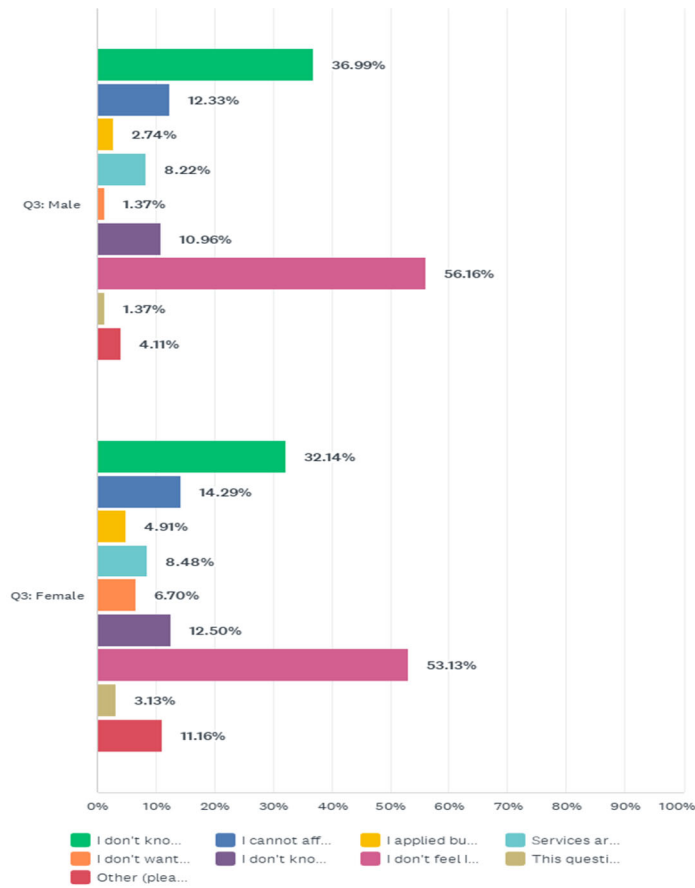
### Q18 Do you volunteer?



Q19 Over the past year, please check of the following if you have received, currently use or participate in the following services for older adults. Check all that apply.



Q22 If you are over the age of 60 and have not used services, what is/are the main reasons for not using them? (Check all that apply.)

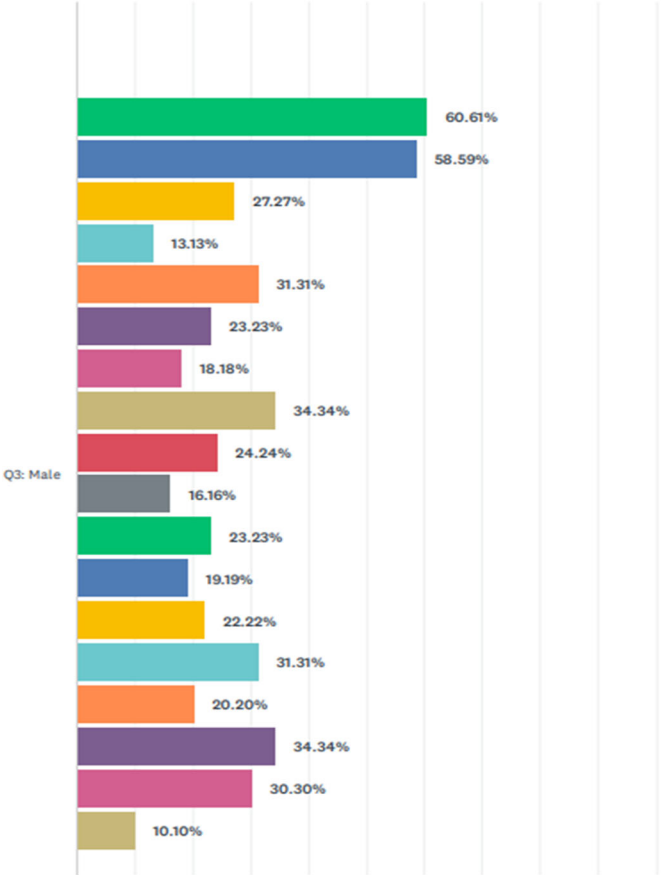


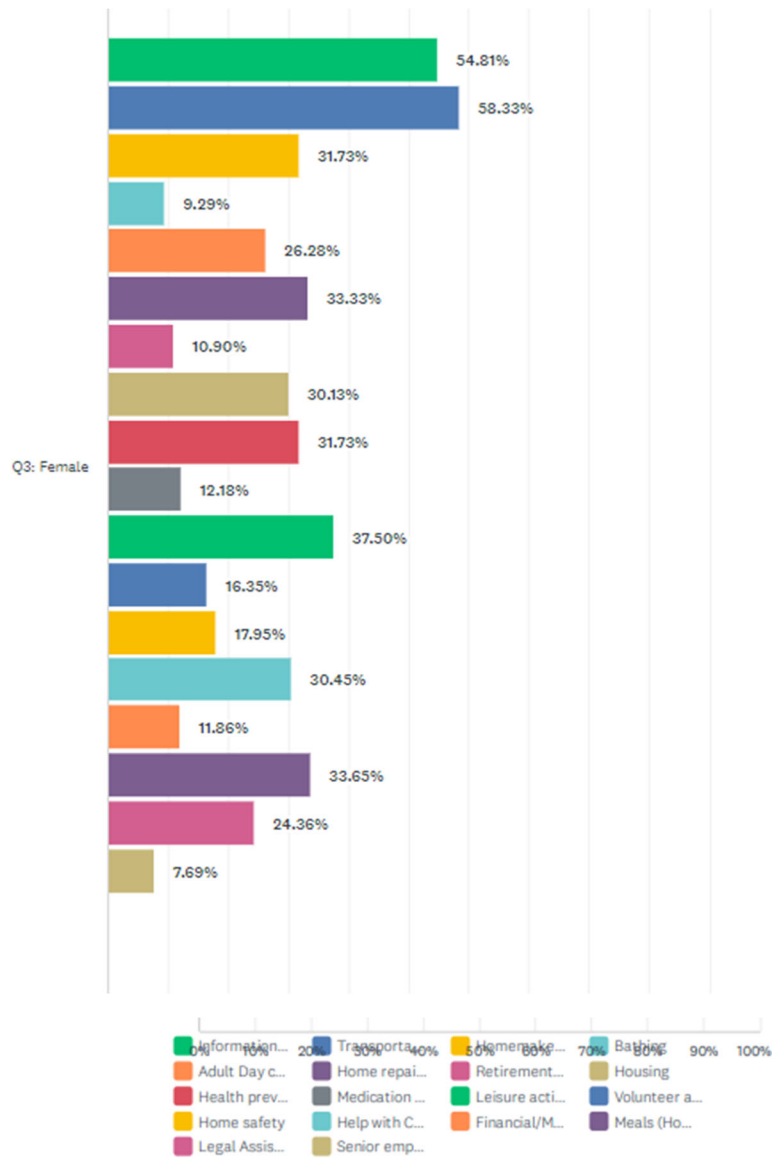
Maui County Office on Aging - Older Adult Survey 2022

	I DON'T KNOW WHAT IS AVAILABLE. (1)	I CANNOT AFFORD TO PAY OUT OF POCKET. (2)	I APPLIED BUT WAS DENIED. (3)	SERVICES ARE NOT AVAILABLE DURING THE TIMES I NEED THEM. (4)	I DON'T WANT OUTSIDERS COMING INTO MY HOME. (5)	I DON'T KNOW HOW TO GET INFORMATION. (6)	I DON'T FEEL I NEED THE SERVICES. (7)	THIS QUESTION DOESN'T PERTAIN TO ME BECAUSE I AM UNDER 60 YEARS OF AGE. (8)	OTHER (PLEASE SPECIFY) (9)	TOTAL
Q3: Male (A)	36.99% 27	12.33% 9	2.74% 2	8.22% 6	1.37% 1	10.96% 8	56.16% 41	1.37% 1	4.11% 3	33.00% 98
Q3: Female (B)	32.14% 72	14.29% 32	4.91% 11	8.48% 19	6.70% 15	12.50% 28	53.13% 119	3.13% 7	11.16% 25	110.44% 328
Total Respondents	99	41	13	25	16	36	160	8	28	297

Q23 From the list below, please check five (5) of the services that you feel are important to you and other older adults in Maui County.

