

**Alaska Commission on Aging
Quarterly Business Meeting
Approved Meeting Minutes
February 12 & February 14, 2008
Goldbelt Building
Juneau, Alaska**

Tuesday February 12 & February 14, 2008

CALL TO ORDER

Chair Banarsi Lal called meeting to order at 8:40 AM

ROLL CALL

Members in attendance: Frank Appel, Patricia Branson, Vice- Chair Sharon Howerton-Clark, Tara Jollie designee, Betty Keegan, Chair Banarsi Lal, Iver Malutin, Paula Pawlowski, Edward Zastrow. Members not in attendance: Lillian Boen-Kasnick, Tara Jollie and Rod Moline. DHSS representatives in attendance: Commissioner Karleen Jackson, Deputy Commissioner Bill Hogan. ACoA staff in attendance: Denise Daniello, MaryAnn VandeCastle, Lesley Bullock and Sherice Ridges.

ADOPTION OF AGENDA: Amend to add discussion of the Federal stimulus package qualifications under the advocacy item.
Change approved.

APPROVAL OF MINUTES (December 4 – December 5, 2008)
Approved

CHAIR'S REPORT

Commission Chair, Banarsi Lal

Communication from Commission Member Lillian Kasnick indicated she could not make this meeting due to weather. She expressed she would return airfare and stated she wanted to withdraw from the Commission.

Banarsi stated that she would need to contact Frank Bailey at Boards and Commissions and to include Banarsi Lal and Denise Daniello in the email. Lillian did state that she wanted to possibly apply to be on the Commission in the future.

Banarsi participated on a Mental Health Trustee recruitment committee. Their requests have been acted on. Paula Easley was reappointed and there are two

new members. Banarsi also participated in the Governor's Council legislative visits. There was a big meeting between the 4 boards and the Department of Health & Social Services facilitated by the Trust. Together the group decided to meet monthly for follow-up. Issues identified were, advocacy and budget alignment. Trust priorities are not always accepted into the Department and the Governor's budget.

Banarsi stated all beneficiary boards have plans and ACoA does as well.

Denise Daniello brought up questions about what our roles and responsibilities are for the Dept of Health and Social Services.

Bill Hogan stated that he is not the Supervisor for the boards, he only signs timesheets and he facilitates the work of the Executive Directors.

Sharon Howerton-Clark- Vice-Chair Report:

Sharon attended the Midwest Academy training and it was very enlightening. It gave other avenues to pursue and was well worth going to. Sharon learned a lot but it wasn't really Alaska based, it was more for down south.

Sharon attends Mental Health Trust Authority meetings regularly, and advocacy teleconferences every other Thursday.

Sharon attended the Mental Health Trust meeting last week and legislative advocacy was the priority.

Sharon met with Senator Charlie Huggins and Andrea Doll as part of the Trust's legislative advocacy. The meetings were pretty positive and the Representatives were interested.

Iver Malutin – When looking for new Commission members, qualifications should be looked at. The strength is in the people that we select so we should be very selective.

Banarsi Lal – One of the problems is that the Commission is represented by people all over Alaska and if Commission members are in out of the way places weather does get in the way; also personal issues and family matters come in to play. We should try to arrange our schedules around the meetings if we can.

Advocacy discussion:

Ed Zastrow – Thanks everyone that participates in the teleconferences and would like feed back on how the teleconferences are going. He looks forward to seeing more action now that we are in Juneau. We need to get letters out so we can take some real positive action. If there is a better way of handling the teleconferences, he would really like to know.

Banarsi Lal - Enjoys the teleconferences. Because of the time constraints the Chair does have to ask people to move on for the sake of the discussion. Ed does it well.

Denise Daniello – Needs clarification on staff making form letters for others to use. We do a lot of support letters that we send to the legislature. We could have them available on the web for people to use. Denise talked about legislative packets; she stated that the legislature was impressed with the information that was presented.

Denise discussed the state plan issues and what ACoA is trying to advocate.

MaryAnn VandeCastle – FACES is not a new program –Office of Management and Budget thought it was new, since we gave it a name. One of the Trust priorities was called long-term care. A misunderstanding of the label on FACES got in the way of the Department approval.

Ed Zastrow – What is the cost of the community-based grant program? We should know this when we talk about this with the legislature.

MaryAnn outlined this in the position papers.

Frank Appel – We need to remember that there are some services that have been funded pretty flat but there are some grant programs that have been increased and some have not.

Sharon Howerton-Clark – Sharon stated that the ones that have been have not been significantly increased are the programs that need to pointed out.

