

**ACoA Planning Committee  
Approved Meeting Minutes  
June 5, 2013**

Members Present: Banarsi Lal, Chair, Paula Pawlowski, ACoA Chair, Sandi Doyle and Eleanor Dementi.  
Staff present: Denise Daniello and Lesley Thompson.

Meeting called to order at 10:30 by Chair, Banarsi Lal.

- 1. Meeting agenda was approved as written**
- 2. Draft & Take Action on FY2014 Planning Committee Goals (FY13 Goals attached)**

DRAFT FY 2014 Planning Committee Goals

It has been two years since the group has looked at the FY2011 – 2015 State Plan for Senior Services (Plan). We need to look at having a one day meeting to do this. ACoA pays for Commission members and staff. Other participants are responsible for their own expenses. It was decided to approve the planning goals as follows:

- Convene a meeting of the State Plan Implementation Committee in May 2014 to review implementation efforts of the Alaska State Plan for Senior Services, FY2011-2015.
- **Promote awareness and discussion about the need for appropriate, affordable and sustainable senior services that promote awareness and the needs of seniors in Alaska along the continuum of care by sponsoring a summit on aging issues in December 2013.**
- Assemble a steering committee to begin development of a new state plan for persons with Alzheimer’s disease and related dementia that describes the impact of ADRD in Alaska and provides recommendations to improve services for persons with ADRD and their caregivers.

The group approved these FY 2014 Planning Committee Goals.

**4. Discuss & Approve ACoA FY2015 Budget Recommendations (attached)**

Denise will send out the goals to this group after it goes to the executive committee and approved at the September quarterly meeting. Denise discussed the following requests that will be presented to DHSS.

***Priority #1 Family Caregiver Support Grant Program (National Family Caregiver Support Program)***

*Division of Senior and Disabilities Services, Senior Community-Based Grants Program*

*Proposed Funding Recommendation: \$325,000 (\$200,000 GF/MH and \$125,000 GF)*

*Current (FY2013) Baseline Funding: \$1,026,575 (\$765,530 federal/\$261,045 GF)*

Proposal Summary: Unpaid family caregivers provide the foundation of long-term support services for older Alaskans living at home with progressive disease conditions (such as Alzheimer's disease and related dementia) and children without parental care. These vulnerable Alaskans are dependent on their unpaid family caregivers for their safety and care to delay early nursing home placement (in the case of elderly persons) and state custody (for children at risk for foster care). Unpaid caregivers require support and training to be successful. Vulnerable Alaskans cared for by untrained/exhausted caregivers face an increased likelihood of harm that poses a cost burden on the State leading to early nursing home placement for the elderly and state custody (foster care) for displaced children. Research shows that unpaid caregivers with supports are able to provide care longer at home which supports the wishes of care recipients who want to remain at home and is cost effective for the State in reducing Medicaid costs.

Nine grant-funded Family Caregiver Support programs served a total of 1,338 family caregivers in FY2012 as follows (Senior and Disabilities Services, May 2013):

- Respite, Case Management, Counseling & Support Services to 1,235 caregivers caring for older persons (age 60+) of which 434 (35%) of the care recipients were reported having Alzheimer's disease and related dementia (7 provider agencies);
- Education, support groups, and other supports to 63 grandparents caring for grandchildren (1 statewide agency);
- Legal support and training to 40 family caregivers who received 512 hours of legal assistance (1 statewide agency).

Proposed Increment: The proposed funding increment will strengthen supports for unpaid family caregivers targeting caregivers who are older individuals with greatest social/economic need; caregivers of elderly with ADRD and other disease conditions; and elderly individuals caring for children with/at-risk for behavioral health conditions or disabilities. The increment will serve a total of 1,623 caregivers (an increase of 285 family caregivers over FY2012) and provide funding to add a new provider agency to serve family caregivers in an underserved area. Below are proposed applications:

- **Respite, Case Management, Counseling, Training & Supplemental Services (\$200,000):** Provide additional in-home respite, counseling, caregiver training and supplemental services for unpaid caregivers serving vulnerable elderly Alaskans. Research shows that these services help to reduce caregiver depression, stress and physical illness which postpones early nursing home placement. Recommended funding will serve an additional 238 unpaid caregivers (or a total of 1,560 caregivers) with a target on working family caregivers. This increment will provide an average \$839 annually caregiver assistance, which is the same level of assistance provided in FY2009 (Current assistance is \$751 annually per unpaid caregiver.)
- **Grandparents Serving Children (\$75,000):** Serve an additional 48 unpaid elderly caregivers serving children with case management, peer support groups, counseling, information/referral and supplemental services at current levels of assistance for a total of 111 grandparents (\$1,572 annually per unpaid elderly caregiver).