Answered: 411 Skipped: 54

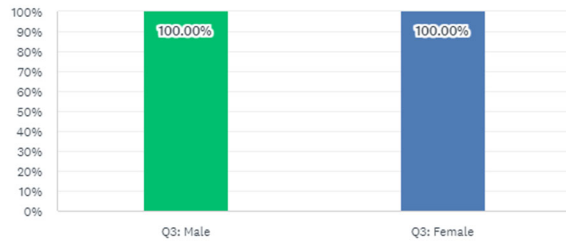




	INFORMATION ABOUT SERVICES (1)	TRANSPORTATION (2)	HOMEMAKER/HOUSEKEEPER (3)	BATHING (4)	ADULT DAY CARE/DAY HEALTH (5)	HOME REPAIR/RENOVATION (6)	RETIREMENT PLANNING (7)
Q3: Male (A)	60.61% 60	58.59% 58	27.27% 27	13.13% 13	31.31% 31	23.23% 23	18.18% 18
Q3: Female (B)	54.81% 171	58.33% 182	31.73% 99	9.29% 29	26.28% 82	33.33% 104	10.90% 34
Total Respondents	231	240	126	42	113	127	52

## Are you satisfied with the services you receive or the programs you have participated in?

Answered: 16 Skipped: 449



I do receive...

	I DO RECEIVE SERVICES BUT SOMEONE ELSE PAYS FOR IT OTHERWISE I COULDN'T AFFORD TO PAY ON MY OWN (1)	TOTAL
Q3: Male (A)	100.00% 6	37.50% 6
Q3: Female (B)	100.00% 10	62.50% 10
Total Respondents	16	16





## Maui County Caregiver Survey 2022 -2023

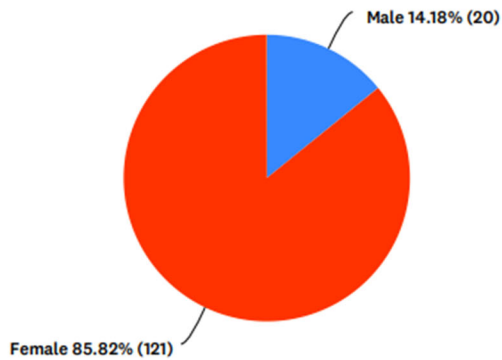
(Note: Survey period from October 2022 through March 2023)

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Maui County Office on Aging - 2022 Caregiver Survey

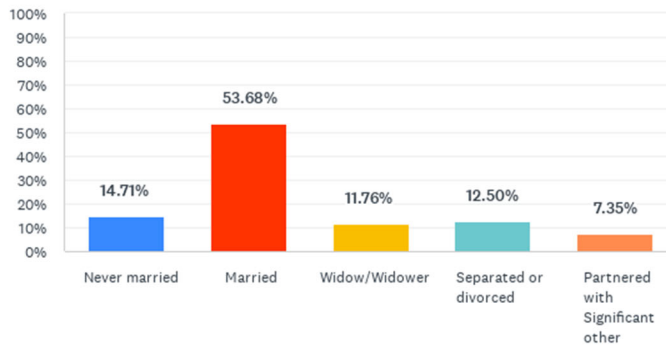
### Q3 What is your gender identity?

Answered: 141 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male (1)	14.18%	20
Female (2)	85.82%	121
Other (please specify) (3)	0.00%	0
<b>TOTAL</b>		<b>141</b>

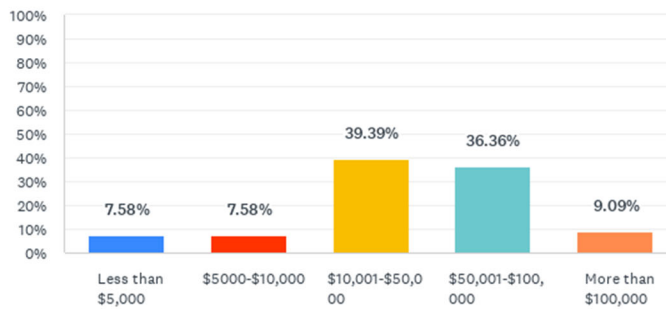
### Q4 What is your marital status?



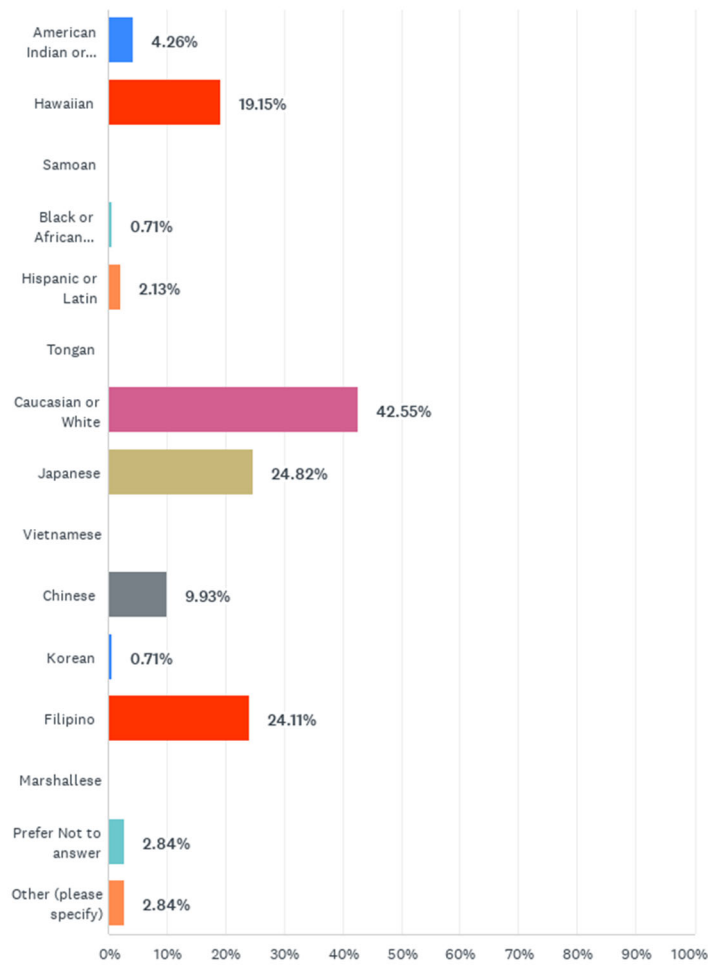
### Q5 What is your employment status?



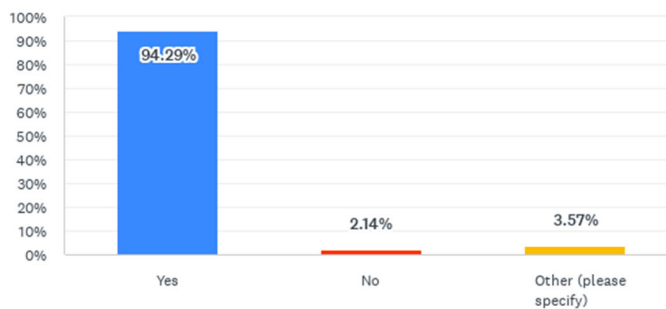
### Q6 What is your annual personal (not household) income?



