

**ALASKA COMMISSION ON AGING
QUARTERLY MEETING
ANNUAL RURAL OUTREACH MEETING
AUGUST 30 & 31, 2007
KODIAK SENIOR CENTER
KODIAK, ALASKA**

Approved

Wednesday, August 30, 2007.

CALL TO ORDER

Chair Banarsi Lal called the meeting to order at 9:05 a.m.

ROLL CALL

Members in attendance: Frank Appel, Pat Branson, Sharon Howerton-Clark, Betty Keegan, Banarsi Lal, Iver Malutin, Paula Pawlowski, Ed Zastrow. A quorum was present. Members not in attendance: Tara Jollie, Lillian Boen Kasnick, Rod Moline. ACoA staff in attendance: Denise Daniello, MaryAnn VandeCastle, Lesley Bullock.

ADOPTION OF THE AGENDA: A motion to approve the agenda as written was approved unanimously.

ADOPTION OF THE MINUTES: A motion to approve the minutes of the May, 2007 meeting was approved unanimously.

ETHICS DISCLOSURES: The chair asked Commission members to complete and turn in their ethics disclosure forms.

WELCOME FROM LOCAL OFFICIALS: Rep. Gabrielle LeDoux, Doug Letch (of Sen. Gary Stevens staff), Borough Mayor Jerome Selby, and City Mayor Carolyn Floyd each briefly welcomed the Alaska Commission on Aging to Kodiak, thanked them for their support of local senior programs, and invited them to view the many attractions on “the island terrific in the North Pacific.”

SITE VISIT REPORTS: Commission members and staff reported on their visits to senior programs and health care facilities in Kodiak, Port Lions, and Ouzinkie on August 29th. One group visited programs and facilities in Kodiak, while another group flew to Port Lions and Ouzinkie.

Denise Daniello, who was with the Kodiak group, noted that the entire group was impressed with the level of collaboration and cooperation among local agencies. The Kodiak Senior Center plays a pivotal role in this, such as sharing funding with Kodiak Area Native Association (KANA) and taking the lead on KATS (Kodiak Area Transit Service).

Sharon thanked Pat for hosting us at the Kodiak Senior Center and Iver for the delicious king crab dinner he provided for the Commission the previous evening at the Kodiak Fisheries Research Center. She noted that she and Kay Branch will also be flying out to Old Harbor on Friday, representing the Commission at a potlatch there this weekend.

Pat stated that the ACoA had gotten a good view of Kodiak's mission to care for seniors, noting that we heard it from seniors as well as providers. Pat introduced several Senior Citizens of Kodiak board members, who had guided the Kodiak Senior Center to complete its national accreditation [currently Kodiak's is the only senior center in Alaska to be nationally accredited].

Frank described an interesting PowerPoint presentation which KANA had shown, depicting their villages and the senior services they offer – primarily food service. They encourage village elders to participate in congregate meals. Kodiak Community Health Center gave them a tour of their facility, and discussed their expansion plans. There is a high demand for services. KCHC is having trouble attracting physicians because of their low HPSA scores; higher scores would qualify their physicians for loan repayment. They also toured Providence Hospital – Kodiak.

Denise mentioned that KANA had asked the ACoA to look into several issues. First, they currently provide meals three times a week in most villages. They would like to be able to do more. But they need additional funding. Village demographics are very interesting – most villages in the area have a very high proportion of elders in their population. Second, under consumer direct services, people on the Medicaid waiver can hire a family member, while those receiving grant services cannot. This is a big problem in the villages, where most of the people are related. Third, it's difficult to get a person an ADRD diagnosis, which they need to be eligible for respite care services through the Alzheimer's Resource Agency of Alaska or Senior Citizens of Kodiak. To get the diagnosis, they need to travel far from their home.

Iver said he wished we'd have had the money to travel to all the villages in the area. His goal is to get to all the villages so that he can hear about the needs of the elders.

Betty Moretto, a member of the audience who is with the Kodiak Lions Club, stated that the Club has a grant to help people with low vision. They are working with the Anchorage Center for the Blind, which sends over a low-vision therapist to work with the individuals they identify. They help people find the tools to do what they want to do. There are no eligibility requirements related to age or income or anything else. They do give \$100 to low-income folks toward the purchase of needed equipment.

Iver noted that it was because of the Commission's site visit to the Center for the Blind last winter that Kodiak got connected with them.

Banarsi observed that the community health centers provide very comprehensive services on a small amount of money. They are the primary source for services to the uninsured and underinsured. The ACoA supports community health centers and will work with the legislature to try to get more resources for them. We did get a bill to double the WWAMI spots this year. The demand for physicians exceeds the supply, and non-profits are unable to compete with the private sector. The Commission also works on workforce development issues. The number of seniors is going to increase, and will need a larger workforce.

Banarsi noted the tremendous level of collaboration among local Kodiak agencies. They support each other well, and there is no evidence of duplication of services. There was a lot of good feeling. He expressed pride in the Kodiak Senior Center and thanked Pat and her organization.

Betty Moretto, audience member, added that she gets referrals from the local community health center. She noted that one problem is that there is not enough emphasis in Kodiak on diabetes. When diabetics go untreated, their vision can deteriorate. The community needs to do more to check for diabetes. People need more medical check-ups. This situation will only get worse as the population ages. A full-time diabetes educator is needed.

Pat added that there is a very high rate of diabetes on the island. The hospital had a diabetes educator, but she is now gone. They hope to get another one, but recruitment is difficult.

Ed asked whether Kodiak's success was due to local contributions or to grant-writing. In response, Mayor Selby responded, "Both!" It's a combination of grant funds and folks who pitch in – the community is blessed with lots of dedicated volunteers.

Sharon said she'd noticed that the programs tend to have low turn-over, with lots of long-term staff.

Lisa Stoltenberg, resident coordinator at Heritage House, run by the Kodiak Island Housing Authority, said her agency only uses privately-generated income. She said they are always financially squeezed. She asked that we let the feds know that services are very much needed and local programs cannot suffer any more downsizing. She feels they may be getting the message that these services aren't valuable to people.

Frank said that we'd visited Heritage Heights the previous day, and spoke to a number of the residents. It was a very nice complex.

Denise added that there are currently ten Native people on a wait list for Heritage Heights. It has a Native preference in place, due to its funding sources.

Banarsi observed that it's difficult to compete for the limited funds available. You need to have great grant writers – a good cause is no longer enough. The Commission would be willing to share technical assistance, such as on grant-writing. And it's not always the money – sometimes in-kind support, good will, and willingness to speak to legislators all the way up to those in DC helps a lot.

Pat stated that local seniors contribute a lot themselves. Senior Citizens of Kodiak takes in \$55,000 in annual meal donations. Seniors also buy memberships. Every non-profit agency in town plus the City and Borough writes a letter of support for their grant applications. The senior center gets \$27,000 a year from the borough and \$15,000 from the city. It's a real blend of resources.

Frank commended the Kodiak Senior Center on the many services it provides.

Lesley Bullock, of the ACoA staff, then showed a brief electronic slide show featuring scenes from the site visits of the day before.

Denise mentioned that we had heard from Women's Resource Center staff about the problems of domestic violence against elders and caregiver abuse. Respite care is needed to help minimize these risks.

Ed reported on his trip to Ouzinkie. As an engineer, he said, he looks at the physical condition of the complex, since nobody's going to come to a dump. Ouzinkie has a new, well-built senior center. The 1980s-era health clinic was also in good condition, and they have dedicated staff, but also there are some staffing difficulties. A health aide commented that "We always take care of the children first." [Kay Branch noted later that the aide was just referring to the dental care.] They also heard a comment that "We sure have lost a lot of seniors this year – 13 people or 25% of the senior population within the last two years." People were lost to diabetes and cancer. The area gets limited visitation from health professionals. They get one public health nurse visit per year. Credit goes to the Kodiak Senior Center and the help that they provide.

Ed stated that Ouzinkie needs some help. Lack of leadership may be a factor. They have funding for in-home services, but have trouble finding workers. Yet others told them, "There's no jobs." Paula noted that regulatory restrictions were part of the problem – workers can only do two hours of chore, two hours of respite, and can't be a relative. And the chore and respite worker can't be the same person.

Betty added that it's the same in other villages. Due to the work's random nature, a senior services worker could be without work for a long time. So often they quit and go work at the grocery store. It's not the community, it's the system.

Paula said it appeared that because of the poor health care systems in the village, people had to leave home to get the care they needed, and then didn't last long after that. Port Lions, however, had telemedicine.