- **Legal Assistance (\$50,000):** Provide additional legal support for unpaid caregivers addressing the legal system on behalf of their loved ones, community education and outreach activities. Funding will serve an additional 15 unpaid caregivers for a total of 55 caregivers, providing 62 hours of direct legal advice and six additional community training events.

The last increment approved for this program was FY2008. We were not successful in our advocacy efforts last year. Duane feels this program is very important and helps prevent growth in Medicaid.

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**Priority #2 Nutrition, Transportation & Support Services (NTS)**

*Division of Senior and Disabilities Services, Senior Community-Based Grants Program*

*Proposed Funding Recommendation: \$520,000 (\$300,000 GF/MH and \$220,000 GF)*

*Current Baseline Funding: \$6,776,455 (\$4,665,444 federal/\$2,111,011 GF with \$500,000 of federal funds withhold for administration)*

*Proposal Summary: Nutrition, transportation, and support services (NTS) provide low-cost solutions that sustain health and independence for older Alaskans reducing the need for higher cost care and allowing seniors to remain at home for as long as possible. NTS services include senior nutrition programs (home-delivered and congregate meals), transportation and support services (homemaker services, legal assistance and information/referral). These services are appropriate for seniors who have diminished health status but are no longer eligible for the Medicaid waiver or Personal Care Attendant (PCA) services and require stepped down care. NTS services are essential in helping seniors successfully transition from the hospital, assisted living or nursing home settings back to their home. NTS services are cost effective in reducing the rate of growth of Medicaid spending.*

*NTS services are funded through the Older Americans Act (OAA) under Title III and State general funds. In accordance with the Older Americans Act, NTS services are available to seniors who are 60 years of age and older targeting those whose health and welfare is at highest risk. NTS participants share many of the characteristics that make older adults more vulnerable to nursing home admissions. These characteristics include advanced age, low-income, live alone, rural, minority status and functional impairments associated with activities of daily living. According to Senior and Disabilities Services (2012), the average annual cost per senior receiving NTS senior grant services is \$436 compared to the Medicaid waiver (\$18,900), PCA (\$22,700), and nursing home care (\$270,845) (DHSS Legislative FY2014 Budget Overview and Genworth 2013 Cost of Care Survey).*

*Fewer older Alaskans are now being served by the NTS senior grants program. Comparing FY2008 and FY2012, the unduplicated number of seniors served by NTS registered services (senior meals, homemaker and assisted transportation) dropped from 12,053 (FY08) to 10,868 (FY12). In addition, the percentage of*

seniors served by NTS services to the total senior population (age 60+) declined from 15% being served in FY08 to 10% in FY12 (Senior and Disabilities Services SAMS report). A growing senior population combined with increased program costs related to food, fuel, utilities and other related costs may be responsible for the decreasing number of seniors served. An informal ACoA survey of senior services providers (to be done in June 2013) attributed the declining number of seniors served to escalating costs for food, heating fuel, gasoline, utilities and other operating costs. Reduced services have also been attributed to the loss of local donations and senior contributions due to the economic decline. Rather than turning seniors away, senior centers and other senior providers provide a reduced level of service that may include fewer days of service, less fresh food and lower quality sources for protein among other cost-reducing strategies.

Proposed Increment: The proposed increment is requested to serve an additional 1,185 vulnerable seniors (@ \$436 per senior) targeting those who are transitioning from Medicaid-funded services and institutionalized settings (such as the hospital, assisted living or nursing home care settings), underserved older persons living in rural and remote regions, and those who are most at-risk for nursing home admission due to advanced age, functional limitations, live alone, and other factors. Older people who live alone are at higher risk of nursing home entry because they may be isolated or lack supports with activities of daily living. The increment will be used to help build provider capacity to serve additional seniors and improve the level of services to all recipients.