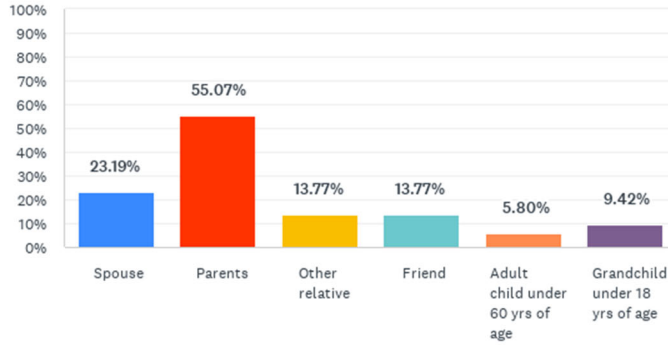
Q7 What is your race/ethnicity? (select all that apply)



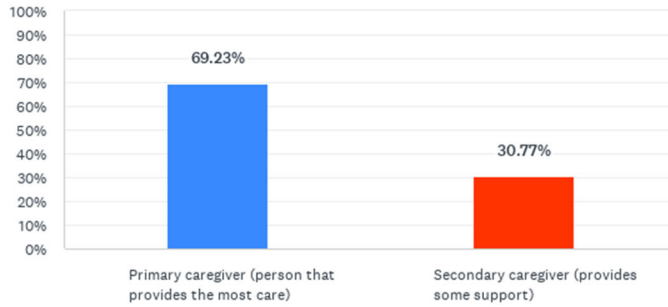
Q8 Is English our primary language?



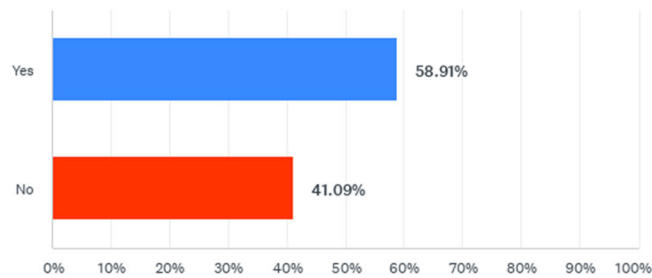
Q9 Who do you assist? Check all that apply.



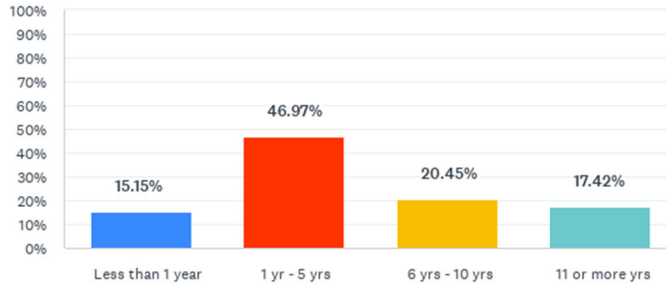
Q12 Are you the primary or secondary caregiver?



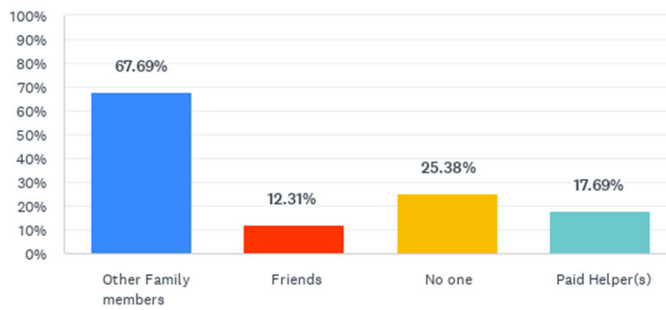
Q13 Do you live with the person you provide care for?



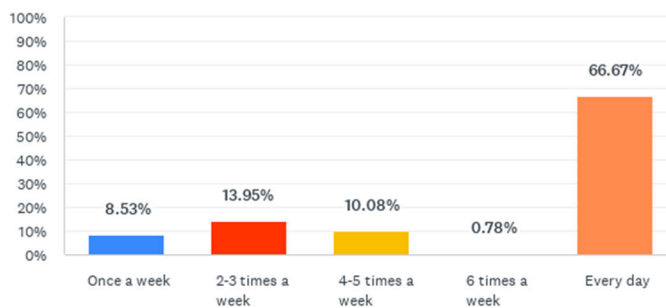
Q14 How long have you been providing care?



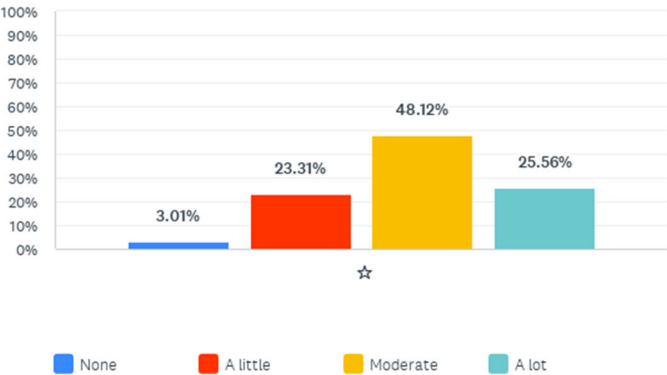
Q15 Who helps you provide care? Check all that apply.



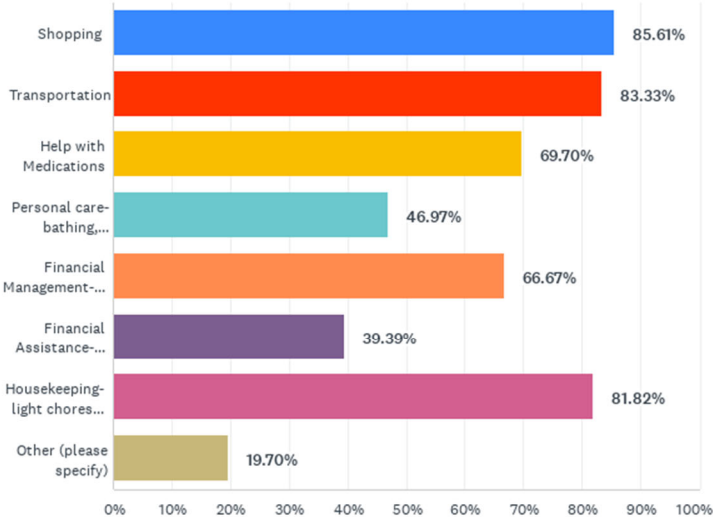
Q16 How often do you provide care during the week?



Q17 How would you describe your stress level related to your caregiving responsibilities?