Betty observed that Ouzinkie and Port Lions were two beautiful communities, but there was a stark difference in their economies. Ouzinkie has diesel power at 35 cents per kilowatt hour. To run a freezer costs \$1,000 a month. Whereas Port Lions has Kodiak power and a link to the outside world (the ferry Tustumena visits twice a week). In Port Lions you can take a picture of a fracture, skin condition, etc. and send it out and get a response (telemedicine). There are no doctors, whereas Ouzinkie has a traveling physician. Port Lions looked like it was groomed for House Beautiful, with manicured lawns and lovely flowers. There were three sports-fishing lodges in the community. They had a long-term workforce, including the health aides. There was frustration with the new health privacy rules, especially with respect to behavioral health. They can no longer talk to families about patients' needs.

Ed reiterated that one community was well-kept while the other was unkempt. It had to do with their economies. Ouzinkie was almost totally reliant on grants.

Paula added that she was very pleased to have the opportunity to visit these villages. Her husband had been a Coast Guard captain who frequently visited Kodiak Island. She had been here often for PTA and education issues, but it was delightful to get beyond the city this time. Ouzinkie is very isolated. It's just now starting to think about developing timber, tourism, fishing, etc. The cost of IFQs [individual fishing quotas] and the 200-mile limit on sea lions make fishing difficult. There was no power or food at the senior center, so they didn't meet a lot of seniors, but they did talk to a few. There is a need for respite care in the community, and a great concern for young people suffering from alcohol abuse. Many elders have become sober. The kids are leaving the community to find jobs. This is even happening in Port Lions, though all who visited said they wanted to retire there! It's a struggle in the villages. Economic development, housing, and health care dollars are needed to feed into these communities. One serious problem is that crew members are shut out from purchasing IFQs. This is a critical piece – these young people want to start their own businesses. She will continue to explore this.

Iver observed that the rich are getting richer and the poor are getting poorer. The limited entry system isn't working. It works against economic development in the villages. And in town as well, Pat added.

Banarsi invited others who had joined in the site visits to share their comments.

Kay Branch of ANTHC said she had been to Ouzinkie once before, looking into PCA services. The State was never able to provide them with any kind of services. There were difficulties with the tubs – rural Alaska homes have deep tubs. It's a real hindrance to people being able to remain in their own homes. An engineering solution is needed for this problem! One man bought a costly portable shower for his mom – and then she died four months later...The new senior center in Ouzinkie is nice. It shares a building with the tribe. It's more of a community center, with a media room, foosball table, etc. In Port Lions, the senior center is in the old BIA school. While there, they attended a birthday party for a 97-year-old man. Port Lions had been an old village on Afognak Island which was wiped out by the tsunami associated with the 1964 earthquake. So this community has only been in this location since 1964. They talked to some of the seniors about their tsunami experience.

Jim McCall of AHFC said he comes to Kodiak every six weeks. He remarked that Kodiak is very fortunate to have the senior center and all its programs. He noted the outpouring of support from Kodiak residents for senior needs.

Steve Williams of The Trust said this was his first trip to Kodiak. He was interested to see how rural communities meet the needs of specific populations. He was impressed with the level of outreach to the community by local agencies. They are engaging with people where they're at, whatever their comfort level – for example, getting information out to people who receive home-delivered meals.

CHAIR & VICE-CHAIR REPORTS:

Banarsi Lal gave the chair's report. He reviewed new goals and objectives for FY 08 [contained in the meeting packets] as well as the budget recommendations that the ACoA will present to The Trust at its meeting the first week of September. Four of our six budget recommendations will be for new projects. Two will be for projects we put forward last year – the FACES campaign (Family And Community Elder Supports - formerly the Keep the Elders Home initiative) and the Healthy Body, Healthy Brain campaign. New projects include money for a Senior Crisis Response project, State funding for community health centers, SOAR (Senior Outreach, Assessment, and Referral) project for behavioral health, and funding for fall prevention targeting seniors by the Alaska Brain Injury Network.

Pat said we're never going to get anything unless we introduce new goals. We might indeed get shot down on the first request, but we need to show that these needs exist.

A motion to approve the goals and objectives passed unanimously.

Sharon Howerton-Clark presented the vice chair's report. She testified in the legislative hearing before the House Finance Committee regarding senior benefits earlier this summer. She met with the Homer Caregivers Association, a group that meets monthly. Now they know that she's in town. She spoke to Fred Lau at the Homer Senior Center, and found out that Homer just got nine new senior housing units, thanks to AHFC. A senior benefits bill was finally passed during a special session. Now we have to let eligible seniors know about the program.

EXECUTIVE DIRECTOR'S REPORT: Denise Daniello gave the executive director's report. The Legislative Audit report on the Commission in preparation for its sunset review was completed this summer. This report was needed prior to our June 30, 2008 "sunset" in order for us to go forward with our "sunrise." We've gotten a preliminary glimpse of the audit report, and it's very good. They found no complaints filed against the ACoA with any agency. And they received a very positive response to a survey of provider agencies. They found that we collaborate well on advocacy and policies affecting older Alaskans. They are recommending that our next sunset review be in eight years – 2016; usually, agencies are recommended for an additional life of only four years at a time. We hired Lesley Bullock for the Planner I position. Lesley is a former grants administrator, with a strong background in non-profit management. She spent 13 years as the executive director of the Girl Scouts in Southeast Alaska. Personnel notified us that they are dropping our administrative assistant position down to a clerk position. We plan to work on getting that decision reversed. We've had enough of a hard time with recruitment and retention at the administrative assistant level.

The committees have all met. Our Trust budget recommendations are ready to present next week. We're coordinating with Rita Bowen of the MASST (Mature Alaskans Seeking Skills Training) program at the Dept. of Labor on Older Workers Week. We are seeking a governor's proclamation of September 23rd – 29th as Older Alaskan Workers Week, and will honor outstanding older workers and outstanding employers of older workers. We met with the regional director of VISTA, to see if we can get a VISTA person to help us, perhaps on emergency planning, preparation, and education efforts. We don't have all our final FY 08 budget figures yet, or information on exactly how the money will be apportioned. The basic funding sources are State general funds, an RSA (reimbursable services agreement) with Senior and Disabilities Services (mostly federal money), and two grants from The Trust – for the Planner I position and the Healthy Body, Healthy Brain campaign.

Frank moved to approve the FY 08 budget as presented in Tab 2 of the meeting packet. Pat seconded the motion. The motion was approved unanimously.

We submitted our FY 09 GF/MH recommendations to the Department – see the memo to Karleen Jackson in Tab 2 of the meeting packet. Our number one priority will be the FACES campaign, a \$1.5 million increase to senior home- and community-based services. Funding has not kept up with service cost increases and the senior population increase. The Anchorage Salvation Army has a wait list of 38 seniors for home-delivered meals, for example. The Alzheimer’s Disease Resource Agency of Alaska has 42 people on its wait list for chore, respite, and care coordination services. Those people currently receive no services. The agency keeps another list of people who receive some services but need more – there are 170 people on that list. Per capita expenditures are down as more people need services but available funding remains static.

The Senior Crisis Response project would help assisted living homes where often staff is not adequately trained to provide care to seniors with chronic mental illness and dementia. Only six assisted living homes in Alaska are licensed to provide care to seniors with chronic mental illness and dementia. The Pioneer Homes do not have the staff capacity to provide care to people with these dual conditions.

In the SOAR project, we’re seeking money with the Alaska Mental Health Board and ABADA [Advisory Board on Alcoholism and Drug Abuse] to develop behavioral health services for seniors. We’re also supporting State funding for the Alaska Primary Care Association, to help with costs of operating community health centers in Alaska, which benefit senior patients on Medicare who sometimes have problems accessing primary health care. Additional projects include the Healthy Body, Healthy Brain campaign and senior fall prevention funds for the Alaska Brain Injury Network.

A \$10 million capital budget item includes deferred maintenance and new construction, including money to build or renovate facilities to provide adult day care. This capital funding also would include technology and transportation projects, various studies, and micro-enterprise development.

We are working on getting a “brain disorders” Medicaid waiver for persons with Alzheimer’s disease and related dementia (ADRD) and those with traumatic brain injury (TBI). This was identified by the Pacific Health Policy Group as a needed step for Alaska. They also recommended creation of a long-term care strategic plan and other efforts.

Pat stated that it is very important that we get the Commission’s operating budget recommendations into the governor’s FY 09 budget, and asked where we are with that process.

Denise responded that we submitted our recommendations to the Department in early August. Bill Hogan supports our recommendations. Directors from Senior & Disabilities Services and Behavior Health are supportive of our projects. The

Department will get recommendations from all its division directors on budget recommendations. The division directors will meet with Department leaders in early September to decide on budget priorities.

Pat Sidmore from SDS added that they are currently looking at their internal budget, then will meet with larger stakeholder communities such as providers and advocates, then will decide on the budget they'll submit. Last year's SDS budget did include the Keep the Elders Home initiative, he noted.

