

**Alaska Commission on Aging
Quarterly Business Meeting
February 14th-16th, 2007
Juneau**

**Day 1
February 14th, 2007
Centennial Hall**

Commissioners in attendance:

Frank Appel
Sharon Howerton-Clark
Banarsi Lal
Iver Malutin
Elizabeth (Betty) Keegan
Paula Pawlowski
Rod Moline
Lillian Boen-Kasnick
Edward Zastrow
Pat Branson – Participation via teleconference

Staff in attendance:

Denise Daniello
MaryAnn VandeCastle
Rachel Malley
Jeannette Lacey

3:00 p.m. Meeting called to order. Roll call. Denise passed out legislator information materials.

Rachel – Changes to travel can be made through her. One change is allowable, send in receipts ASAP; will be traveling in Anchorage the following week, so reimbursements will be delayed.

Audience intros.

Frank – Reminds the Commissioner’s to turn in ethics forms to Rachel by the end of the meeting that day.

Chair report: Busy for the last month and a half with the Annual report, “ISER” Report (Economic Well-Being Report), State Plan is in its final draft stages, numerous supports, and this includes the congressional delegation re: Medicare denials. Will testify to the Senate subcommittee next week. (02/20/2007) A lot of work, thanks to the ACoA staff. Mentions he has attended Trust meetings and workforce focus groups, Division of Senior and Disabilities Services regulation committee meeting as well as the PH Advisory Board. Formed the Anchorage facility with Tom Morgan (board member); by-laws need to be revised to reflect provider position, executive order moving ACoA, etc. Two vacancies on the by-laws committee, they will only meet once or twice. Iver, Paula and Betty will serve.

The nominating committee needs to poll members for state of candidates for chair, vice-chair. Frank is stepping down after two years. Ed Zastrow and Pat Branson volunteer to be on the committee.

FY 07 Goals handout, make sure all the committees are making progress. (Will be handed out tomorrow.)

Vice Chair Report Sharon Howerton-Clark:

Advocacy workshop in Homer, presented by Kathy Fitzgerald, very well done. Attended all of the Trust Meetings. Senate Finance Medicaid presentation – Pacific Health Policy Group. AK Council on the Homelessness meeting. Jeff Jessee showed a homeless video.

Executive Director’s Report Denise Daniello:

Very busy and productive the last couple of months. December – AOA’s Choices Summit on HCB Programs. Emphasis on prevention & health promotion. Reason: Large increase in older adult population, and huge cost if everyone goes into a nursing home. Visited with Congressional Delegation. Discussed Ak GEC earmark, rural/remote senior housing needs, ADRC, Medicare doc issues (low reimbursement paperwork, reimbursement delays.) Well received visits. Follow up letter was sent to each. 2/20/2007 – 9:00 a.m. Congressional hearing in Anchorage, Frank will testify his personal story on behalf of the Commission. Denise has asked for the ability to tune in via teleconference, unsure if this is a possibility or not.

Ed Zastrow asks is this a one stop shop? Yes, the ADRC grant expires on 6/30, may be able to get supplemental funds for another year, we are also restructuring.

Denise – We have had two legislative Teleconferences so far, Ed & Pat are the chairs. Jeanette presents and does the bill research, Rachel helps put together info and ACoA

priorities as well as bills of interest to participants. 15-17 host sites, about 15-20 participants. Position statements, talking points, legislative packets.

Frank – People need to get their packets on time, or have them delivered up front.

Ed – Lets make this an agenda item.

The Commission was joined by Karleen Jackson, Commissioner for DHSS, Janet Clarke, Assistant Commissioner for DHSS & Bill Hogan, deputy Commissioner for DHSS.

Karleen presents the Commission with some information regarding the budget cuts for the Department.

The Governor has made a commitment the State will live within its means. She wants departments to come up with a ten percent (10%) cut of its budget. Overall would be a cut of \$168,000,000.

The State needs to invest in prevention to keep future costs under control. The consequences of each budget reduction was reviewed, IE: future impacts. Staff and facilities are the biggest cost drivers. We need to ask, is the State best to operate facilities, Pioneer Homes, juvenile detention facilities, etc.

There are three (3) scenarios; the third gets the department to \$80 million in cuts. March 1st the Governor's office will have an amended budget. Feels very different these days with the Governor's office and cabinet – Transparency optimism. Asked Attorney General to help simplify our regulations so consumers, providers etc can read and understand without having a law degree or having a cliff note version telling what the regs say. Sub-cabinets coming – one on substance abuse. Can't solve in DHSS, need to involve all the departments. New group understands homelessness, etc. Some leadership changes in DHSS. Public Health Director, etc.