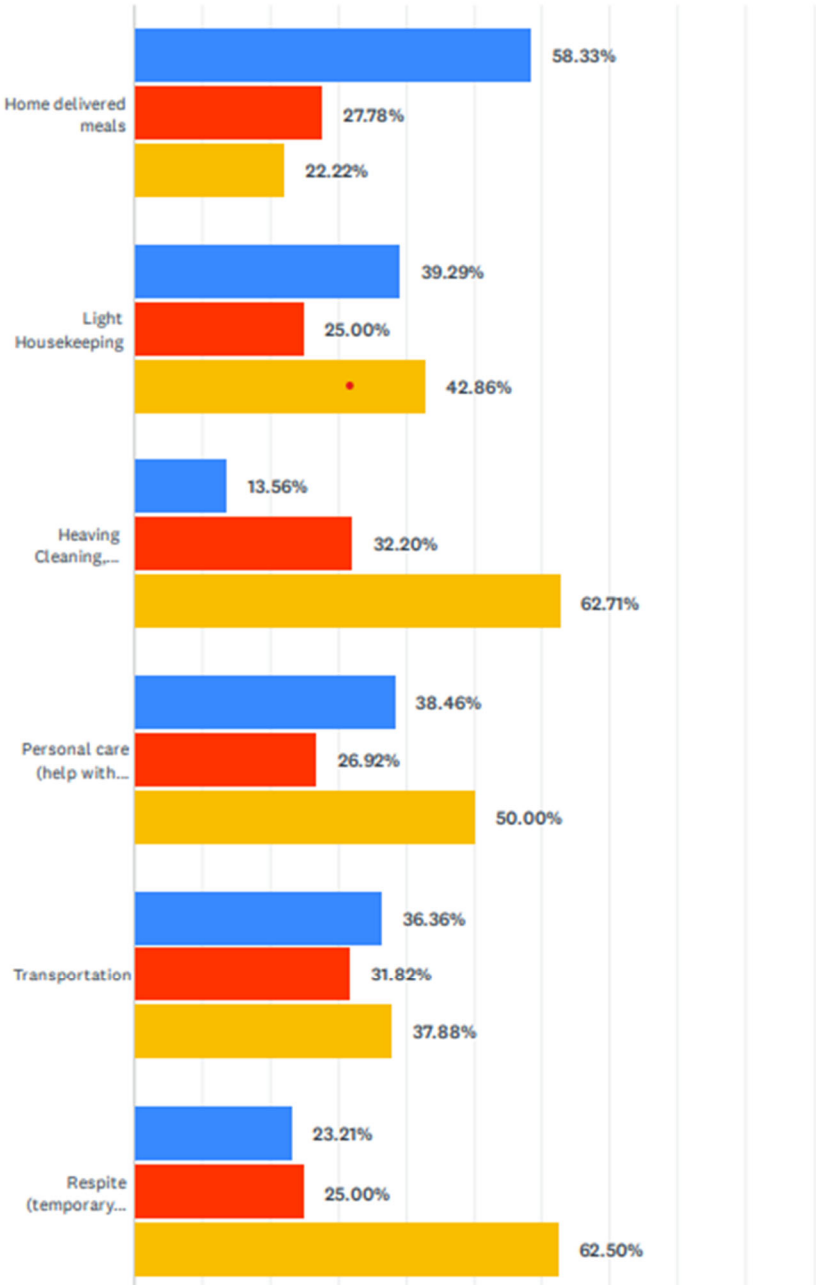


Q18 What types of help do you provide? Check all that apply.



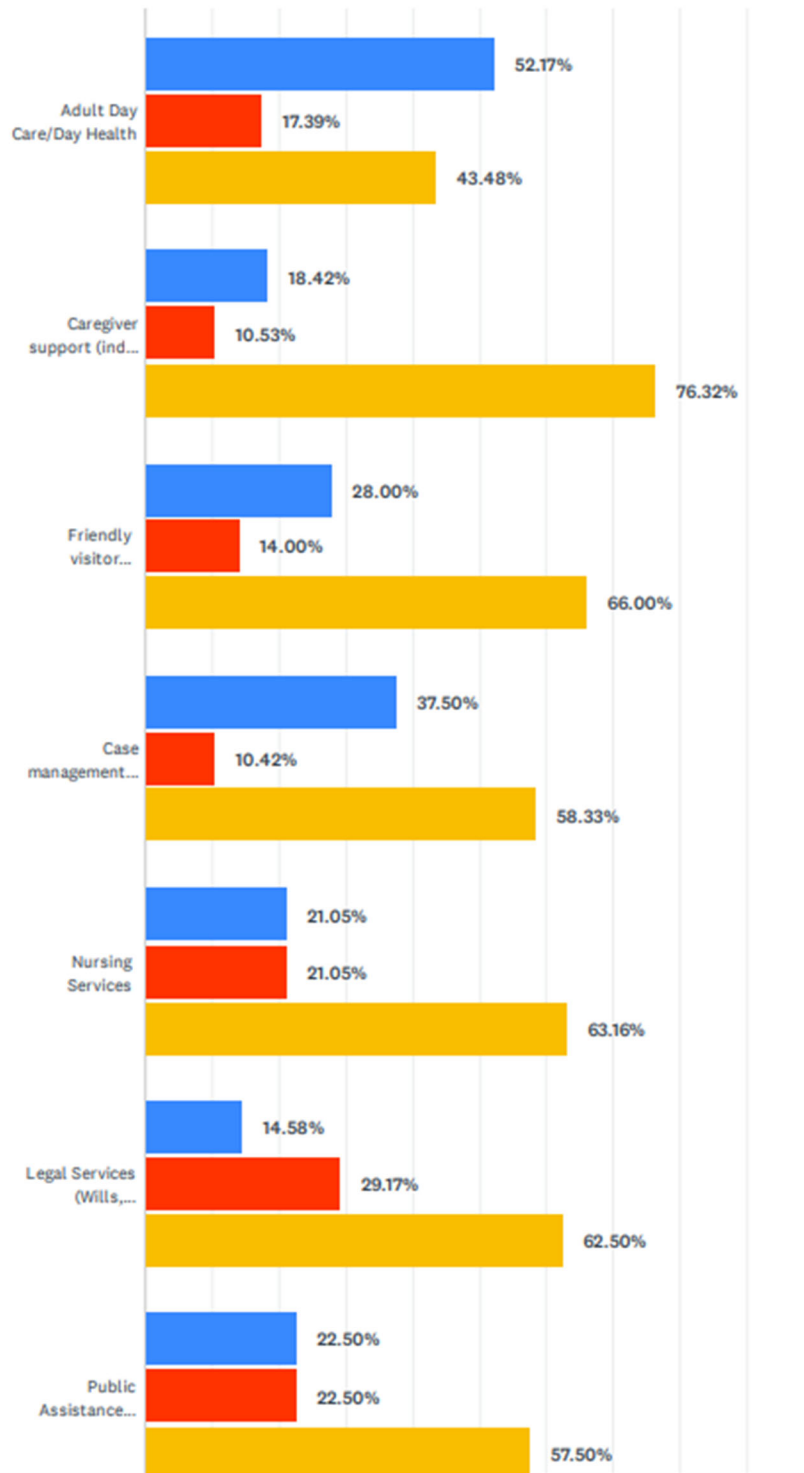
**Q19 Which services does this person currently receive from agencies?  
Which services do you need more of? Check all that apply.**