Pat Branson asked what the ACoA can do to forward our recommendations in this process. Sidmore noted that the commissioner of DHSS plays a role, and the governor makes the final decisions. Pat Branson recommended that board members write letters and get involved. Denise suggested writing to Bill Hogan and to Karleen Jackson, with copies to the division directors. "Do it now – THIS is the time."

Sidmore stated that the Governor's Health Care Strategies Planning Council will provide a road map on all health care issues, including long-term care. Their proceedings are open for public comment right now.

Denise continued that there is a new Information Insights report funded by the Trust. See page 7 of her executive director's report in the meeting packet. There are now many reports that all emphasize the rising costs of Medicaid. But one still has to be very sick and poor to be eligible for a Medicaid waiver. Whereas a lot of the services offered by senior centers help older people to stay well.

There's been a change in our meeting schedule – from late November to early December for our next meeting, to avoid a clash with Thanksgiving activities. It will be at The Trust's building in Anchorage. Our annual legislative advocacy meeting will be in Juneau February 12th – 14th. In May we will meet in Anchorage. And our annual rural outreach meeting in 2008 will be in Dillingham in September.

Pat asked whether the legislature had set a start date yet. She expressed concern about setting a specific meeting date when we don't yet know their schedule. Also, Valentine's Day is a big deal at the Kodiak Senior Center, so she will be here on that day. They celebrate all the seniors who are 80 years old and above.

Pat Luby responded that, according to the legislature's website, the session will run from January 15th through April 15th.

Sharon added that she is against meeting on Valentine's Day. Paula suggested we could use valentines to make our points. Frank said he didn't want to go to Juneau later than that. But if we go too early, we may get there before some of the bills we're interested in are even introduced. Pat said we need to find out

when other groups will be flying in – the school districts, the DD people, etc. We don't want to overlap with another large interest group. Denise said the current meeting date does not conflict with any of the other boards. She was not sure about AgeNet – last year their fly-in was the week of our meeting. Pat commented that the schedule should not be changed solely on her account. She also pointed out that AgeNet schedules their fly-in based on the ACoA meeting date.

Paula moved to approve the meeting date as-is (February 12th, 13th, and 14th, 2008). The motion was approved unanimously.

ALASKA MENTAL HEALTH TRUST AUTHORITY REPORT:

Steve Williams gave this report on behalf of The Trust. He began by introducing himself to the Commission. He oversees the Disability Justice focus area group. His past experience is in law enforcement training in mental health disorders – how to divert mentally ill offenders to community resources.

Steve described the main activities The Trust is currently involved in. Next week's Advocacy Summit is planned for The Trust, associated boards and commissions, and their staff to create a cohesive legislative agenda. Also next week is a Board of Trustees meeting. This is a public meeting; people can listen in telephonically if they wish (the Advocacy Summit, though, is not a public meeting). The upcoming year will be very focused on the Housing Trust. They are waiting on the governor's budget decision on whether she will fund it. The Trust and its partners (AHFC and the Rasmuson Foundation) are partially funding it – the case management and supportive services. Then there will be a huge push to put the Housing Trust and the programs that go along with it into motion.

Workforce development is a big issue all around the state. There are shortages of direct services workers. The Trust created a new focus area to pull together all the activities aimed at addressing this issue. One aim will be to train those working with seniors who have behavioral health issues. For example, the Pioneer Homes' staff don't have the training to deal with mentally ill residents. This is part of the Workforce Development focus area's awareness and plan. See Jeff's report in the meeting packet for more information on The Trust and its activities.

Denise asked to what extent the Disability Justice focus group has dealt with senior issues – dementia, aggression, etc.

Steve replied that there was a case of a husband with dementia who became combative, and his wife had to call the police. They charged him with domestic violence and removed him to the Anchorage jail. So he was inappropriately pulled into the criminal justice system when his wife was just trying to reach out and get help. But the police have to follow the law. Steve said that the focus

areas are not targeted to one beneficiary group, but rather to the whole group of beneficiaries.

Iver asked Steve when the Mental Health Trust planning committee is coming to Kodiak. Steve replied that he's not involved in the rural outreach choice, but that a committee selects a particular region of the state. This year it's the northern region. Iver stated that Kodiak gets left out a lot. Betty added that Southeast does as well. Steve said he will bring up the Kodiak suggestion for the next rural outreach trip. Frank added that Commission members have participated in past Trust rural outreach trips. They only hit one region at a time. The Southwest region will be selected at some time. Steve noted that The Trust holds one board meeting per year in varying locations, plus two in Anchorage and one in Juneau. He'll suggest they have a board meeting in Kodiak.

Pat asked whether there will in fact be no more Trust deferred maintenance grants till 2010. Steve verified that that was correct. Denise explained that these grants are offered every two years rather than every year, in order to create a larger pot of money. Steve added that they are available to all agencies that serve Trust beneficiaries.

Betty Moretto, audience member, noted that someone thought to have dementia could actually have an eyesight disorder instead. She has known of this situation. One person threw something at the TV. He was hauled away, and they said he had dementia. It turned out to be macular degeneration.

ACOA COMMITTEE & REPRESENTATIONAL REPORTS:

EXECUTIVE COMMITTEE. Denise said the Executive Committee is comprised of the chair (Banarsi), vice chair (Sharon), past chair (Frank), and also Betty and herself (Denise). They set FY 2008 goals for the Commission, and planned the Kodiak meeting agenda and the site visits. They discussed the Legislative Audit findings from the preliminary report. The final report is due out during the next month or so.

LEGISLATIVE ADVOCACY COMMITTEE. They met recently – meeting minutes are in the packet. Pat says it's now time to gear up for our advocacy campaigns and legislative teleconferences during the upcoming legislative session. They discussed proposed Advocacy Summit activities. See the minutes for more detail – they are very thorough.

Paula asked whether the times for the legislative teleconferences will be the same. Pat responded that they would be [9:30 to 11:00 a.m. on alternate Thursdays]. Paula stated that she would then be unable to participate again. Pat suggested we could look at changing to an afternoon time, but Ed disliked that idea. Betty noted that the morning time was chosen for the convenience of the senior center host sites, which bring people in for lunch. Denise suggested that

we could hold our internal legislative advocacy meetings at a different time – perhaps in the afternoons – to discuss the progress of bills and brainstorm strategies. Frank felt it could be a burden to commissioners to have all these meetings, but said he would not object to an afternoon meeting now and then. Pat agreed, and noted that we don't want to lose Paula's skills and input. We'll ask staff to survey the participant sites to see if a 1 p.m. start time for the teleconferences would work for them.

PLANNING COMMITTEE. Frank reported that the committee met the previous week. State plan implementation is a major goal. We will re-form the state plan advisory committee, with some changes. We want full representation from key players, including the Department of Health & Social Services, the providers, etc. The Alaska Commission on Aging can't do all of the state plan strategies itself. The plan was approved by the U.S. Administration on Aging in July. Committee members are submitting to Denise their recommendations for the ACOA's priorities among the strategies. The next meeting of the committee will be the last week in September. We'll bring the ACOA's recommendations to the full state plan committee, which would meet in October or November. We'll get all our partners involved in prioritizing, and will try to get agreement on who will do what. This will include The Trust, AARP, and many others. We're still in the strategizing process regarding this implementation meeting.

Denise noted that implementation of the state plan is a very ambitious process. It's the first time we've done this. It will require a lot of cooperation and collaboration with other agencies.

Pat Sidmore reported that SDS will be phasing in the new funding formula. This will negatively impact the rural areas. He hopes there will be new money in the budget to offset this.

SDS REGULATIONS COMMITTEE. Frank referred the Commission members to the written report contained in their packets. He said the committee hadn't met since the last ACOA meeting. SDS is working on developing some standards.

Sidmore noted that the guidelines for the current rate study came from that group.

WORKFORCE DEVELOPMENT. This Trust focus area group met on July 9th. Frank wasn't able to attend. Denise stated that the group focuses on training, retention, and recruitment for direct services jobs. Three sub-committees focus on those areas. The Trust has approved an additional \$500,000 for FY 08 for creation of a training cooperative, for the Full Lives Conference, for a vacancy study among direct service providers, etc. Frank is on the recruitment sub-committee and Denise on the training and now also the retention sub-committees. Frank noted that one idea they are going forward with is to form health career clubs at the secondary school level, which would hold competitions

and carry out other activities to build students' interest in these fields. This approach has had success in other states. It also gives students some hands-on experience. Denise said the retention work group has looked at ways to maintain staff – improved wages and benefits, finding ways to provide health insurance (especially for home health aides) and helping with student loan repayments.