Copies of PHPG Medicaid LTC report came from Senate Finance, so it got more attention. Basically said that the state needs to invest money up front to save money down the road. Need a managed care model, with tribes, CMS and other organizations. This is going to be a 10-15 year project. The Governor is creating a council for health care strategies to look at all the reports and pick the best strategies. There will be about a dozen people on the council. Denise mentions she would like to see a senior representative on that council.

Ed asks if there were any major surprises for the Department, Karleen says there were not.

Janet Clarke : Looking at reductions, the Governor wants \$80.3 million. The House Budget sub-committee (Hawker) is working with them on the base budget. Noticed big changes in the Medicaid trend, flattening of P&A growth – cost containment is working.

Other areas are flattening as well, perhaps from cost containment activities from the last three – four years.

FY 08 will not be a very high growth year. Not double digit growth. Budget being considered is very basic. After March 1, can start conversations over increases and decreases. Some cuts would require statutory or regulation changes.

Sharon Howerton-Clark asks with senior growth, how can the growth be flat? Janet answers that work on DSDS costs containment is paying off, although people are still being served.

Betty Keegan asks – Those now reaching sixty five (65) are better prepared for retirement? Janet responds that she thinks that is correct. Also see in APA program, more people are being served but a smaller amount because people seem to have more resources.

Iver interjects that there is still a problem with assessments in Kodiak, people are waiting between six and eight (6 & 8) months.

Janet responds that she thought progress was being made with that. The contractor was having staffing issues, and got other nurses to help with the assessments.

Pat Branson has seen a good response to their request for help.

Rod Moline: Providers used to self-assess their clientele. After April 1, 2006 they are now required a nurse to do assessments with standard tools. On pace to catch up with 3,800 clients by 6/1/2007. It was a lack of resources; it is hard to find nurses.

Iver: Kodiak now has an RN/assessor, it should get better.

Rod, Denise, Bill & Frank are going to Seattle for the AOA Training in early March.

Denise continues her report: More legislative visits tomorrow, they seemed very perceptive. Planning the state plan, a lot of interagency collaboration. Thanks to all! Provides services for two separate cohorts – older seniors and boomers, that will be the annual implementation plan.

ADRC – Working on the transition plan. Presentation to the Trust on February 6th, on API Committee, how to deal with the increase in the number of patients.

Medicaid study; working with the Trust on another Medicaid Study. DOT Strategic Plan, want information about senior riders.

Well Being report finally out, Seniors bring **in** money to the State of Alaska, it is a growing industry. Sate should provide the services to make them comfortable.

Budget – See handout.

Ed – Mentions packet problems. When he was mayor, packets had to be out ten (10) days before the meeting. Suggests we do the same. Lillian move, Ed, second.

Betty – Ten days can be difficult, use Fed Ex, make sure it's sent to the right address.

Paula- Wrong address, had been corrected with April.

Frank – Fed Ex is very expensive, better to get it out sooner it is \$24 per packet.

Betty – Can we put it online?

Denise – Some of it yes, some now.

Paula – Are there regs on this?

Frank – No.

****Motion**** Ensure packets are mailed ten days in advance of the date of the meeting.

Lillian – Amend with members must notify the office if they have not received their packets within five days of the meeting. Second – Sharon.

Paula – Rachel was very helpful.

Motion with Amendment passed unanimously.

Legislative Meeting Reports

Iver & Betty: Met with Kurt Olson & Gabrielle Ledoux. Good meeting seemed well versed, facing big budget cuts. Supportive of our positions. Has these concerns: CB passing, feels there will be legal problems right away.

Betty – They suggested we talk to co-chairs rather than individual legislators.

Iver – Had a good day, Gary Stevens told them he thought LB would pass but need to make changes in who we speak to.

Paula & Ed – Johansson, and Bette Davis asked them to come back Thursday at 4.

Paula – Heard there is a lot of discussion on LB, may not pass quickly.

WWAMI passed (H) 37-0. Didn't comment on LB, SC but the Legislature seems to be in tune with senior needs.

Banarsi – Had four appointments, Mike Kelly, very generous with his time, was supportive and refreshing.

Then on to Senator Thomas's office, mostly heard that if the Governor puts the LB in the budget, they will support it.

No big commitments to KEH. Senator Thomas's aide, Joe was very helpful.

Lillian & Sharon will give their report tomorrow.

Denise – Angela suggests sending Thank you cards immediately. ACoA will help. Some already did this, but we have cards available.