Answered: 107 Skipped: 34

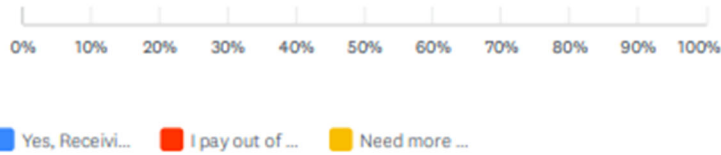




Maui County Office on Aging - 2022 Caregiver Survey



### Maui County Office on Aging - 2022 Caregiver Survey

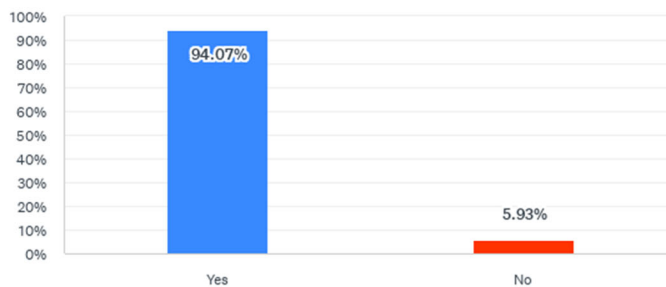


	YES, RECEIVING (1)	I PAY OUT OF POCKET (2)	NEED MORE OF (3)	TOTAL RESPONDENTS
Home delivered meals	58.33% 42	27.78% 20	22.22% 16	72
Light Housekeeping	39.29% 22	25.00% 14	42.86% 24	56
Heaving Cleaning, yardwork, etc.	13.56% 8	32.20% 19	62.71% 37	59
Personal care (help with bathing, dressing, etc.)	38.46% 20	26.92% 14	50.00% 26	52
Transportation	36.36% 24	31.82% 21	37.88% 25	66
Respite (temporary break for caregivers)	23.21% 13	25.00% 14	62.50% 35	56
Adult Day Care/Day Health	52.17% 24	17.39% 8	43.48% 20	46
Caregiver support (indiv and grp support, training and education)	18.42% 7	10.53% 4	76.32% 29	38
Friendly visitor (visits/help from volunteer/friend)	28.00% 14	14.00% 7	66.00% 33	50
Case management (social worker/case manager helping with coordination)	37.50% 18	10.42% 5	58.33% 28	48
Nursing Services	21.05% 8	21.05% 8	63.16% 24	38
Legal Services (Wills, guardianship, power of attorney)	14.58% 7	29.17% 14	62.50% 30	48
Public Assistance (Medicaid, Food Stamps/SNAP, Housing Assistance, etc.)	22.50% 9	22.50% 9	57.50% 23	40

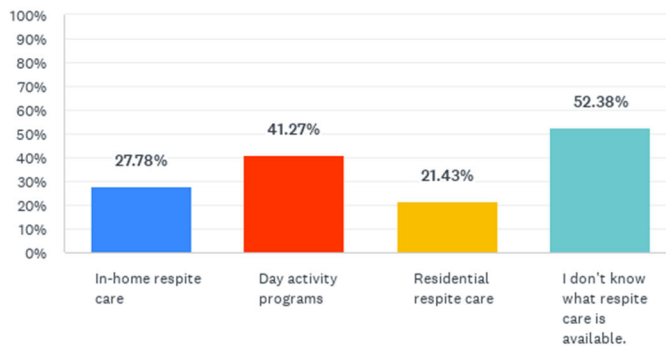
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BASIC STATISTICS					
	MINIMUM	MAXIMUM	MEDIAN	MEAN	STANDARD DEVIATION
Home delivered meals	1.00	3.00	1.00	1.67	0.80
Light Housekeeping	1.00	3.00	2.00	2.03	0.87
Heaving Cleaning, yardwork, etc.	1.00	3.00	3.00	2.45	0.71
Personal care (help with bathing, dressing, etc.)	1.00	3.00	2.00	2.10	0.87
Transportation	1.00	3.00	2.00	2.01	0.84
Respite (temporary break for caregivers)	1.00	3.00	3.00	2.35	0.81
Adult Day Care/Day Health	1.00	3.00	2.00	1.92	0.92
Caregiver support (indiv and grp support, training and education)	1.00	3.00	3.00	2.55	0.77
Friendly visitor (visits/help from volunteer/friend)	1.00	3.00	3.00	2.35	0.86
Case management (social worker/case manager helping with coordination)	1.00	3.00	3.00	2.20	0.93
Nursing Services	1.00	3.00	3.00	2.40	0.80
Legal Services (Wills, guardianship, power of attorney)	1.00	3.00	3.00	2.45	0.72
Public Assistance (Medicaid, Food Stamps/SNAP, Housing Assistance, etc.)	1.00	3.00	3.00	2.34	0.81

Q20 Do you have access to and use the Internet either at home, work, or another place?

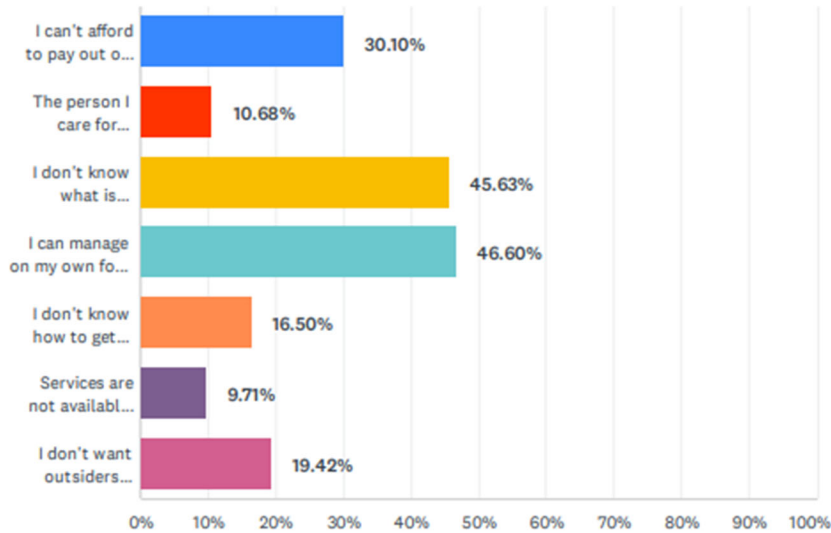


Q21 What types of respite care do you think are available in your area? You may select more than one answer if it applies.



**Q22 If you have not used community agency services to help you with your caregiving, what is/are the main reason(s) for not using them? Check all that apply.**

Answered: 103 Skipped: 38

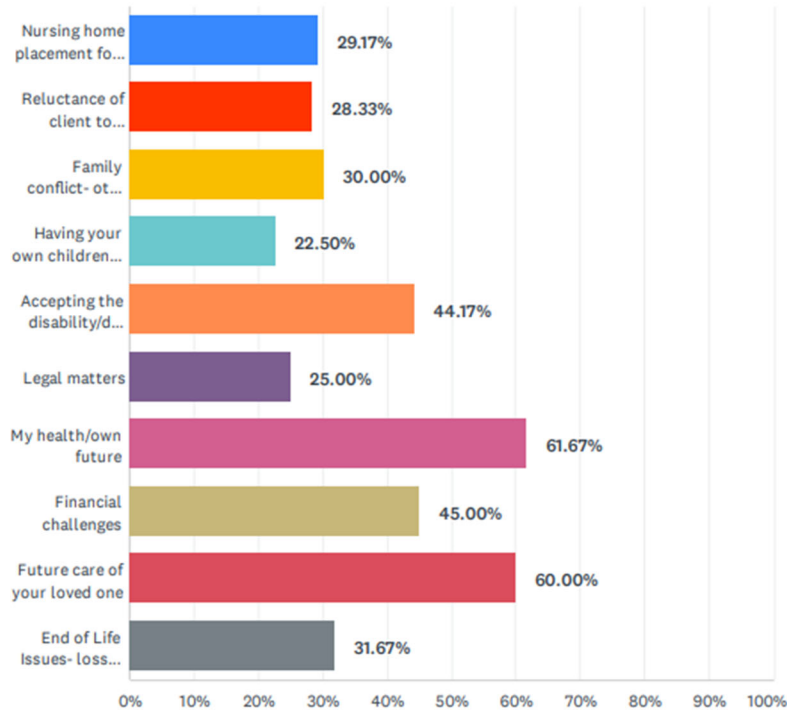


ANSWER CHOICES	RESPONSES	
I can't afford to pay out of pocket. (1)	30.10%	31
The person I care for applied but was denied. (2)	10.68%	11
I don't know what is available. (3)	45.63%	47
I can manage on my own for now. (4)	46.60%	48
I don't know how to get information. (5)	16.50%	17
Services are not available during the times I need them. (6)	9.71%	10
I don't want outsiders coming into my home/elder's home. (7)	19.42%	20
Total Respondents: 103		

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Q23 What issues concern you as a caregiver? Check all that apply.