Steve Williams added that, with regard to recruitment, The Trust is working with Post-Secondary Education to create loan repayment opportunities in certain targeted professional fields. Agencies now compete with other agencies who offer loan repayment. Denise noted that the Community Health Centers are seeking increased HPSA scores for exactly this reason.

Denise reported that the training work group received a grant from the Dept. of Labor to create a new long-term care apprenticeship program for university students. They also applied for a grant for federal funds for geriatric training and to replace the lost funds from last year (FFY 06). They did a survey to assess the training needs of provider agencies. The number one need was for training on how to manage challenging and disruptive behaviors. Number two was how to maximize community resources, and number three was multi-cultural awareness.

Paula mentioned PARW – Putting Alaskan Resources to Work, a group that meets quarterly and attempts to target youth for hard-to-fit jobs. She'll provide us with more information on this.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION.

Banarsi noted that the Governor's Council hasn't met since the last ACOA meeting. They will meet in early October in Anchorage. They emphasize "strategic communications" to reduce the stigma of disability and increase public awareness of the needs of Trust beneficiaries. They are running newspaper ads showing youth transitioning into employment. They participate in the five Trust focus area groups – Bring the Kids Home, Housing, Workforce Development, Trust Beneficiary Group Initiatives, and Disability Justice. They are currently figuring out *their* FY 09 budget recommendations to The Trust. This is a large board of 27 or 28 people. They obtained millions of dollars for wait list reduction last year in a very tight legislative climate. We learned a lot from that – it encouraged us to ask for more of the resources that we need.

Denise added that we are partnering with the Governor's Council on crisis intervention projects. The Pioneer Homes can't provide care for chronically mentally ill seniors and already have over 300 people on their active wait lists. Specialized care is needed for the chronically mentally ill population and many providers lack training in this area. These projects would train assisted living home administrators to provide care to the chronically mentally ill.

PIONEER HOME ADVISORY BOARD. Ed, the chair of the Pioneer Home Advisory Board, gave this report. He noted that the legislature always wants the facilities at 100% occupancy rate, as they are so costly to operate. Occupancy has slipped to 92%, from 94-96%. But there are reasons: the level of care is getting higher all the time. Staff need more training. Till they get up to speed, the Homes cannot admit people when they don't have staff with the proper training and experience. Also, some people are withdrawing from the active list. They have 30 days (plus another 30 days) to make that choice when they are reached on the list. So a bed can be empty for 60 days. Also, quite a few of the elders have passed on. Staff needs time to get mentally adjusted to the loss of those people, so it's not wise to move someone else in immediately. And the room needs to be sanitized, etc.

The homes are seeing more combative behavior as the residents' level of health deteriorates. This happens at the higher levels of care. You can't have two people of this description sharing the same room – a roommate might attack a pet, etc. So one may need to be in a single room. The Pioneers Homes will *not* take back a person with combative behavior who has been discharged from a hospital behavioral health unit. They may have to stay in a more expensive facility.

The active list has grown to 324 now. They are licensed for only 505 beds now, because some rooms may not be OK to use for those needing a higher level of care, or they've made single rooms out of some doubles, etc. The Pioneer Homes have changed a great deal since the original plan, which envisioned them as mostly independent living.

The Veterans Home in Palmer finally got its certification on August 23rd – it is now an Alaska Veterans Home. Pioneers Home standards did *not* meet the federal veterans' standards. Lots of "violations" were found and had to be fixed.

On September 26th the Pioneer Home Advisory Board will be doing its northern tour of inspection, visiting the Homes in Anchorage, Fairbanks, and Palmer. They'll walk through, talk to residents, then make recommendations to the governor and the legislature regarding what needs to be done. The legislature wants to know the true cost of a Pioneer Home resident. As those costs go up, they may be under pressure to raise rates. The Foundation fund raisers can help raise extra funds for individuals. And these funds don't have to be accounted for to the State.

Ed conveyed thanks from the Pioneer Homes for the ACOA's help obtaining higher wages for staff, additional staffing, etc. in the past couple of years. The majority of our Pioneer Homes are not meeting the need for the higher levels of care now demanded. The lifts don't fit into the rooms. The walls in the Sitka facility can't be moved – they are 16" of reinforced concrete – it's an old Marine barracks. The question is, "What are we going to do with these Pioneer Homes?"

They are asking the Pacific Health Policy Group people what they should do. Somebody needs to make the decision. The people in the homes are happy; most are lifelong residents of the region.

Banarsi asked how the Pacific Health Policy study had come about. Ed replied that the Board had been concerned for a long time about the future of the Pioneer Homes. They know they're *not* meeting the current needs. Should they specialize in ADRD? Or go back to the original idea of more independent living? Build more homes – for instance, in Kodiak, Kenai, etc.? The Board does not have the expertise to come up with those solutions.

Someone in the audience asked who they could talk to about getting a Pioneer Home in Kodiak. Ed responded that they should talk to their legislators about the need in the area.

Jim McCall asked specifically about the vacancy rate at the Anchorage Pioneer Home. Ed said it's currently at 97%. Dave, the administrator, does his best to keep it full and get in the Level I's. Most people entering the homes these days are age 83 to 87.

Pat Sidmore asked whether the active list numbers are duplicated – that is, whether an individual can sign up for multiple homes. Ed and Betty replied that, no, the active list is unduplicated.

Some 60% to 80% of Pioneer Home residents are on payment assistance. The administrators do everything humanly possible to get people into the homes.

PUBLIC COMMENT.

Several people called in to comment telephonically.

Marianne Mills of Southeast Senior Services had a question about SDS' pilot project in which the State itself would do care coordination. Pat Branson answered that Pat Sidmore would respond to that in his presentation later in the afternoon.

Mary Miller, also of Southeast Senior Services, stated that she appreciated the mini-grants available for staff training, but questioned why agencies are limited to only one proposal. Agencies that cover a large region used to be give up to five slots (back about five years ago), she stated. That was fair given the number of staff and size of the area served. Training is an essential, and should *not* be viewed as an expendable "extra."

Denise responded that The Trust approved \$125,000 for geriatric training. Agencies can use it to provide training to their staff, bring in trainers, etc. She

(Denise) is aware of this issue and has mentioned it, so it should be taken into consideration in the future.

Celeste Benson of the Anchorage Senior Center testified that senior centers help people stay strong in body, mind, and spirit. She said it's difficult for her to get grants for programs. They offer many wonderful programs, but it's hard for them to get funding, for example, for information and referral. She would like to know how Kodiak gets their grants, because for Anchorage it's a struggle. Pat Branson offered to call and talk to her about that.

Celeste also stated that the Anchorage Senior Center is working on its self-assessment for national accreditation.

Janet Lumiansky of Southeast Senior Services said she supervises care coordination in Yakutat, Angoon, Hoonah, Juneau, and Ketchikan. She's concerned about the pilot project where the State will do care coordination. It may undermine a program that currently helps so many seniors.

Gretchen Saupe, a board member of the Senior Citizens of Kodiak, Inc., testified that Kodiak gets grants thanks to Pat Branson, but then at times they are penalized when other places do not write grants but end up getting a bigger chunk of money from the legislature. She also conveyed that she appreciates the Commission's work.

Denise suggested we go around the room for comments [intending audience members to share their thoughts]. Due to ambient noise in the room, Commission members misunderstood and thought she was asking for their comments.

Iver said it might be good for us to have public comment first thing in the morning. There were more people in attendance this morning. Some had comments to offer, but by now they've left. Most municipalities have public comment at the start and end of a meeting. [Others indicated agreement.]

Betty said we failed in our advocacy for Senior Care, but then got a great program after the *seniors* got involved. *We need your help*, she said to the audience.

Sharon agreed, noting that the one good thing about the Senior Care debacle was that seniors came out and backed us up.

Banarsi commented that he is familiar with the dilemmas of non-profits – the growing needs with the limited resources. There is a need for extensive grant-writing. He advised non-profits: "Don't undersell yourselves. Let it all hang out the way you see it." Advocacy is an ongoing thing. Many times politicians almost have the attitude, "Seniors needed – at election time only." It shouldn't be that

way. Seniors are the fastest-growing segment of the beneficiary groups. Given federal resources, grants, and State funds, there should be enough money to do a much better job for everybody. There *is* a limit to the resources. Nationally, the situation is probably *not* going to get better anytime soon. So we need to make a good faith effort to maximize coordination of services and resources.

Denise added that people sometimes think that providing money for services is too costly. But seniors contribute a lot to the state - \$1.5 billion annually in retirement and health care spending. And that doesn't include the value of unpaid caregiving to friends and family, and community volunteering. We need to highlight the positive contributions of seniors to the state.

Pat noted that people can comment one-on-one to Commission members at the evening reception.