AgeNet Report – Jodi Irvine:

Their legislative efforts this week were successful. More organized this year, met with Karleen, rod, Pat Sidmore and Anna Kim of the Governor's Office, as well as Denise and Beverly Tallman. Four caregivers, one service recipient, and eight providers as well as with thirty-six (36) Legislators!

Thanks to Lori Stanton from Serendipity for creating information packets to give Legislators. A lot was heard about the \$80 million budget cuts.

Jessalyn – Met with forty Legislators and gave packets to remaining twenty. Favorable comments and good questions, although no big commitments. Senator Davis wants to do a town hall meeting in Anchorage in September regarding senior services.

Jodi – Beneficial to combine efforts, thanks to Denise. Met with Elton's staff, Hawker, Guttenberg.

Denise – Paula of Elton's office was very supportive, Elton may be interested in sponsoring, we should think about finding co-sponsors (If not in the Gov's Budget).

Frank – Hawker suggested ACoA should inform the public more about the state's budget and resource constraints. Everyone seemed well informed on the issues.

Banarsi – I had a concern that WWAMI bill is too costly. \$250,000 per person?

Denise – It is supposed to be cheaper to “grow” your own, than other types of programs. Recruiting is expensive and then they leave!

Betty – Many doctors came up with the PHS program, now they are retiring and we need to replace them. The population is aging and so are the doctors! The average age of an RN is fifty (50)! We are in trouble!

Frank- the State portion of cost for students is up to \$9,000,000 for 2010-2011. It *is* expensive!

Meeting Adjourned until 2/15/2007

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**Day 2
February 15th, 2007
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Commissioners in attendance:

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Banarsi Lal
Iver Malutin
Elizabeth (Betty) Keegan
Paula Pawlowski
Lillian Boen-Kasnick
Edward Zastrow
Michael Black

Staff in attendance:

Denise Daniello
MaryAnn VandeCastle
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Legislative Reports Continued:

Sharon & Lillian: Jay Ramras – Supportive of all of the issues, including Housing Trust & KEH. They didn't bring up the LB. Ramras said it was a "dead item."

Met with Mike Chenault's staff, said the Legislator packet was excellent. Met with Senator Wilichowski's staff, very knowledgeable (name was Michelle). Met with Donny Olson's staff, Gini. He is sponsoring SB 4. Paul Seaton, very supportive on all except the LB. All 5 told them that the LB was not going anywhere and if it did, it would imperil all other priorities.

Huggins was supportive of KEH. Ran into Lyda Green and her son at breakfast.

Iver & Betty: Had support on every issue, good talk with Peggy Wilson and Therriault. Concerns, re: CB, if SC is roused, good idea not to put LB through. Other programs need the money more. Packets were very well received.

Denise & Frank: Senator Dyson supports all our priorities, suggested we talk to Huggins and Olson re: KEH. Said we need a (H) sponsor for capital stuff. Rep Roses – met with his staff, said he met with some people from the Alzheimers Resource Agency, wants to know how many people with ADRD and TBI are **not** being served. Denise mentioned Bristol OBS project. Supports HB 18, he is a former educator.

Ed & Paula – Senator Stedman liked the legislator packets, may have found money to fix the PH roof. Co-chair of Finance, says LB and SC will have to work it out. Didn't commit himself. He wasn't overly fond of LB. Ed mentioned PH priorities also. Too soon to talk budgets, until the Governor's amended budget comes out on March 1st. Cissna invited ACoA to brainstorm with her at 7pm at the Silverbow.

She is a major spokesperson for senior issues. They have an appointment at 3:30 with Senator Davis.

Betty – People did not realize that ADRD and TBI are not covered by the Medicaid Waiver.

Denise – A lot of what we are doing is educating.

Banarsi, MaryAnn & Jeannette – Kawasaki, Wilkens, do breakdown of which seniors need, how much money and for what.

Michael Black arrives

Representative Lynn changes LB to include all 75 + year olds to do away with the 4 tier system \$175 flat rate to try and avoid legal concerns.

Alaska Aging Advocacy Network Message Board Intro:

Jeannette & Rachel. Interactive discussion board, process for network members. 133 members, Rachel created an online discussion board for this.

Frank – we should post interesting questions.

Paula – We should post consistently on set days of the month (after legislative teleconferences)

Linda: Ask stakeholders for ideas for potential Trust projects, 3-4 months in advance.

Jeannette on current legislative affairs. New format for discussion list. Handout – priorities and budget issues.