Answered: 120 Skipped: 21

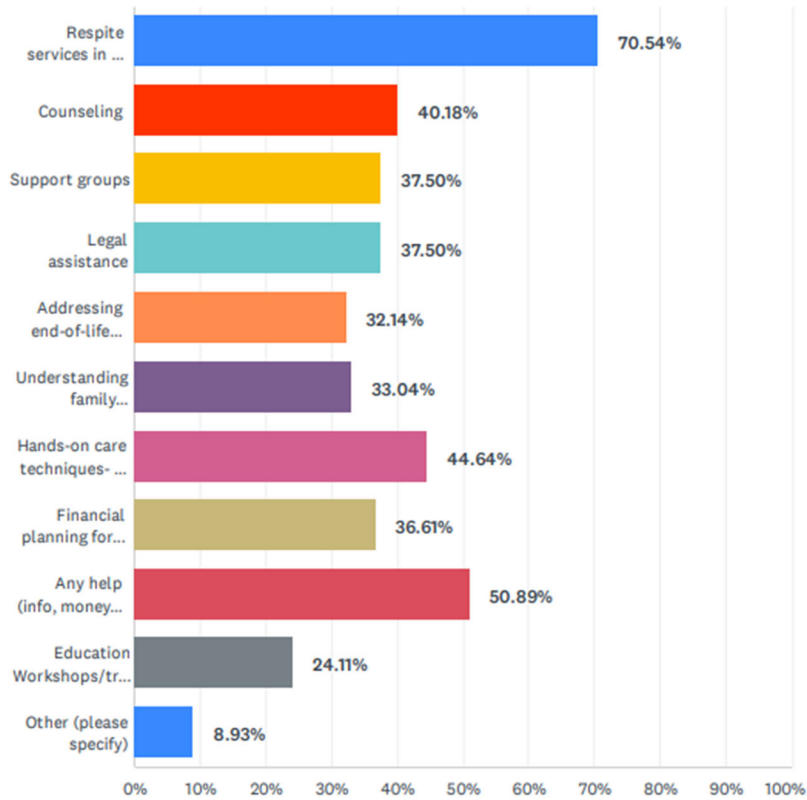


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ANSWER CHOICES	RESPONSES	
Nursing home placement for loved one (1)	29.17%	35
Reluctance of client to accept services (2)	28.33%	34
Family conflict- other family members not helping out (3)	30.00%	36
Having your own children and/or family to care for (4)	22.50%	27
Accepting the disability/declining health of the person being care for (5)	44.17%	53
Legal matters (6)	25.00%	30
My health/own future (7)	61.67%	74
Financial challenges (8)	45.00%	54
Future care of your loved one (9)	60.00%	72
End of Life Issues- loss and grief, death and dying (10)	31.67%	38
Total Respondents: 120		

### Q24 What kinds of support would help you and other caregivers in the community? Check all that apply.

Answered: 112 Skipped: 29



Maui County Office on Aging - 2022 Caregiver Survey

ANSWER CHOICES	RESPONSES
Respite services in the home to give caregivers a break (1)	70.54% 79
Counseling (2)	40.18% 45
Support groups (3)	37.50% 42
Legal assistance (4)	37.50% 42
Addressing end-of-life issues- loss and grief, death and dying (5)	32.14% 36
Understanding family dynamics- family roles, how to manage conflict among family members (6)	33.04% 37
Hands-on care techniques- how to help with bathing, transferring, using medical equipment, handling behavioral problems (7)	44.64% 50
Financial planning for the future (8)	36.61% 41
Any help (info, money or resources) to help me renovate the home to become more age-friendly (e.g. install railings, shower bars, ramps, etc.) (9)	50.89% 57
Education Workshops/trainings (10)	24.11% 27
Other (please specify) (11)	8.93% 10
Total Respondents: 112	



## ***Public Comments on MCOA Four-Year Plan October 1, 2023 to September 30, 2027***

Online email submission

### **Comments:**

- Targeting of services
  - To those negatively affected
  - Person's with disabilities: need to teach independence and new daily living skills
- Disabled persons: low income
  - Limited medical coverages
- Person's with disabilities aging in place
  - Must teach mobility and social skills outside of home
- Information provided to persons with disabilities
  - Accessible format: braille, audio, etc.
  - Recruiting volunteers
  - To be trained to work with persons with disabilities
  - Secure funds to train volunteers
- MCOA Staff
  - Staff to be trained and taught of different disabilities
  - Secure funds to hire trainers to teach staff
  - Train family members to work with persons with disabilities
- Grants
  - Apply for grants for contract services to hire/work/teach persons with disabilities, new daily living skills and living independently
- Home modifications
  - Blind people do not need home modifications; needs training to live within home

## **Public Comments on MCOA Four-Year Plan October 1, 2023 to September 30, 2027**

Online email submission specific to Molokai

### **Questions:**

- How does the ADRC provide services for Molokai kupuna? #s?
  - ADRC collaborates with a number of services which include but not limited to Molokai Aging Network and the Molokai Community Service Council (ADRC I&A)
- Didn't Molokai have a rep?
  - Senator Lynn Decoite represents Molokai.
- Does MCOA (Advisory Council) have bi-monthly meetings?
  - MCOA Advisory Council meetings are held bi-monthly (once every two months).
- For Molokai caregivers: can the surveys be given to the home care workers and they in turn take to their clients? That way you reach the caregivers directly. Did Alu Like Kupuna program have the care giver surveys? Who were the target groups? Focus groups? Listening sessions?
  - Alu Like, Inc. is not a part of Maui County Office on Aging. They conduct surveys independent of MCOA.

- Focus groups and listening sessions will be conducted in rural areas in the next four years (2023-2027). MCOA hopes to conduct these focus groups/listening sessions in specific congregate sites and local senior housing meetings as part of outreach efforts to educate our Kupuna on various topics such as fall prevention, fraud alerts and emergency preparedness to name a few.
- Was Kalawao folks surveyed? Small numbers – plenty help from state?
  - Surveys are provided to active participants so they can respond and mail these surveys at their leisure. MCOA continues work with service providers to provide adult day care, chore, home delivered meals, homemaker, in-home respite, attendant care, personal care, and transportation to eligible kupuna and their caregivers.
- Because heart disease is the leading cause of death, are there means to provide nutrition education, nutritious/heart health home delivered meals etc.?
  - Kaunoa Senior Services and Mom’s Meals are two service providers who provide nutritious home delivered meals to eligible participants and their caregivers. Meal information is provided to participants along with menus.
- Grandparents as caregivers – what are the resources available to Molokai Kupuna caregivers? (for all Kupuna caregivers in Maui County?)
  - There are a number of caregiver support services available to Maui County. The Kupuna Caregiver Program Adult Day Care by Maui Adult Day Care is available to Maui participants. Caregiver counseling, caregiver support groups, caregiver workshops are a few services also provided by Maui Adult Day Care Centers. Na Puuwai in Molokai is a service provider for Adult Day Care, homemaker, and In-home respite.
- Does the county write (provide) grants?
  - Yes. The Department of Housing and Human Concerns (DHHC) Grants Management Division (GMD) is responsible for the administration of grants awarded by the County of Maui. Grants are awarded to organizations that provide services and programs to the community in the areas of social welfare and other public service programs.
- Hi Na Kupuna – services for Molokai Kupuna?
  - This program was placed on pause in 2020 during the pandemic. The program director intends to restart the program in 2024.
- RSVP in Molokai?
  - The Retired Senior Volunteer Program provided by Kaunoa Senior Services is currently available in Maui.
- Common Living Program – Are these programs available in Molokai?
  - The Hawaii Community Living Program is available in Molokai. There are currently active participants serviced by MCOA staff under this program.
- Are there more funding for Bayada and Care Resources?
  - Bayada is currently not a service provider. Care Resource Hawaii is currently a contracted service provider.