Denise Daniello - We had a very positive legislative audit. There were 11 criteria that were looked at. We had an over 90% approval. The legislative audit found no complaints to the Commission. We need to bring statutes up to current practice. ACoA was originally with the State of Alaska Dept of Administration, then was transferred to the Department of Health & Social Services. The grant-making was moved to DSDS.

Question - Has the situation gotten any better for Medicaid?

MaryAnn VandeCastle – We have heard that it has gotten worse and people are leaving the state because they can't find primary care providers who will take Medicare.

Betty Keegan – This problem is not only in Alaska; sometimes the supplemental insurance is not being accepted.

Banarsi Lal– There was a question about the approval of the 2.5 million Trust funds.

Denise Daniello – Alaska Housing Trust is the top priority. At the Trust meeting the funds were approved.

The Housing Trust priority is housing plus supportive services – the legislature thought it was just housing.

Angela Salerno – Coordinates advocacy for the five top priorities – spread sheet handed out. The lines are open for agencies to come together on issues. We think that we have over-financed with Medicaid; it has been 10 years. We are in a perfect storm for Medicaid – one problem is that people are having a hard time providing paperwork to prove citizenship. Formula growth is slowing because of this. We need more of a GF match. The federal government has stopped our use of the favorable FMAP.

There are programs that serve seniors that have not had a rate increase in ten years. Representative Hawker is thinking about the Medicaid rate increase. We need to show the difference between Medicaid and grants. We need to really advocate on this issue. We must educate him on that people must be very sick and disabled before they can get on Medicaid.

People that have substance abuse issues also do not qualify for Medicaid funding.

Is it possible for the Commission members to do role playing to prepare for the legislative visits?

Money for FACES is not in the Governor's Budget; we are trying to get it approved in the Governor's supplemental Budget.

We should try to convince someone on the Senate side to put a bill in for FACES.

Banarsi Lal – Has the Mental Health Board or ABADA ever raised the cost-shifting issue?

Angela Salerno – Yes, but there's been no response. Cost-shifting to Medicaid seemed like a good idea at the time, but there have been unintended consequences.

Denise Daniello – FACES is not in the Governor's budget. I met with Anna Kim last week. We need to get the money placed in the budget by the Legislature. Friday is the preliminary close-out for house finance. We need to convince someone on the Senate side to add this to the budget. Joe Thomas is on the Senate Finance. They'll meet with him. Frank is meeting with Rep. Hawker. It is not too late to put in request with the House. The House committee can amend Hawker's proposals tomorrow. The supplemental budget is also out on the 13th.

Ed Zastrow – For the stimulus package, one of the qualifications is that people have completed a 2007 tax return.

Frank Appel – Seniors getting Social Security were added eligible at the last minute.

Pat Luby AARP – Part of what the Commission can help with is getting the word out about the stimulus payment. AARP is helping with tax returns. Even though some seniors don't pay tax they are still qualifying for the stimulus payment.

Community Resource Network

Betty Stidolph, Bartlett Regional Hospital and Marianne Mills, Southeast Senior Services.

Marianne Mills, – The Community Resource Network, a group of Juneau senior service providers has been meeting for 10 to 15 years to identify gaps in services for seniors.

Betty Stidolph – Is the director of case management services at Bartlett. She oversees transition of patients from acute care settings to their homes. They want to keep them on the same level of care. They often see elders on the edge, holding on as well as they can. At some point their caregivers can't continue with the level of care they need, and they end up at Bartlett Hospital. There is only a four bed assisted living home. This is a problem.

Betty Stidolph – There are 18 people on the waiting list for Wildflower Court and also a waiting list at the Pioneer Home. Elders here that need a nursing home have to go to Sitka, Petersburg, and Wrangell etc. Being without family is a real hardship. There is a Medicare rule that they can't ask someone to leave a community if they don't want to.

People don't understand Medicare eligibility requirements. Medicare pays based on diagnosis on admission. Hospitals are stretching their resources more and more. Home care is difficult for families to pay for.

Pat Branson – These gaps are all over the state, especially in rural areas. Who owns Bartlett Hospital?

Betty Stidolph – The City & Borough of Juneau, managed by a Corporation.

Pat Branson – Does the hospital have swing beds? These have worked really well in Kodiak.

Betty Stidolph – The hospital does not have swing beds; we can't compete with Wildflower Court.

Pat Branson - There are two advocacy priorities related to this, one to develop an ADRD Medicaid waiver, and one to support the development of assisted living homes.