Frank and Paula had no comments. Ed agrees that seniors do contribute a lot to the state. In fact, he said, his wife proves that point quite well!

Betty pointed out that seniors are good citizens. They are law-abiding, don't incur school expenses, and so forth. Earlier Iver was talking about what he learned from his grandmother. She is the grandmother of 21 children and also wants to pass on moral fiber to them. All the grandparents and surrogate grandparents out there are contributing an awful lot to the state, and deserve whatever services the State gives them.

Iver offered, "If you need help within the State system, get hold of us. We'll talk to people. That's how things happen." In reference to Betty's comment, he told a story about his grandmother, which had the moral of "a little bit of knowledge can keep you going for a long time."

Emil Norton, president of the Kodiak Senior Center, offered some comments. He said they'd had a good subsistence life there in Kodiak, but then World War II happened, and the Navy and other military came here and life changed...He thanked the Commission very much for coming to Kodiak.

BY-LAWS COMMITTEE REPORT. Frank reported that three sections of our statutes are now obsolete because they don't reflect the executive order that transferred grant responsibilities to Senior & Disabilities Services. He has made suggestions about statute modifications to the Department of Health & Social Services. They've met with the auditors regarding the changes, and all are in agreement about the changes that must be made. Bill Hogan has said there will be further discussion within the Department. Denise referred Commission members to their meeting packets for copies of the new by-laws (Tab 3). They were approved at the last meeting.

SENIOR & DISABILITIES SERVICES REPORT. Pat Sidmore of SDS presented this report. He runs their policy unit. Rod Moline, SDS director and ACOA commissioner, submitted his written report under Tab 4 in the packet, and is currently moving from Juneau to Anchorage. Pat explained that SDS is trying to serve people at home in their communities. Nursing home costs went down this past year. We're keeping people at home longer, thanks to past advocacy efforts. There is *no* wait list for the Older Alaskans waiver. In response to questions about the care coordination pilot project, that was only for the MRDD waiver. There is a plan to expand it to seniors, but the State won't take over completely. The reasons for the project are (1) financial, and (2) some care coordinators associated with an agency do not offer services offered by other agencies. It's not solely focused on cost containment.

Pat Branson asked whether there was a way to nip the problem where it exists and not penalize providers who do a good job. The State care coordinators may not know about all the services in a particular area. Sidmore responded that the care coordinators will live in the communities they serve. Pat asked that SDS think outside the box, and not penalize everyone as occurred with PCA services. Sidmore said they are currently gathering data. Most states have *only* State care coordination, though Alaska is unique. They are moving slowly. Iver added that a State take-over on PCA services has had an adverse effect in a lot of areas. They are denying people care. He met a nurse who said she had to quit her job as a State assessor because it was too tough to turn people down. The consumer direct program was fast; now it takes months and months.

Sidmore went on to talk about the ADRCs [Aging and Disability Resource Centers]. Staff went to a national independent living conference in Washington, DC. Many agencies are working together on this. There is a movement within the Dept. of Health & Social Services to streamline the process of getting people eligible for services. With the "one stop" model, people get served quicker.

The rate freeze continues. SDS advocated to continue it, with a four percent bump up. Myers and Stauffer, a national accounting firm, is working on a report, due in December. They will propose a rate-setting methodology that will build in down-time for when the client is not available. Betty interjected that they ought to build in travel time – such as for people on Prince of Wales Island. Sidmore agreed that many agencies don't capture that. And SDS does not know what the actual costs are unless the agencies tell them. They are looking at the acuity of clients as a rate factor, and also at a rural multiplier. Those were the "marching orders" for the consultants. Whatever the results, they will have impacts and it will be a political decision. If it affects you, get involved. It will impact workforce development. As to billings, there would be less of a penalty if the agency finds its own error. And if its error rate is under a certain level, there would be no fines for errors.

The Medicaid waiver reporting system is being revamped. It will be rolled out in the spring. They had a computer system that didn't work, so it took 273 days for an initial assessment. Now it's 23 days. This is a management tool that really impacts people's lives.

SDS had a management retreat. They adopted the "no wrong door" approach, whereby people can enter services either through the ADRC or through a senior center. Wait list reduction is another priority. And getting a waiver for people with ADRD. Waivers are waivers *from* nursing home services – but early stage ADRD is not an appropriate diagnosis for nursing home care, so that diagnosis alone *will not* get you on the waiver. You'll also have to have a higher level of needs; these may not all be physical (could include wandering, etc.). The current model *is* a functional model, with a physical emphasis. This would add mental function to that.

Denise noted that the Pacific Health Policy Group identified this additional waiver as a way for the Pioneer Homes to increase their federal government reimbursements.

Sidmore responded that that was why SDS was able to consider this new waiver.

Denise asked whether it would include Traumatic Brain Injury. Sidmore said no, just ADRD, currently. Denise noted that those with TBI may be going into the Veterans Pioneer Home, whether they're seniors or not, provided that the Veterans Pioneer Home is open to all veterans regardless of age (that decision has not yet been made). Iraq War veterans are coming home, and TBI is the signature injury of that war.

Frank asked about the time frame for implementation of this new ADRD waiver. Sidmore said he didn't know, citing a number of high-level vacancies in the Department. Frank asked how long it would take to get this into statute. Sidmore said it can be done via regulations. But the federal government would need to approve it. However, that shouldn't be a problem. It would be at least six months after the policy is settled before the waiver could be implemented.

Sidmore also spoke about audit issues. SDS wants to be pro-active, and help providers meet the standards. They now have a 700-person email alert list, for issues related to the people they serve. You can sign up on the SDS website. The Trust will fund a "summit" of SDS stakeholders. There will be a committee with an ACOA seat, and rotating seats for providers, recipients, and caregivers, so that Rod can run changes by actual people who get the service. That will start this fall.

Pat Branson asked about the three-year grant cycle which would begin again next year. She inquired whether rural areas will lose funding if they've lost population. Or whether there would be a way for rural areas to not have their

funds cut. There should be training to help providers understand the very complex Medicaid billing process. That is the only way for service agencies to survive. The grants don't cut it. She suggests training for providers. They want to be able to provide the services to the people who need them. Pat also asked about the potential Anchorage AAA – how will it affect funding? Does the ACOA take a stand on this? She hears only complaints about AAAs (i.e., lack of services) at the national conferences she attends.

Sidmore said the AAA shouldn't affect the rest of the state at all. They can take out 10 percent from their State allotment for administration. Beyond that, the local area would set the funding priorities. Sharon asked whether it would just be another layer of bureaucracy. Sidmore responded, "Not for seniors, but for the providers."

He also noted that soon providers will be able to do "e-grants," that is, respond electronically to requests for proposals, using certain standards.

Pat Branson said this should be in place before the next grant cycle. Then agencies would send in one piece with all the agency information, plus much smaller pieces for each grant they're applying for. Also, she said, much better training is needed for the State people who work with grantees. There is lots of turnover and the new people don't seem to know the process.

Frank added that U.S. Administration on Aging Region X encourages AAAs. The one in Anchorage will get approved regardless of whether the Commission approves.

Kay Branch introduced Kjersti Langnes, the new worker now filling Kay's old Rural Long-Term Care Coordinator position. This is her fourth day on the job. Also, said Sidmore, SDS now has a new deputy-director-level person, Joanne Gibbens. She is good at navigating the system, and will help with legislation, Department issues, etc. She will oversee policy, grants, and quality assurance.

DIVISION OF COMMUNITY & REGIONAL AFFAIRS REPORT. Michael Black, former ACOA member, called in to the meeting. He is now deputy commissioner of the Department of Commerce, Community and Economic Development. He said he has an even better perspective now on how ACOA's issues relate to the DCCED. It's important to keep seniors in rural Alaska, as close to their families as possible. This also improves the economies of those communities. Seniors are an important industry and social program, and keeping them home is the right thing to do. DCCED has seven regional offices; ACOA can use them to get ideas about rural issues. We have a lot of issues in common. This year they got a revenue-sharing bill in place to help communities. This might help keep people in the communities where their families reside.

Denise told Michael that we got to meet Tara Jollie [Michael's replacement on the ACOA, the new director of the Division of Community and Regional Affairs]. She had joined us the day before for the rural site visits to Ouzinkie and Port Lions. Denise feels sure Tara will bring that voice for rural Alaska to the ACOA. Serving rural elders is an important part of our work.

Michael noted that Tara's background is in the job training area, which could also be useful to the ACOA.