**Comments:**

- AAA – LTC services – please include DOH, Molokai General Hospital; Na Puuwai Molokai Community Health Center, Alu Like Kupuna Program, Kaunoa: data gathering and plan development.
- County does fund Molokai Rural Health Kupuna Program with lots of healthy activities and food distribution to clientele. Maybe gardening project for Kupuna – access to fresh vegetables, taro and poi on Molokai.

- Poverty linked to chronic diseases – identify on Molokai and provide resources.
- Food, clothing, homework help, computers needed in Molokai.
- Senior companion in Molokai.
- Kupuna programs at Home Pumehana, Kaunoa@Mitchell Pauole Center, Kaunoa at Maunaloa. No senior site on east side except once a month with Alu Like’s kupuna program “Ke Ola Pono No Na Kupuna”.
- No senior regular programs at Hoolehua or Kualapu’u thru the county. Molokai Farmer’s Alliance hold events catered to kupuna periodically with speakers, games and food.
- Any major senior events on Molokai? We used to have a senior fair but no more. Maybe need to bring that back.
- Molokai has one congregate meal site with Kaunoa.
- Add: Alu Like Kupuna program Ke Ola Pono No Na Kupuna congregate meal site is located at the Molokai Community Health Center. Programs are held on Mondays and Wednesdays from 9:30 am to 12:30 pm with limited transportation.
- Air ambulance when in emergency mode. Commercial flights are costly and not guaranteed to fly as many flights are cancelled or delayed. Kupuna with dire medical conditions fly a day earlier to stay at the hotel or Ohana to make sure they get to their doctor the next day.
- ADRC gateway to Kupuna Care and Kupuna Caregiver program targeting services.
- Access to services in isolated and remote areas. There are a lot of isolated kupuna even in areas that have lots of services – families are fragmented so need support for the Ohana caregivers.
- Mana’o – Transportation only includes ground transportation. Can kokua the ones in dire need with air trans to health services off island?
- Molokai General Hospital is an acute care hospital. If you need more care, you are stabilized and then flown out. You are at the mercy of the air ambulance and need to wait your turn in line.
- Mental health services are very limited. Kupuna suffering with mental health issues usually suffer alone with very little support or resources. The focus is on the younger population – drugs, abuse, etc.
- Need to get the younger generation at meetings to be educated about aging. Should have sessions at the schools. Need to encourage young ones to enlist in nursing.
- Kupuna have strong ties to faith based relationships – maybe we need to have some kind of connection with our clergy community.

## APPENDIX G: DISASTER PREPAREDNESS PLAN

### **1. Describe how the Maui County Office on Aging (MCOA) coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:**

MCOA is a division of the Maui County Department of Housing and Human Concerns and is a recognized agency the Maui County Emergency Operations Plan (EOP). The MCOA coordinates its efforts as directed by the County of Maui Emergency Operations Center (EOC) and Annex N of the EOP. MCOA coordinates efforts with various state and local agencies in implementing emergency assistance and support for older adults over the age of 60 and person with disabilities during the pre-hazard arrival time period and following a disaster.

### **2. Identify designated staff person(s) to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction (SUBJECT TO CHANGE):**

- Maui Emergency Management Agency: Administrator Amos Lonokailua-Hewett; Civil Defense Plans and Operations Officer, Tara Sabado; Civil Defense Staff Specialist IV, (VACANT)
- Department of Housing and Human Concerns: Lori Tshako, Director; Jessica Crouse, Deputy Director
- Maui County Office on Aging: Rowena Dagdag-Andaya, County Executive on Aging
- Maui County Office on Aging: Emmanuel Vega, Program Specialist II

### **3. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:**

a. **Nutrition Services, Home Delivered and Congregate Meals:** Provider contracts identify an emergency response procedure for delivering meals to MCOA participants.

b. **Transportation:** Provider contracts identify an emergency response procedure for delivering transportation services. Annex N identifies Maui County Department of Transportation as the agency responsible for coordinating transportation for the off-island evacuation of those requiring specialized medical care, the on-island evacuation of those who require skilled nursing care, older adults and persons with disabilities and the evacuation of ADA paratransit eligible individuals. Following a disaster, the Maui DOT in coordination with other state and local agencies will determine the need and provide for emergency transportation services.

b. **Information & Assistance:** MCOA staff will be activated to serve emergency operations by disseminating hazard information provided by MEMA to all MCOA personnel and supporting organizations prior to a disaster. Within capabilities, MCOA will relay timely warning, evacuation, and other protective disaster preparedness instructions to

older adults and persons with disabilities. Following a disaster, MCOA staff will make phone calls to providers and conduct wellness checks (by phone, text, email) with MCOA participants and caregivers. MCOA volunteers may be activated to assist with this task.

Immediately following a disaster, the District Office of the Department of Health, in coordination with the Department of Housing and Human Concerns, will determine for the County the need to request assistance in accordance with the Health and Medical Services Annex (Emergency Support Function [ESF] #8) of the National Response Plan.

**4. List any agencies with which the AAA has formal emergency preparation or response agreements.**

MCOA contracted service providers coordinate with MCOA to ensure food distribution, wellness checks and transportation to essential services that include but not limited to medical appointments, grocery/supply shopping and prescription pick-ups.

**5. Describe how the MCOA will 1) Identify vulnerable populations 2) Follow up with these vulnerable populations after a disaster event**

Question 1: Program and agency specific emergency protocols include maintaining a list of program participants by level of need. The MCOA asks each contracted service provider agency to conduct checks on their most vulnerable populations before, during, and following a disaster and report updates to the MCOA. The MCOA Information and Assistance line provides assistance and referrals to MCOA contracted service providers and local service agencies for individuals needing disaster assistance.

The MCOA assists participants and their legally recognized representatives to document any emergency/disaster safety plans that identify where the participant will be relocated in the event of a disaster, such as a hurricane, flood, tsunami or other disaster. The plans identify who will help the participant and where they would be located to. The plan also identifies whether the participant has essential medications and equipment, such as oxygen, breathing treatments, and walkers, that should accompany the individual to an evacuation site and whether electricity will be needed to operate them. These plans are kept in a database that can be referenced by MCOA staff.

Question 2: Older and disabled adults connected to services are identified by the level of disaster preparedness required depending on their needs. MCOA staff and service providers provide follow up by phone to participants who live in the affected areas of the disaster. Participant profiles indicate a variety of variables that assist to determine the degree of contact required (i.e. critical, urgent, moderate) including living arrangement and special impairments or risk factors. The follow up includes wellness checks on program participants to quickly assess safety, access to essential needs such as food, water, medicine, medical equipment, electricity, etc., and providing referrals as necessary. MCOA will also work with other service providers such as Kaunoha Senior Services and Maui Economic Opportunity in coordinating these wellness checks.