Marianne Mills - Requests the Commission to advocate on this issue. They'd like the State to provide training and encourage the development of assisted living homes.

Ed Zastrow – Question to Jim McCall, AHFC has had a number of programs available for many years but is not seeing the individuals to use those programs. A lot of developers are electing not to go there. The licensing process is burdensome, no information provided, no support, and people who need the care often can't pay.

Jim McCall – Have to free up the avenues of payment to make it more attractive to developers. 4.5% fixed interest rate for 30 years is excellent but people aren't applying.

Commissioner Karleen Jackson – Budget close-out starts tomorrow. Senior Benefits is in the supplemental budget. They will remind folks it needs to be fast tracked.

Deputy Commissioner Bill Hogan – We are seeking funds for \$350,000 for Community Health Centers to provide a vital service to seniors, the SOAR project, and the Housing Trust. FACES did not make it. We can still advocate this to the legislators.

Karleen Jackson

There is also 13 million in capital projects for Community Health Centers. "I think long term, what we need to invest in today and what's the plan for moving forward?" Legislation on Governor's Health Care transparency Act reflects recommendations of Health Care Strategies Planning Council. An ongoing Commission would do a statewide health plan. We have pieces, but not a coordinated whole. Information would be put on the website would be good so consumers can make informed choices regarding health care.

Every Certificate of Need decision winds up in a court case, so it's not lowering costs. It's better to do consumer transparency and let the market help consumers to make choices. The Certificate of Need program was originally created in the 70's as a federal mandate. Now only 36 states have some form of Certificate of Need program. A task force looked at issues around the Certificate of Need program. They recommended tightening up and lowering the threshold. Is this an appropriate role for the State?

Ed Zastrow – Assisted living facilities were discussed earlier. For private enterprise, it doesn't pay you, you go broke. Pioneer Homes are full. Hospitals need to release people to less costly care but its not available. How could the State help? There is nothing on the drawing board to expand Pioneer Homes. That would be logical.

Karleen Jackson – There is the rate increase piece. We're looking at whether assisted living facility rates are appropriate, Pioneer Homes have requested a feasibility study on whether to privatize. They were created to serve an entirely different kind of individual. Now residents require high need care.

Bill Hogan – There is going to be a 4% increase in assisted living rates for fiscal year 09, this is just a start. Take this as a good faith first step. Long-term care planning – assisted living housing is a component of planning for seniors aging in place.

Senator Hoffman has said the Department needs to focus on Medicaid long term care planning. But there are other efforts, though he fears creating cumbersome parallel processes.

Denise Daniello – Fairbanks also is doing a long term care study. Denise and Banarsi are involved. Denise hopes all 3 studies can intersect.

Banarsi Lal – Medicaid covers only 20% of seniors. Hopefully there can be different studies and find the common denominators between the two.

Karleen Jackson – Good idea, but the missing piece is Federal Medicare changes. We need to work with our Congressional delegation to ensure Alaskans get Medicare services. Unfortunately we don't know what will happen until the next president is elected.

Frank Appel – With the focus on Medicaid in the past years and the current budget, grants have been short changed.

Karleen Jackson – I think that we can spend a lot of time looking backwards but we need to see what we need now and what do we need in grant funding. So we can make a case to get the things we need funded.

Banarsi Lal– FACES campaign is more like prevention home based programs prevent the state from spending more on hospital and nursing home care. It is really cost affective. The strategy of cost containment is really important. I am hoping that you will give some support to home and community based programs and will save a lot of Medicaid dollars.

Karleen Jackson – We have to work with OMB and work with the budget.

Bill Hogan – There was a letter written to Dr. Doolittle from Office of Management and Budget and the long-term care plan was mentioned.

Banarsi Lal – The state plan mentions community-based programs and there is a funding formula in the plan that would guide FACES disbursal. The formula is already there.

Bill Hogan – it was not clear that FACES would be covered in the state plan.

Pat Branson- Thank you for coming it definitely makes a difference with you coming before the Commission and care providers.
Is the State Plan outlined enough to meet Office of Management and budget requirements to get funding?

Bill Hogan – We don't know. We have not talked to OMB about whether the state plan is a plan we can reference here.

Karleen Jackson – The disconnect is that there needs to be a plan for funding overtime, beyond just adding more general funds to the base budget.

Banarsi Lal – If we would have known this, than we could have done something to help this issue.

Bill Hogan – It would be good for Denise, Banarsi Lal, Anna Kim and Karen Rehfeld to sit down to talk about this.