DIVISION OF PUBLIC ASSISTANCE, SENIOR BENEFITS PROGRAM

REPORT. Jim Steele gave a telephonic report. Denise began by letting Jim know that some rural communities apparently don't know about the new Senior Benefits program. She asked if there will be more rural outreach. Jim responded that there will indeed be efforts to reach out to rural areas. He began with an overview of the new program. It was approved by the legislature during the special session held last June. Benefits were to start on August 1, 2007. It replaces the Senior Care program. There will no longer be an asset test. There will be three benefit levels now, based on income. There will no longer be a prescription drug benefit option – now it is a cash benefit only. They have continued to pay benefits to the old Senior Care program recipients for August and September, but they are asked to submit a brief application and will get an additional supplement to the \$125 Senior Care benefit if their income justifies the higher benefit level and their application is approved. They have begun processing the applications that have come in, and have 100 to 200 left to process. They started this week to process new applications [from people who were not receiving Senior Care]. They were supposed to decide on an application within 30 days. They are outside that time frame now but hope to get there by mid-September. They've received over 2,000 new applications since July. They're getting 150 new applications per day.

They are designing flyers to go out with the elder food baskets in the bush. They had a booth with applications available at the AARP fair and will have one at the AFN convention in Fairbanks in October. They've been covered in Senior Voice articles, are doing radio PSAs statewide, and have created racks of brochures and applications for senior centers and pharmacies. They're designing posters for senior centers, assisted living homes, small rural post offices, etc. They've provided information sheets to SDS. They've done presentations at senior centers in Anchorage, Palmer, Wasilla, etc. They will place a notice on the Anchorage Daily News community bulletin board at the end of October. In the future, they'll have an ad in the Older Persons Action Group directory, TV PSAs, newspaper ads, purchased radio time, and bus signs in Anchorage and Fairbanks. They also work with the village councils.

If they receive no application from a current Senior Care recipient by September 30th, they will have to close that person's case.

Frank remarked that he is impressed with their outreach efforts. He asked that Jim keep us updated as they go along, including making us aware of ideas that they may not have the resources for. A written report on their outreach efforts would be good, before the next meeting. Jim said he would send such a report to Denise.

Pat Luby of AARP asked whether there has been special outreach to current Senior Care recipients. Jim said yes, they will send another notice on Sept. 20th that they need to submit an application for the new program. The majority of people *have* re-applied already. But there are bound to be a few who don't. They will have better data as time goes on, which he'll provide to us. Banarsi asked whether they would consider unusual circumstances if someone misses the deadline. Jim said yes, they could go back and pay them if they apply later. Their benefit would just be late.

AGENET REPORT. Pat Branson gave the AgeNet report. AgeNet stands for Alaska Geriatric Exchange Network. It's a network of senior services providers. See their handout in the meeting packet regarding their three legislative priorities for the upcoming session. They will have hard data for legislators this year. Rates have been frozen now for four years.

The meeting was adjourned at 4:45 p.m.

Thursday, August 31, 2007.

CALL TO ORDER

Chair Banarsi Lal called the meeting to order at 9:05 a.m.

ROLL CALL

Members in attendance: Frank Appel, Pat Branson, Sharon Howerton-Clark, Banarsi Lal, Iver Malutin, Ed Zastrow. A quorum was present. Members not in attendance: Tara Jollie, Lillian Boen Kasnick, Betty Keegan, Rod Moline, Paula Pawlowski. ACoA staff in attendance: Denise Daniello, MaryAnn VandeCastle, Lesley Bullock.

LONG-TERM CARE OMBUDSMAN REPORT. Bob Dreyer was present to give his report. Bob distributed several handouts with program data. He noted that he was extremely happy with the Senior Benefits bill that passed.

He told of a Kenai woman who was placed in an Anchorage assisted living home against her will. His office became involved. "Our job is to do what the elder wants – to protect their rights," he noted.

Reimbursement rates for assisted living homes licensed to care for the mentally ill are not as high, so there is no incentive to provide this type of care. There are not enough beds for chronically mentally ill seniors.

The Long-Term Care Ombudsman's Office is wondering whether Alaska should have licensing for adult day centers, and they are doing some background research. Pat Branson stated that there are 12 adult day centers in Alaska. These facilities have very set standards. That is how the State regulates them – to receive a grant, they must meet these standards. It's not like there is no regulation. SDS does visit the adult day centers, and reviews them. She is against licensing at this time. Many of the facilities can't afford the nursing staff that would be required. They may contract out these duties, or have a CNA on staff. Frank added that other states' requirements might prove burdensome for Alaska. We'd have to be pretty careful about suggesting a licensing requirement.

Ed commented on the Pioneer Homes' refusal to take back chronically mentally ill residents who had to be hospitalized. This is probably just the beginning. The Pioneer Homes are at their limits right now. Chronic mental illness is so far out of their bounds. The Pioneer Home Advisory Board will be meeting on this issue, and will probably take a strong position against serving these folks. This goes on a lot [individuals redirected to more appropriate facilities due to chronic mental illness]. It's normally handled diplomatically by the administrators. The Board only hears about it when a family sees their inheritance slipping away [due to the more costly care required]. The Trust is aware of this issue. We may look to them for help.

Iver thanked Bob for what he did for the lady from Kenai. He also noted that it's great to have the long-term care ombudsman volunteers, including the one in Kodiak, but said that more volunteers are needed. Bob added that there is a real need for volunteers in Southeast in particular.

Frank asked why there are lower reimbursement rates for assisted living homes that care for the chronically mentally ill. Bob said he didn't know. Denise stated that for chronically mentally ill seniors, these homes should get the higher senior reimbursement rate. Sharon noted that one of our budget recommendations for The Trust for FY 09 is for a Senior Crisis Response project to address these issues. Bob said the problem is going to be getting worse. He'll do more research on the reimbursement rates.

Pat Branson asked if our legislative advocacy list is going to be sent to others. Denise said yes, it will be.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM. Kay Branch was present to give her report. She works in elder care planning at ANTHC. The State, in response to the February consultant's report on Medicaid to the Senate Finance Committee, wants tribal organizations to take on long-term care and behavioral

health services and then bill Medicaid (since that would be paid 100% by the federal government, rather than the usual federal/State match). So the State wants tribal health organizations to make that switch. They are giving ANTHC a \$1 million grant (through the Commissioner's Office) to make this happen. The Yukon-Kuskokwim Health Corporation will get an additional \$350,000. (1) In the first step, \$50,000 will go to strategic planning, to assess the possibility of tribally managed care, including legal aspects, etc. This could be problematic. (2) Then, they will do specific service planning and service definitions for behavioral health. There would be a new behavioral health aide job class in the tribal health organizations. Community health aides are certified at the federal level, and are unique to Alaska. Behavioral health aides would follow the same pattern. They *can* bill Medicaid for some services provided by the community health aides. They are looking at behavioral health (mental health and substance abuse) services the same way. (3) Cost development reporting and billing infrastructures must be created. It has not been easy to get tribal health organizations to bill Medicaid. They have worked within the (small) Indian Health Service budget. There will have to be a whole culture of change for these organizations. Not long ago, everyone was covered by the Indian Health Service. Now, under PL 93-638, tribal health organizations *contract with* the federal government. Some of the money will go to developing a cost reporting process. There already is one for health care, but some organizations capture the information better than others (SEARHC is *very* successful with data and Medicaid billing, for example).

Kay will be the key staff person for the long-term care portion of this change. They don't have the money yet, and haven't had a face-to-face meeting yet.

YK has stopped doing Older Alaskans waivers – they can't afford it any longer. The reimbursement rate is not enough to cover the cost of services in rural areas. They may have to stop providing PCA services too. Her group will look at defining the service package that should be available at various village levels. They will look at facilities separately from home-based care. Nursing home costs are a big chunk of the money the State feels it could save if the tribes take over. Other types of providers such as the assisted living home industry need to be included as well. If the tribes take over in the Anchorage area, it would drastically impact the market. Kay wants involvement from SDS. She has talked to Pat Sidmore. It's a negotiation process. Other states such as Minnesota have tribal organizations that provide these services, for example the White Earth Nation is considered as a AAA – it assesses people for waivers, etc. ANTHC is looking at facility-based models such as the GreenHouse model.

Right now this is all in the beginning stages. She has asked for some contract help to pull things together. She would like to get somebody with national expertise on long-term care issues up here. Perhaps the State could partner on this. This is all a result of the Pacific Health Policy Group report.

Denise asked about the differences that would occur with this arrangement. Kay said that in the past they just ate the 42% that the federal government did not pay. The feds finally allowed tribes to bill Medicaid, which helps some, but it's still not 100%. Under the proposed new arrangement, the State would be cut out. If a Native person is in Providence Extended Care, say, at \$10,000 a month, right now 58% of the payment comes from the federal government and 42% from the State. If a tribal health provider billed it, the State would not have to pay anything, and the federal government would pay it all.