MCOA works with MEMA to staff Disaster Recovery Centers and Family Assistance Centers that provide essential services and referrals to victims of disasters. MCOA staff oversees a website at [mauicountyadrc.org](http://mauicountyadrc.org) that provides resources and information to older adults and persons with disabilities and their caregivers affected by disasters.

## REFERENCES

- A. Maui County Emergency Operations Plan
- B. Hawaii Revised Statutes, Chapter 128 & 363
- C. Americans with Disabilities Act
- D. Older Americans Act of 1964, as amended
- E. National Response Plan
- F. Hawaii ADRC Training Guide
- G. Maui Department of Housing and Human Concerns Continuity of Operations Plan (COOP)

## APPENDIX H: GLOSSARY

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### 1. Programs, Services, and Activities

**Adult Day Care/Adult Day Health:** Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2022)

**Assisted Transportation:** Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2022)

**Case Management:** Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2022).

**Chore:** Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2022)

**Congregate Meal:** A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (FSRR, 2022)

**Education and Training Service:** A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (2))

**Health Promotion and Disease Prevention:** Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs, medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. (FSRR, 2013)

**Home Delivered Meal:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2022)

**Homemaker:** Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2022)

**Information and Assistance:** A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2022)

**Legal Assistance:** Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2022)

**Nutrition Counseling:** Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status, performed by a registered dietitian or the health professional functioning within their legal scope of practice. (FSRR, 2022)

**Nutrition Education:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2022)

**Outreach:** Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2022)

**Personal Care:** Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2022)

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

**Transportation:** Curb-to-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2022)



## 2. Services to Caregivers

**Access Assistance:** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2022)

**Counseling:** Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2022)

**Information Services:** A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2022)

**Respite Care:** Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2022)

**Supplemental Services:** Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2022)

## 3. Facilities

**Focal Point:** A facility established to encourage the maximum co-location and coordination of services for older individuals. (OAA, Sec 102 (a)(21))

**Multipurpose Senior Center:** A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (a)(36))

## 4. Special Populations and Definitions Related to Special Populations

**Adult Child with a Disability:** A child who A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (a)(3))

**At Risk for Institutional Placement:** With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 102 (a)(9))

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

**Disability:** (Except when such term is used in the phrase “severe disability”, “developmental disability”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (a)(13))

**Elder Abuse, Neglect, and Exploitation:** Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (a)(16))

(1) **Abuse:** The willful: (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (a)(1))

(2) **Exploitation:** The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 102 (18)(A))

(3) **Neglect** means: (A) the failure of a caregiver (as defined in paragraph (18)(B)) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or (B) self-neglect. (OAA, Sec 102 (a)(38))

(4) **Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (a)(41))

**Family Caregiver:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (3))

**Frail:** With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (a)(22))

**Grandparent or Older Individual who is a Relative Caregiver:** A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec 372 (a)(2))

**Greatest Economic Need:** The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (a)(23))

**Greatest Social Need:** The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (a)(24))

**High Nutritional Risk:** An individual who scores six (6) or higher on the “DETERMINE your Nutritional Risk Checklist” published by the Nutritional Screen Initiative. (FSRR, 2022).

**Impairment in Activities of Daily Living:** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2022)

**Impairment in Instrumental Activities of Daily Living:** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual’s ability to make use of available transportation without assistance). (FSRR, 2013)

**Living Alone:** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2022)

**Older Individual:** An individual who is 60 years of age or older. (OAA, Sec 102 (40))

**Poverty:** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2022)

**Rural:** A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2022)

**Severe Disability:** Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: (A) is likely to continue indefinitely; and (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (a)(48))

## 5. Ethnic Groups

**African American or Black:** A person having origins in any of the black racial groups of Africa. (FSRR, 2022)

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment. (FSRR, 2022)

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2022)

**Caucasian or White:** A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2022)

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2022)

**Indian:** A person who is a member of an Indian tribe. (OAA, Sec 102 (a)(26))

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

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

**Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2022)

## 6. Other Definitions

**Aging and Disability Resource Center (ADRC):** An entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing— (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, Sec 102 (a)(4))

**Aging Network:** The network of (A) State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and (B) organizations that (i)(I) are providers of direct services to older individuals; or (II) are institutions of higher education; and (ii) receive funding under this act. (OAA, Sec 102 (a)(5))

**Area Agency on Aging:** An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (6))

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

**Elder Justice:** (A) Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and (B) used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (a)(17))

**Kūpuna:** Hawaiian word for elder, grandparent, or ancestor.

**Long-term care:** Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (a)(34))

**Minority Provider:** A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51% owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2022)

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

**Planning and Service Area:** An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act, as amended. (OAA, Sec 102 (a)(42))

**Title III:** (1) The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2)(A) State agencies and Area Agencies on Aging; (B) other State agencies, including agencies that administer home and community care programs; (C) Indian tribes, tribal organizations, and Native Hawaiian organizations; (D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; (E) organizations representing or employing older individuals or their families and (F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to (1)(A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; (B) remove individual and social barriers to economic and personal independence for older individuals; (C) provide a continuum of care for vulnerable older individuals; and (D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301(a))

**Volunteer:** An uncompensated individual who provides services or support on behalf of older individuals. (FSRR, 2022).

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### Sources:

(FSRR) Federal and State Reporting Requirements 2022.

(OAA) Older Americans Act, as Reauthorized and amended, 2020, (H.R. 4334)

## **APPENDIX I – AUGUST 2023 WILDFIRE INCIDENT**

On August 8 and 9, 2023, wildfires ignited on Maui and spread quickly due to strong winds, causing widespread evacuations of residents and visitors located in the areas between Puamana and Ka’anapali. The wildfires destroyed approximately 2,200 structures and homes in Lahaina Town and burning approximately 2,100 acres. Displaced older and disabled residents with medical conditions were sheltered in congregate shelters and later sheltered hotels in Ka’anapali. The August 2023 wildfires brought to light, an unfortunate statistic that of those who lost their lives, a majority were people ages 60 and over.

Prior to the wildfires, West Maui had one senior housing complex, Hale Mahaolu Eono which had a total of 35 units. The Maui Adult Day Care Center was also located at the Hale Mahaolu Eono site and was able to accommodate a capacity of approximately 30 seniors.

The August 2023 wildfire incidents in Lahaina and Kula, Maui, have underscored the critical need for emergency preparedness, especially for our senior population. In the aftermath of such devastating events, whether it be a wildfire, hurricane, tsunami, or flooding, many are left questioning how to best prepare for when the next disaster strikes. Evacuations and access to escape routes pose significant challenges for those without reliable transportation and for seniors with health issues, making it imperative to develop comprehensive emergency plans that address these vulnerabilities.

As we look to rebuild and restore the affected areas in Lahaina, it is essential to prioritize not only the safety and connectedness of our communities but also the resiliency and accessibility of social services for our senior citizens. Rebuilding efforts must transcend simply replacing what was lost; they must focus on creating a robust infrastructure that safeguards the well-being of all residents, with a particular emphasis on our most vulnerable populations.

This includes designing homes and public spaces with accessibility and safety at the forefront, ensuring that seniors can navigate their environments with ease. Incorporating advanced technologies that provide early warnings and facilitate effective communication during emergencies is also crucial. Moreover, fostering strong community networks will enhance social cohesion, ensuring that residents, especially seniors, have access to the support and resources they need in times of crisis.

Equally important is the integration of accessible social services that cater specifically to the needs of older adults. This includes access to healthcare, mental health support, and social activities that combat isolation. By embedding these services into the fabric of the community, we can create an environment where seniors feel supported, connected, and prepared for whatever challenges may arise.

By addressing these critical needs, we can rebuild Lahaina town in a way that not only restores what was lost but also fortifies our community, making it safer, more resilient, and more inclusive for generations to come.