Karleen Jackson – I don't think that it is a new requirement; but it is something that we need to start working with. Office of Management and Budget does not want any unsustainable new programs.

Aging and Disability Resource Centers:

Joan O'Keefe & Sarah Bosma, Southeast Alaska Independent Living (SAIL)

Marianne Mills, Southeast Senior Services

Alaska is divided into 5 regions. It has been a challenge in Southeast since 1992 meeting all regions. We have been providing community based referral. With the ADRC's, there are supposed to be integrated points of delivery. The newest ADRC is in Southeast Senior Services.

Network of Care is an amazing data resource. SILC and Mental Health Trust Authority joined to do this. It's an online base for individuals and agencies to locate services in their area. It's a great resource with tons of information.

Sara Bosma – Sara has been the lead for SAIL'S Aging and Disability Resource Center since 2005 when it began. The Resource Center was controversial at first, but it has broadened by collaborating with other agencies. They have doubled the seniors that they served by collaborating.

Folks come in all of the time for services from many points of entry. They take part in communications and Senior and disability services in Juneau. They are lucky that there are subsidized rides. They assist with technology and accommodations such as walkers, etc. SAIL is a non-profit agency, so they can't do it all ourselves. They are learning and combining our efforts. They use each other as resources so people don't get the run around. Aging in place and the least restrictive environment with home modifications and benefits are priorities. SAIL is often called for people not wanting to go to the nursing home and helps with home accommodations. They do outreach to other Southeast communities.

Marianne Mills - Senior Services has 14 senior centers in SE Alaska including Angoon, Craig, Hoonah, Hydaburg, Wrangell and Yakutat.

Marianne was excited that they were able to open another ADRC. Both SESS and SAIL serve the entire region, from Metlakatla to Yakutat. Both agencies have a “no” wrong door philosophy.

Sara Bosma - Some seniors are not going to an ADRC.

Jim Steele, Public Assistance, Senior Benefits Report - The DPH has updates on the Senior Benefits program. A new flyer is available. A monthly cash grant is available to low-income seniors at 3 different income levels. Up to 175% of poverty. Eligibility is \$22,750 for individuals with new income levels as of March 1st, 2008. Most get Social Security or other income with some sort of automatic increment. So we don't really expect more people to become eligible. See report on planning on doing newspaper ads and radio shows to get the word out.

Betty Keegan – Why are seniors having to reapply for senior benefits? There isn't any explanation, some do and some don't.

James Steele – The law requires an annual review of each person's eligibility. Only a portion of people get this review application each month. There were 8,361 people on the Senior Benefits Program as of Dec. 31, 2007. (7,000 was the highest number on Senior Care). About 2,000 of the current recipients formerly received the Longevity Bonus. The current mix of payment levels is 10% receive \$250 a month, 45% receive \$175 a month, and 45% receive \$125 a month.

Karen Lawfer, DHSS, Certificate of Need - Certificate of Need process-when they review there are 6 emphasis areas:

- 1) Access to care. Making sure that essential care is available to everyone.
- 2) Ensure that the applicant has a plan to address underserved groups and those who can't pay.
- 3) They look at disease trends, the number of patients that are diabetic or using dialysis. Continuum of care – have they looked at other alternatives to what they're proposing (home health care if proposing a nursing home, etc.) Have they looked at alternative provisions?
- 4) Quality of medical treatment – do they provide quality medical treatment, and do they have all of the certificates and licenses?
- 5) Cost containment – is the applicant providing appropriate diagnosis and treatment?
- 6) Public input, before the building starts and services get added in an area, everyone can be involved. This is the only public process for healthcare facilities.

Frank Appel – Question – Are there studies comparing Certificate of Need and non – Certificate of Need States? Out of the 36 states that have Certificate of Need, there are many states that have repealed the program but are now bringing it back. There are a lot of places in Alaska that are underserved and only have basic services. Solutions are very state-specific.

Ed Zastrow – Should a certificate of need be rejected, is there an appeal process?

Karen Lawfer - yes there is, it is in the statutes.

Pat Sidmore DHSS Div of Senior & Disabilities Services & Jon Sherwood, DHSS Medicaid Policy & Planning.

SB61 last year funded the Medicaid system changes and the long-term care planning effort through Senator Hoffman with a 2 year appropriation. The Long Term Care plan RFP was issued and the submission period closes on 2-25-08. Overall they are trying to make Medicaid sustainable over the next 20 years as the demographic shift happens.