Pat Branson said this isn't a contentious issue; it's a good thing. It will give Alaska Natives the kind of services they want in their own communities. And it saves the State money. The problem often is getting people *on* Medicaid. This will open up beds for other people. Kodiak wants to be part of this as well. Be sure to include non-tribal entities in this discussion. Check with Delaware – they have tribes and no AAAs. Wyoming too, possibly.

Frank asked about the time frame for this new effort. Kay said she didn't know. The ANTHC business resource center is working on this. The cost reporting is a struggle. Frank asked whether the grant will be sufficient to get this off the ground. Kay said yes. Especially since the new PCA regulations and waiver assessments, it's been square pegs into round holes. Some out-of-the-box thinking based on actual needs is in order. Some tribal health organizations (for example, Maniilaq) already have great programs in their villages, though they're not billing Medicaid. So they have models for how it could work. They would have personal care, chore, respite, perhaps a small assisted living home, in each community as a basic package. But they need to examine how to structure it, and how to regulate it.

Pat Branson pointed out the large number of long-term care studies that have been done. [Yes, 18 of them, noted Kay.] Denise added that that's why it's so important to have a long-term care strategic plan. The legislature appropriated \$250,000 for this. It needs to go beyond cost containment. It needs to focus on prevention and the continuum of long-term care from home- and community-based services to institutional care. Pat responded that we've see studies with good ideas just sit on shelves. Denise said a strategic plan would look at all the studies that have been done and harvest whatever is still valuable. Pat said changes to the Pioneer Homes were discussed in a study from 15 years ago. Denise replied that timing matters, and with the high Medicaid costs now, the time may be right for more of a commitment to change.

Iver suggested that Kay present her information at the AFN convention. There are 229 tribes in Alaska. 215 of them have email. The rest have fax machines. You've got to start somewhere. This is a good place to begin getting the information out to them.

Kay mentioned Mariko Selle's study on traditional foods in assisted living homes. Kay is getting a social work practicum student, who will work on creating a cookbook with simple recipes for traditional foods, and will work on cultural training for providers. She will bring the student to an ACOA meeting. Iver said Kodiak is seeking a grant at the tribe level on traditional foods. A lot of the health regulations stop people from taking traditional foods to institutional residents. People need to have Alaska wild salmon – not just “fish.”

AARP. Pat Luby, AARP's Alaska Advocacy Director, gave the AARP report. Legislators have congratulated them on their advocacy for the Senior Benefit program. Congratulations are due to all – it will be an excellent program and will help a lot of hurting people...Also, some of the money from State winnings in civil lawsuits will go into a special fund for Alaska Legal Services, which helps a lot of seniors. This will allow Alaska Legal Services to receive some State funding. They used to get \$1 million, but that's been zeroed out over the years. Lesil McGuire had been pushing this legislation for years.

Most retirees spend 90% of their time at home. They need access to utilities at a reasonable cost. AARP is working with the attorney general on a suit against the Anchorage water utility. Some charges are unmetered, so those who use less (for example, seniors) are subsidizing those who use more...AARP is also working with the Division of Banking on a bill to license mortgage brokers and control predatory lending...Another bill they supported, on self-extinguishing cigarettes, was signed by the governor. Many people who die in house fires are seniors, even though *they* may not have been the ones smoking...Another successful bill increased the number of WWAMI medical student positions from 10 to 20...They also worked with many children's organizations on children's health insurance, and were successful in bringing Denali KidCare up to where it used to be. Some legislators wanted to cover all kids. AARP is involved in these issues because it is the largest organization of grandparents. AARP favors health coverage for all. There are 93,000 AARP members in Alaska. Why do they partner with other organizations? Because they don't have all the answers, or even all the questions. They rely on their partners. For example, they pay attention to anything AgeNet recommends. AARP can bring thousands of people to advocate for an issue. What happened this year with Senior Benefits will help us next year on senior issues.

Twenty percent of Alaska AARP members in their 50s have no health insurance – it's too expensive to buy it on the market. AARP believes that everyone should have access to affordable health insurance. No one expects this to pass now, but it's going to get a lot of media attention...We also need to revisit the PERS and TRS changes. Without a defined benefit plan, workers will never be able to save enough money for all the years they are likely to live beyond retirement. And remember that State employees do not participate in Social Security. They could easily outlive their defined contribution plan, especially with the high cost of health care. So they'll end up on an adult public assistance program anyway in

the end...AARP also supports State assistance for primary care clinics – community health centers. They are among the few entities that will always see Medicare patients...Tobacco issues are another area of involvement – AARP tries to support all the State's efforts in this area – tobacco taxes, etc. Kids are starting to smoke earlier. They align with other organizations who have expertise on tobacco issues.

An increase in State LIHEAP (Low-Income Home Energy Assistance Program) funding is needed. They hear horror stories from bush communities on heating oil costs. Many people in urban areas too need help...An increase in the minimum wage would help many who work in the aging network...The attorney general is looking at model legislation on guardianships and trusts...Coghill is sponsoring a good bill. Older victims of identity theft have a higher mortality rate. This crime ruins people's lives. A Guess and Coghill bill would address this...Another issue is children's access to school lunch and breakfast programs. They want to do away with the 30% co-pay for the breakfasts. A good breakfast and a good lunch are important for kids to be good students. These are the people who will be paying our future Social Security benefits. We want to make sure they get a good education and good jobs!

Joel Gilbertson at Providence wants to develop a Medicare clinic. This will need a lot of community support, including fund-raising. AARP will help. They want to try to get geriatricians in Medicare clinics. Most medical students never take a geriatrics course. Family practice docs need extra training, as they see many seniors.

On the national level, AARP is running the "Divided We Fail" campaign. Sign a pledge card. They are working with the Business Roundtable and the SEIU (union). The premise is, we have to fix the U.S. health care system on a bi-partisan basis. We must convince the candidates that if they can come up with a good health care plan for America, they can get elected. We need Social Security, pensions, health care, affordable groceries and mortgages. We need a good economy, to keep America attractive for all generations. NAACP and the National Council of Churches have now signed on to this campaign. There's a chance to really increase health insurance for kids – the SCHIP program (called Denali KidCare in Alaska). The president has threatened to veto this bill. Senator Murkowski thinks he's bluffing. There has been good support on this issue from Senators Stevens and Murkowski. Don Young, however, voted against it!

We all need to work on enrollment in the Senior Benefits program. The older person who lives alone, doesn't read the paper or the Senior Voice, etc. – these are the people who need outreach the most. It's been a wonderful partnership working with the Alaska Commission on Aging commissioners.

Ed said he appreciated AARP's/Pat's help on the ACOA legislative teleconferences. Pat Branson told Luby, "You and Marie Darlin are role models." Pat Luby responded that he gets paid for it but Marie does this as a volunteer!

Iver also noted his appreciation of AARP, and said the elders are very thankful that we have it.

Pat Branson thanked Luby for giving us a preview of what's to come in the legislature, so we as advocates can get grounded. A woman in the audience thanked AARP for their drivers' education program.

A lengthy discussion of the ACOA's FY 09 Trust Budget Recommendations was deferred. Denise reminded people to look at the draft agenda for the Advocacy Summit. This will take place on September 5th, with The Trust's quarterly board meeting on Sept. 6th and 7th. We will make the ACOA's recommendations on operating and capital budget items and our policy recommendations. Our time to present our FY 09 recommendations is 2 p.m. Thursday (Sept. 6th). We expect to hear on Friday, Sept. 7th, which of our recommendations have been approved by The Trust. That means they'll be included on The Trust's advocacy list, which is important because they carry a lot of weight. The Trust wants to make sure we begin our advocacy efforts early, and not wait until our February legislative fly-in meeting to begin. Denise reviewed the Advocacy Summit agenda and suggested people planning to attend arrive before 8:30. She also passed out copies of the governor's proclamation on older workers week, coming in September.

Sharon and Kay left the meeting to depart for their trip to Old Harbor.

ALASKA HOUSING FINANCE CORPORATION. Jim McCall was present to give this report. AHFC has released the next round of pre-development funding. This is the first step toward developing senior housing for those interested. Applications are due September 21st. That's a quick turnaround, but most people are watching for this every year in August and September. The 2007 senior housing awards went to Anchor Point, \$1.2 million for a four-plex. The Denali Commission has become a large player in senior housing, which is a good thing. Most projects require multiple funding sources. Sitka is rehabbing 24 units of independent living. Palmer got \$7.3 million for development of 31 units of independent living senior housing. It will be down the street from the senior center. Wasilla got \$4.5 million for 28 new independent living units. Homer got \$2.2 million for 9 unites of independent living. In total, \$16.5 million was expended on 100 units of senior housing, for a \$165,000 per-unit average cost. Costs are going up, and programs are often capped. At the same time, they are growing more popular. It's good to have the Denali Commission contribute – a huge benefit. AHFC got \$109.1 million in requests this year. Of those, 42% were for proposed new senior developments. Only one includes assisted living (that one is in Fairbanks). But all of these are competing, so it's unclear what will

ultimately be built. AHFC has also spent \$40 million renovating all public housing in Alaska during the past decade.