Ensuring that older Alaskans receive core NTS services is critical in preventing the costly effects of disease, disability and loss of independent functioning. They provide an important safety net for people who might otherwise not qualify for Medicaid financed long-term care support. Home-delivered meals, for example, provide nutrition (at least one-third of the recommended daily allowance for older adults), a “safety check” on the health and welfare of the recipient, companionship, and support for the family caregiver. Recent research (Health Services Research 2013) has found that for every additional \$25 states spend on home-delivered meals per year, per person aged 65+ in the state, there is a 1% reduction in the number of people with low-care needs in the nursing home. If the proposed increment is able to postpone nursing home admission for 10% or 118 of the new recipients for one year, the cost savings for nursing home admission would be \$23,600,000.

It was decided by the group to increase the amount to \$545,000. Look at recalculating the NTS funding which includes ADRC numbers so that it would change the average funding per person.

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**Priority #3: Aging and Disability Resource Centers (ADRC)**

Division of Senior and Disabilities Services, Senior Community-Based Grants Program

Proposed Funding Recommendation: \$425,000 (\$250,000 GF/MH and \$200,000 GF)

Current Baseline Funding: \$780,200 (\$xxx federal/\$xxx GF/\$125.0 MHTAAR)

*Proposal Summary: The Aging and Disability Resource Center (ADRC) program is designed to provide a single point of entry with a no wrong door approach to help seniors, persons with disabilities, their families and caregivers access appropriate long-term services and supports, potentially diverting them from more costly institutional care. Fully-functioning ADRCs provide information and referral, options counseling and assistance, streamlined determination for public programs, person-centered transition support, partnership and stakeholder involvement, and continuous quality improvement. Alaska has four ADRCs operated by existing local agencies that include the Municipality of Anchorage, Bristol Bay Native Association in Dillingham, the Independent Living Center in Kenai (that serves Homer, Soldotna, and Seward) and the Southeast Alaska Independent Living Center in Juneau (that serves Haines, Sitka, Ketchikan and Juneau). These programs work in partnership with local, statewide and federal service providers including the Veteran's Administration, housing authorities, tribal entities and senior and disability programs. Alaska's ADRC system is working towards becoming fully functional.*

*Proposed Increment: The proposed funding increment is requested to (1) replace lost federal funds due to sequestration that are used to fund programs statewide (\$312,500) and the remainder (\$112,500); (2) enhance after-care transition by improving coordination with hospitals and skilled nursing care facilities to provide options counseling and referral for outgoing patients/residents to insure they are connected with appropriate home- and community-based services that will restore their health and independence in the community and (3) enhance supportive housing for individuals on General Relief (including those who may be homeless or at risk of homelessness and having multiple chronic disease conditions) by coordinating with homeless shelters to provide options counseling and referral to connect the indigent person with appropriate services.*

Denise talked to Duane and it is possible that SDS will have a request for ADRCs this year. Duane will let Denise know in the near future.

Motion by Sandi: approve the Caregiver and NTS recommendations. Make the ADRC a policy recommendation. Second by Elenore, motion carried.

## **5. Discuss ACoA FY2015 Policy Recommendations**

***Educate the public about the value of long-term support services.*** *Promote a public awareness campaign about long-term support services that include the value of these services to restore and sustain the health and dignity of older Alaskans and persons with disabilities; the need to ensure these services are accessible and affordable to support people as they age; information how to access long-term support services through a user-friendly and coordinated process; the importance of professional and family caregivers; education about the needs of special populations of seniors with behavioral health conditions; and information to help individuals financially plan how to pay for their future long-term care needs (to address the increase in senior population needs and rising costs and reduce an over-reliance on Medicaid and Medicare).*

This is a continuation of the joint advocacy issue from last year.