1 – Deliverables include, identify whether we have the appropriate services mix are we serving all of the people we need to be are we filling the gaps

2- 3-year action plan – what should we do first.

3- Make recommendation on an ongoing planning process with stakeholder involvement.

4- Examine increased federal funding for the Alaska Pioneer Homes, and other programs.

5- Review the Personal Care assessment total.

6- Review the State's DD waitlist registry.

7- May develop a waiver for mental health and substance abuse. And look at a chronic disease management program (though other states have not gotten the intended results).

8- Look at a new pricing structure for prescription drugs.

The Division is really looking at who they are serving with waivers.

Pat Sidmore shared several charts of who SDS serves. It was over 25,000 people. 16,000 people where over 65. The future is here and the number of seniors that SDS serves will continue to grow.

2nd chart – the younger you are the more expensive you are to serve. The senior population has a large population on grants, which is a small amount of money comparatively.

3rd chart shows how expensive nursing home care is by comparing costs of services.

They will start a dialogue with providers on the Myers & Stauffer rate study. This structure will be in place by FY10. The charts are all posted on their website. They do weekly emails on what is happening within Senior and Disabilities Services.

Public Comment:

Linda Gohl - The world needs to be educated about memory loss issues. Just because a person can appear like they understand they sometimes can not. Even the Alzheimer's Association didn't quite understand that her mother-in-law couldn't carry out a fundraising event.

Maybe a future advertising campaign could be arranged to inform the public about the signs of memory losses. We shouldn't have to do a campaign but we do. Tell people how important it is to support people with memory loss and for businesses to be aware of senior and individual needs so they would be more apt to shop there.

Police knocked on her mother-in-law's door to tell her to pick up trash that bears had gotten into. Her mother-in-law stood guard of the garbage cans until someone came home to help her. The police didn't know how to help her.

There needs to be a collaborative effort on how to fund the infrastructure for assisted living homes, how to access land in towns like Juneau, etc. It will require quite a bit of partnering.

The Commissions long term care planning process should have a sub-committee on the Department's long term care plan. You can't talk about Medicaid without talking about the rest of the story of private pay. Facilities in Alaska all look at both. We can't just remain in a box.

Karleen Jackson - Office of Management and Budget requests more data for funding for FACES. By region and anticipated growth, number served unit cost by region; we look at every other year funding increase requests.

Iver Malutin – I have been in different parts of Alaska and was treated like a handicap individual. There needs to be elder parking signs in Kodiak so people can be closer to the door. People need to show more respect to one another.

Pat Branson – There should be an educational outreach campaign in each community. Each place has different needs. Educate children in the schools on how to treat their elders. Look at going to police departments, etc.

Frank Appel – Will Linda be willing to work with on the Commission on a sensitivity campaign? I suggest that the staff get together with Linda to explore some of the ideas to develop a campaign. Linda Gohl and Iver Malutin are interested in working on this topic.

Frank Barthel – Alaska Legal Services volunteer

Alaska Legal services have provided services to 400 seniors in 2007. We do wills, guardian issues, and consumer issues. We are the only free legal advice service in Alaska. There is one attorney in Southeast (Holly Handler) and several paralegal staff. Holly Handla is no light weight; she is a graduate of the University of Chicago and has been a public defender in Palmer. We need to prioritize services for seniors. We are trying to get another attorney to represent seniors. Please contact us if you have any issues that you need help with.

Iver Malutin – There are 1,300 seniors in Kodiak. I have been trying to get an Alaska Legal Services office for Kodiak. What does it take to get a legal service office in Kodiak? Other smaller communities have them.

Pat Branson – Kodiak did have a legal service office once before, but due to a political issue, they lost the office.

Teleconferenced in - David Levy in Anchorage, Executive Director of The Alaska Mobility Coalition.

We are private, non-profit and membership run. Legislative priorities include fuel cost reimbursement for local communities. We have had to cut back on trips. And a matching plan for operating money for transportation. The Governor put in \$800,000 and the Trust is contributing \$300,000 for transit capital programs. But these funds can't be used for fuel and day-to-day costs.

Pat Branson – The Commission is advocating for transportation. There are no allocated funds for Alaska transportation even if people are seniors or disabled. It's a struggle to provide these basic services. You just can't get caught up. Transit is a major part of keeping people living independently.