A senior-friendly campaign will be managed by Bev Tallman of the Center for Human Development. This is a marketing campaign to encourage businesses to ensure that their premises and services are accessible and attractive to seniors. They will receive a sticker to place in their window. A couple of other cities and states have these campaigns going on.

AHFC was asked if it would offer adjustable-rate products, and said no, even though they were losing loan share at the time. Their foreclosure rate is steady at 3%, which it's been for five to ten years. Alaska is not in quite as severe a situation as a lot of other states.

Frank asked whether AHFC is keeping up with demand. Jim said it depends on the type of housing. They have low income independent living, moderate income independent living, assisted living homes, seniors-only sites for people with money, etc. Independent living is doing OK. Assisted living in Anchorage is saturated with capacity, though very much needed outside of Anchorage. He has to convince them to open up more opportunities outside of Anchorage. Those areas offer fewer economies of scale, so they don't see as much interest.

Denise asked whether there has been a survey of senior housing needs. Jim said not since 1995. They are relying on market studies to update the trends. The safest bet is to go area by area and do a market study for a particular time and place.

Addressing the ADRCs, Jim said that the original grant concluded on June 30, 2007. They got a supplemental of \$200,000 on August 7, 2007. AHFC will provide all of the in-kind (over \$10,000). The intent is to create a sixth ADRC site somewhere in Alaska. It must be in an area not currently served. They will keep the other five going – each of those will get \$45,000. The balance will come from The Trust. The program is transitioning to SDS. By this time next year, it will be the responsibility of the new Rural Long-Term Care Coordinator. A new "Aging and Independence" [Network of Care] website will be launched October 1st. Word about the ADRCs is getting out slowly but surely. Their clients age 60 and over have increased 38% this year. They had 6,300 more requests for information and referral. An RFP will be developed to create a sixth center. They received many letters from support for this supplemental, from SDS, the Statewide Independent Living Center (SILC), AgeNet, the Governor's Council, the ACOA, etc.

He is meeting with Chazz on Sept. 6th – Chazz specifically asked to meet with AHFC. The ADRC has received a lot of attention nationally – it's the wave of the future, part of the effort to ensure that older individuals have the tools and information they need to live healthy, productive lives. Over half of the states have passed legislation supporting the ADRCs. The federal government has

some expectation that the ADRCs will be continued beyond the point where their federal funding ends.

MEDICAID SUSTAINABILITY PROJECT. Jerry Fuller gave this report telephonically. The Department commissioned two previous studies. One was the Public Consulting Group (PCG) to look at Alaska's long-term care system and recommend how we could more effectively deliver services. And the other was a long-term care forecasting model focused on Medicaid spending, developed by the Lewin Group. They also provided training to DHSS on how to use the model. They did a project to the year 2025. It showed that the State's Medicaid expenses would more than quadruple, due to medical inflation and the state's changing demographics. Lyda Green, chair of Senate Finance at the time, commissioned the legislature's own similar study by the Pacific Health Policy Group (PHPG). That report came in early this year, confirming the Lewin Group's findings, and offering suggestions on how the State could limit Medicaid expansion over the next 15 to 20 years. Jay Livey of Lyman Hoffman's staff worked with the Department to flesh out the details. \$2.2 million was directed to DHSS to pursue a wide variety of changes recommended in the PHPG report. One example is changes to the pharmacy program – creating a tiered pharmacy reimbursement model to better support rural pharmacies (reimbursement had been reduced under the Deficit Reduction Act, and DHSS feared some would refuse to accept Medicaid. And there will be additional prior authorization for pharmaceuticals. PCA had already made some of recommended changes. There will be other, more fair, reimbursement methodologies for DD services. These are currently based on negotiated rates between providers and the State one-on-one, so providers are not paid equally. Another area is disease management – they are looking at what other states do; they'll have a budget proposal for the governor. They're trying to focus on affordable models that will make a difference in people's care. Look for additional federal funding for Pioneer Homes, for example. They are trying to replace State general funds with federal funding wherever possible. The McDowell Report shows the economic impact of substance abuse on the state – it costs \$750 million a year, in lost job time, health care, car accidents, etc. They are looking at a new Medicaid waiver for low-income Alaskans to get substance abuse treatment and mental health pharmaceuticals. They are trying to impact a huge problem here in Alaska.

There is also funding for long-term care planning – nursing homes, assisted living homes, Pioneer Homes, home- and community-based services, etc. They need to look at what services would be most cost-effective. This could include technology/electronics to keep people in their own home longer. They are looking at other congregate care models, rather than having the same regulations for the two-person assisted living home and the Pioneer Homes. They are looking at two different RFPs to get contractors for advice and research. One would look at behavioral health and the other would look at all other topics. They have \$500,000 total for both of these contracts, an additional \$1 million focused on tribal providers (to help expand their service array to serve more Native

beneficiaries and receive 100% federal funds). It will be a challenge to coordinate all this. They need to look at the service array necessary to keep an elder safe in a small village, a larger village, a rural hub community, and larger cities like Anchorage. They don't want to think just in terms of Medicaid services, but to describe the whole services array and figure out later if Medicaid or another source can fund it. They will need feedback on the RFP. The idea is to look at ways to keep Medicaid more sustainable in the long run. If nothing is done, they'll have no choice but to cut costs via cutting reimbursement rates, services, and/or eligibility. Renee Gayhart will be the liaison for the tribal work. They need a long-term care liaison.

Denise asked whether the Department would consider a brain-based disorders waiver, not just one covering ADRD only. She reiterated that many veterans returning from the Iraq War will have Traumatic Brain Injury. Some may be going to the Veterans Pioneer Home. Jerry replied that "nothing is off the table." The consultant might recommend that as the way to go to get more federal funds into the Pioneer Homes; they would then give it serious consideration. They will need to show the bottom line – how changes would make Medicaid more sustainable.

The \$250,000 is for looking at our current array of long-term care services, and making a recommendation on a future array. The result will constitute a "plan." He does *not* see a *separate* long-term care strategic plan. He hopes to get an RFP on the street early this fall, and another by the time session starts. They will need a lot of input before it goes out.

Frank asked whether the Department had plans to involve the ACOA, the Pioneer Homes Advisory Board, etc. Jerry replied that they want us to give them some initial ideas on putting it together. There is no particular process set yet. Denise suggested they start with a summary of the many past long-term care studies. They could then use this as a platform to go forward on a long-term care strategic plan, with a focus on keeping people in their homes as long as possible, as mentioned with regard to the Native elders. Jerry said they will focus on the whole Medicaid population. He will send Denise a summary of past studies that was already done – no sense in reinventing the wheel. Denise suggested he send that report to all stakeholders. Jerry said he does a quarterly report to the legislature and will gladly share it with the ACOA.

COMMISSIONER COMMENTS.

Ed thanked the ACOA and Bob Dreyer for their help with the Pioneer Homes' issues. And he thanked Kodiak, Pat, and Iver for their hospitality and a wonderful time.

Frank reiterated Ed's comments on our Kodiak experience. With regard to Jerry's report, he was pleased that the Department is stepping out in front on the strategic long-term care plan, and encouraged Denise to keep us significantly involved in the process.

Pat announced that September is National Senior Center month. Older Alaskans Day is the third Wednesday of the month. And Sept. 23rd – 29th is Employ Older Alaskans Workers Week. The Kodiak Senior Center will celebrate the four seniors on their staff. She said it had been great having the ACOA in Kodiak and at the Senior Center. She has some ideas about future meeting agendas and meeting format, but will talk to Denise and Banarsi about them first.

Iver thanked everyone for coming to Kodiak. He said it was good for Kodiak to see the Commission work. It's a learning experience. He invited the Commission to come back again!

Banarsi said he echoed Frank's sentiments. He thanked Iver and Pat for their graciousness, though he said he was now five pounds overweight thanks to both of them. He acknowledged Pat as a leader in managing senior programs, and thanked her for her leadership. He commended her to her board, and said he will take many ideas from the Kodiak Senior Center back with him to Fairbanks.

Banarsi expressed one concern about Jerry's project. He has multiple issues to deal with, and a long-term care strategic plan clearly is *not* the top priority. We need to turn that focus around. Banarsi also asked people to think about offering a seat on the Commission on Aging to the Governor's Council, since many seniors have disabilities.

The meeting adjourned at 12:15 p.m.