***Increase the availability of appropriate and affordable senior housing across the continuum of care using a variety of funding mechanisms that include public-private and public-public partnerships.***

*Educate, advocate, and promote policies and funding to stimulate the development of appropriate and affordable senior housing with supportive services across the continuum of care to address the needs of a growing senior population. Advocate for the integration of universal design features in all public and private housing to support people as they age and those with disabilities to remain safely in their homes. Promote policies that provide appropriate support services to an older individual in their home. Where economically feasible, incentivize aging in place community models that provide multiple levels of care within one campus which allows individuals to move between independent housing, supportive housing, assisted living and skilled nursing as their care needs change.*

This covers housing issues that we learned from the Senior Housing Summit last year.

***Enhance the Medicaid Waiver to serve persons with ADRD & other cognitive impairments.*** *Implement the Medicaid 1915(i) waiver to provide appropriate services, such as cueing, supervision, and care in progressive dementia care adult day programs, for persons with Alzheimer's disease and related dementias (ADRD), brain injury, and other cognitive impairments who do not meet nursing facility level of care to maintain their health, safety and welfare. Establish a companion care service program for persons with ADRD and other cognitive impairments to help support these individuals at home for as long as possible. Develop tailored dementia care adult day programs that address the progressive care needs of individuals with ADRD as they transition from lower stage to advanced stages of dementia.*

***Support Family Caregivers:*** *Support family caregivers, who are the bedrock of Alaska's long-term care system, by providing improved access to information, education, counseling, respite and other supports to help them be successful in their caregiving role for as long as possible.*

***Continue to advocate for policies that promote protection of older Alaskans from financial exploitation and other forms of abuse.*** *Sustain public awareness activities about the various forms of elder abuse that include financial exploitation, physical abuse, emotional abuse and self-abuse, how to recognize the signs of abuse, and what to do when abuse is suspected. Improve coordination with the Senior, Outreach, Assessment Referral (SOAR) program that provides community gatekeeper training to identify vulnerable seniors and referral to appropriate resources.*

***Invest in the availability of low cost prevention and in-home services to reduce the need for higher cost acute and long-term health care.*** *Coordinated long-term supports and services are essential for helping older Alaskans maintain their health and independence for as long as possible. For older individuals recovering from hospital or skilled nursing care, home- and community-based services provide appropriate, stepped down care settings that help restore the older individual to health and independence and support their successful transition to return home. Continued emphasis on the value of senior fall prevention through health promotion, medication management, and home accessibility improvements is required to support independence and reduce risk for falls resulting in serious injury, hospitalizations, and nursing home placement. Hospice should be considered as a State-funded service in*

*the long-term care system to provide palliative and end of life care that supports individuals in home settings and their families at the end of life.*

Lesley will research to see if Hospice is paid by the Older Alaskans Waiver.

After a long discussion, it was decided to review these again in July or early August.

## **6. Discuss plans for the ADRD State Plan Steering Committee meeting, June 25th**

*Alaska Alzheimer's Disease & Related Dementia (ADRD) State Plan*

*Planning Committee, Kick-Off Meeting*

*June 25, 2013, 1:00 P.M. to 5:00 P.M.*

*Location: Alaska Mental Health Trust Building, 3745 Community Park Loop Road, Anchorage*

*Teleconference: 1-800-315-6338, participant code 3250#*

- I. Welcome & Introductions, Denise Daniello & Dulce Nobre (15 minutes)*
- II. ADRD Background Presentation, Lisa Wawrzonek (30 minutes)*
- III. National Alzheimer's Plan & State Plans, Kate Morrison (20 minutes)*
- IV. ADRD Needs Assessment Activities Presentation, Denise Daniello (20 minutes)*
- V. Trust Long-Term Support Services Workgroup, Nancy Burke (10 minutes)*
- VI. Break (15 minutes)*
- VII. Small Group Discussion of Topics for an Alaska State ADRD Plan (90 minutes)*
- VIII. Small Group Presentation & Discussion (30 minutes)*
- IX. Next Steps, Thea Agnew Bembem (10 minutes)*
- X. Adjourn*

The small group that is planning this meeting is made up of: Nancy Burke, Thea Bembem, Dulce Nobre and Denise. The project is planned to be completed in November or December and is being developed by the contractor Agnew-Beck engaged by the Trust.

Meeting adjourned at 12:05 p.m.

Respectfully submitted,

Lesley Thompson