Trust Report:

Jeff Jessee and Nancy Burke

Jeff reports that the Legislative visits sounded good. Positive signs that the Governor is starting to realize the meaning of \$150 million in cuts. (He hopes getting rid of the State Travel Office will be one of the cuts) They (the Trust) are continuing to work on our priorities and others. Sharing some of "their" time in front of Hawker's sub-committee. 7:30 a.m. tomorrow (Friday) morning in room 519.

Waiting to get budget issues under control, Commissioner Jackson is being very supportive of the Housing Trust. Optimistic. Governor just signed Admin order 232 to establish AK Health Care Strategies Planning Council. Mission is broad and will include LTC, and senior health issues. A report from this new body is due January 2008.

Nancy – Housing Trust will help bring supportive services into housing to help seniors. Pacific Health Policy Group report argued for prevention and early intervention to save cost down the road. Trust has a parallel study now directed to model services we'd like to see in AK. Nothing negative to respond to in Legislative study. Senator Green and others in the Senate should be putting in place a LTC steering committee. Probably staffed by planners. Collaboration on ADRC heartening. Rural LTC position not filled in so long the Trust may drop it.

The Commission was presented with a housing video

Bev Tallman – Full Lives Conference coming up. Will eventually have things like this in every region thanks to the Trust. They have taken on a workforce initiative. Training new staff is a major issue. Funded three new areas; recruitment, retention and training.

Millie & AADSC have been great to highlight people that provide home care services. Goal is 3 regional cooperatives.

Everybody is doing something but nobody knows what anybody is doing. No sharing. No credentialing or licensure for home care workers; respite and chores, etc. CPA's and CNA's can get certification.

Need to identify common skills needed by those going into the homes, including basics. March 1st sending out a training needs survey. Try to get people to respond. It takes five minutes, and the analysis will be done by March 15th.

Developing a matrix of training of different types. Workers will have a card that says "I am competent in these skills _____" They can build credit towards a certificate, will send surveys to ACoA Commissioners. They can take them to local agencies. Use our discussion board?

Ed – In Ketchikan they are teaching English to the large Filipino community. They have quite a few RN's that cannot read or write English.

Beverly – Want to survey the working staff to find out what they need, include CNA's at local hospitals, they also need ongoing training.

This will not be an academic program. Don't know what the fees will be yet. The Trust gave \$325,000 for this project. Even the GEC's have lost funding.

Pat Luby – People in PH's are more and more ill every year. The staff needs and wants to be more trained. Build in career ladders for folks. They think a lot of direct service workers don't have internet access or only dial up access.

Michael Black – Healthcare in rural Alaska is through Native Health organizations. Health Aids complain there is NO career ladder, rural people are moving to cities.

Bev – I'm trying to connect with Department of Labor, to get them to provide occupations in rural Alaska.

Kay Branch with the Alaska Native Tribal Health Consortium:

AK Native Elder Health Advisory Commission reports to ANTHC. Iver is on the Advisory Commission. Delay in PCA Assessments. Resolution to support KEH approved but not taken yet to their next board meeting, they will then forward to ACoA and Legislators. Medicaid report: targets tribal health as a source of opportunities to save state General Fund dollars. Are natives really eligible for Medicaid? Double dipping of federal dollars? Indian Health Services (IHS) began mid 1950's. All federal employees through the 1980's. In 1976 Indian Self Determination and education Assistance Act. Now in 2007,

99% of HIS AK Budget goes to tribes. Only 1% is used to maintain Alaska Area office of Indian Health. \$740 million total budget. (Includes water, sewer, sanitation) Health care, and other services provided through the consortium. 58 % from the Feds, the rest comes from grants, and other sources. IHS funding historically has not met the need. 51% of need met, nationally. Covers a bit more in AK. 42% unfunded needs in AK. Funding is discretionary – subject to whole federal budget process, not an entitlement like Medicaid. > 40% gap between funding received and the actual need. Funding gap leads to rationing of services. HIS has never paid for LTC services. MHC, acute care, immunization are the focus. No adult dental care, need support for the dental health aide program. Started taking them in Anchorage in January. People will be able to get basic dental care in their communities. John Sherwood – Only one payer got into paying for LTC: Medicaid. Other efforts are very small. 6,000 employers within ANTHC system statewide.

Betty asks are kids also eligible for Denali Kid Care? Kay – yes, they are eligible by Congressional Authorization because there is not enough money available in the IHS system. So that makes them Medicaid eligible. John Sherwood – Because older people have more health care expenses and poor people have more health care needs, Old people get Medicare and poor people get Medicaid. Tribal providers can bill Medicaid for the services they provide but feds pay the entire amount. No state share. Native folks pay into Medicare, are citizens, etc.

Effective allocation mechanism to make sure the money flows to those with needs. Simplifies the allocation battles.

Kay – State could have saved \$93 million dollars in services that could have been provided to them by a tribal health organization. Sherwood – the state tries to work with tribes, giving technical assistance, etc. More foundation work needs to be laid to ensure tribes have the capacity to provide the services and do the billing/data collection. Some services might not be appropriate – LTC, BH services, etc. Don't want to shift risks they can't handle and then have the level of difficulty and development involved in making this shift. Need HIS and CMS involvement and they will have their own budget concerns. Michael – State has gone through a transformation of rural health clinics – the community has to pay to operate them, so they have to take money away from police, etc. Why shouldn't the state invest money to ensure these upgrades happen since they will save money in the long run?

Iver- Big puzzle. All working for the same common goal. Kodiak clinic is a globalized first aid station. Remote villages though have no services.

Banarsi – Why not pool resources, come together and cover everyone?

Kay – native hospitals in rural areas will serve non-natives. ANMC will not.

Betty – Hoonah Clinic couldn't care for non-natives a few years ago.

Iver – 50,000 people go to ANMC every month. Doesn't see how Banarsi's idea could work. Too big of a hornet's nest.

Pat B- on Providence local board 3, health care systems (Providence, Native Assoc., and Coast Guard) in Kodiak, have been working together for the last few years.

Jim McCall – There is money in the process for senior housing. Just announced the awards from last fall's applicants. Wasilla Independent living 14 units, \$160, 850 cost per unit. \$4.5 million for the entire project. Palmer – Colony estates 31 units – independent living next to the senior center. \$7.2 million dollars. Homer – Bartlett Terrace is 9 units of independent living, market rate apartments. These cost over \$200,000 per unit. Source of funds is the Senior Citizens Housing Development Fund.

Age is 60+, no income limits. Anchor Point will have four units, two are independent living. Also market rate. \$306,000 per unit. Price depends on design, location, etc. Average is \$225 per square foot. Sitka – remodel of existing facility. \$2.5 million in Senior Citizens Dev. Funds, \$742,000 in housing tax credits (\$7.4 million over ten years), total is \$10 million to senior housing by AHFC. Seniors got 30 % of total money awarded plus an additional \$452,000 to two agencies for a variety of purposes – home ownership things.

ADRC program is now in 43 states, soon 50. Propose streamline access to LTC, requires collaboration of a lot of different players. Feds see this as a wave of the future for LTC reform in the U.S. AK did not appear to be on track. Grant expires on June 30th, though there may be a supplemental grant if we get the grant, they'll want to see us expand the program into the senior side (Most states started there) and expand to other geographic areas. Need formal MOA with many agencies.

Seniors living with mixed populations- In the Anchorage Daily News, there was an editorial article, an interview with Dan CEO with SAC. Seniors fear disabled youth. Solution, locking all the doors at night, but residents block the doors open. Need to keep better track of who is entering. Are guards needed, or is this too extreme? Police substitution? People in the article were those being evicted, there is a zero tolerance on drugs and assault. People need to report it. The Mayor was challenged to deal with the homeless situation in Anchorage. Contributing factor CEO is upset about the stories

Robert Martin – Adult Protective Services :

APS stops or prevents harm occurring to vulnerable adults. (They have to have a physical or mental disability) Domestic violence is a grey area unless the person has dementia, etc. Will serve anyone 18 + not just elders.

Not like CPS, children are assumed unable to consent. Adults assumed able to have to check that first, if they are able to they want the person to be able to make their own decisions about their life.

Over 50% of clients are seniors, younger people; DD, MI, etc are getting reported more often. Proportions are changing to fulfill reporting obligations, can be all either APS or LTCO. Petition can take up to three months. Large proportion of perpetrators are family, often burning out and neglect sets in. These people are not trying to get the families in trouble.

APS also deals with self neglect.

Michael Black update:

Commerce has a new Commissioner, Emil Notti. Served under Sheffield, Hammond, raised in Koyukak, good understand of Alaska. Big issues, revenue sharing, etc. Concerns: Some of the proposed tax legislation introduced; more employment in rural Alaska, health care, getting quality education for rural youth, etc.

Iver: Notti is a forefather of ANCSA. Thank Emil for all his hard work.

Frank: Lots of rural economic development projects. Gas line is the top one. Mining is also resurfacing due to metal prices, but also creates conflicts. In Amiak, fishing is improving, CDQ programs in Western AK are a success story. Turned Bering Sea fishing stocks access into a substantial economic engine. Using their investment income for community projects, always a potential partner.

Adjourn until 2/16/2007