Sam Trivette – Retired Public Employees of Alaska president, member of the Alaska Retirement Management Board

Sam has been in Alaska since 1954. His Father was in assisted living care in Juneau but mother had to go to Anchorage for assisted care. The requirements for assisted living got too costly for most people. I am here to make sure the RPEA member benefits are maintained. The first goal is for Alaskans to have access to long-term care services that allow them to remain in the state. The second goal is a stable workforce for health care services and to provide the services and benefits that help seniors remain in Alaska. In terms of health services, a joint resolution is needed to increase Medicare payments to doctors.

The list of doctors on the State's Medicare website looks good, but when you call the providers, you find very few taking new patients. The situation in Anchorage is that only the Anchorage Neighborhood Health Center will accept new patients. In Fairbanks, there is essentially zero availability for new Medicare patients. You could be on a waitlist for months to see a doctor. This is equivalent to having no insurance. With this dilemma, people will move south. There are 20,000 public employee retirees. If you can't get a Medicare doctor and you have retirement insurance, it's equivalent to having no insurance. The goal is to have a stable workforce for healthcare.

Frank Appel – Recently talked to the director at the Anchorage Neighborhood Health Center and they are at a breaking point because there are not enough caregivers for all the new Medicare patients (seniors) now seeking care. They had to close down a satellite facility recently.

Betty Keegan – One of the New England states includes in their physician licensing the requirement that they will accept new Medicare patients.

Sam Trivette – In 2004 U.S. senators provided a waiver that increased Medicare payments to Alaska doctors for 2005 and 2006.

Pat Johnson – (Mark Anaruk in his place) with Alaska federal health care for the Alaska Tribal Health/Veterans Administration – represents 265,000 Alaskans.

We head the Teleradiology program which includes disease management, diabetes, and congestive heart failure. A monitor device takes blood oxygen, glucose level and meters blood pressure. You enter patient information and the information is sent to the provider without the patient having to leave home. The doctor can monitor patient's vitals. Have used this system with veterans for 30,000 people nationwide. This is showing good outcome for seniors and other patients. For federal partner beneficiaries – device costs \$2,000. They are in the process for hiring nurses and this is developing statewide. This device will save vast amounts of money, cut down on appointments and allow providers to see more patients. Saving half a dozen medical evacuations would pay for the program. Some private insurance companies are reimbursing.

Pat Branson – This is a great starting point; it is difficult for villages to get health care.

Iver Malutin – I can see all of the areas they can expand and am very happy to see this. It's all about prevention, which is all about saving money.

Public comment, Phillip Gray – For some seniors going hunting or fishing, the license is too expensive. There is a \$90 yearly launch ramp fee in Juneau. Gray had approached the CBJ harbors to exempt or partially exempt seniors but they did not want to do this. Phillip thinks that costs will deter seniors from going hunting and fishing, etc. Phillip does appreciate the things that the City & Borough of Juneau does as far as tax exemptions, etc.

Iver Malutin – That is an interesting point. Juneau should get hold of Kodiak to work on this issue. The Kodiak harbor board exempts all seniors from fees.

Public Comment - Andy Pope, resident of Mountain View Senior Apartments - Andy thanks the Commission for coming. He appreciated Iver's comment on the parking issue and likes how he dealt with the issue. He suggests the Commission discreetly ask if there is anyone in the audience that has health problems and allow them to be heard first. He suggests that we publish a list of the names and contact numbers of the people that did give public testimony, so others can contact them. He wants to assure us of his credibility. Low income senior apartment resident – he is considered an activist. Andy has been well received and is open to compromise. A major gap for seniors is that they get smothered and are not heard. Alaska Housing has teamed up with SE Senior services. They encroach on the lives of seniors at Mountain View to an extent that's intolerable. The recreation room is not usable unless you get previous approval from the coordinator. Andy held a benefit auction at the Mountain View Senior Center for a woman with cancer. He paid for this himself with the help of some friends. The service coordinator took the \$875 they raised out of the cash box and walked out the door. He has talked to AHFC until he is blue in the face.

Sharon Howerton-Clark – How can we help you?

Andy Pope – Help fill the gap between services wanted and services provided. It is intolerable for seniors to be intimidated. Andy was not happy with the non-seniors that were able to stay at the Mountain View Apartments. This started four years ago. Seniors are fearful of them – the mentally ill, not the physically disabled.

Betty Keegan – It is federal law that any disabled person qualifies for senior housing.

Andy Pope – But they are calling addicts and alcoholics “disabled.” Our peaceful existence is ruined. Support on this would be appreciated.

Bob Thibodeau, Chair for the Juneau Senior Advisory Commission

One of the Commission's projects is Juneau senior profiling. They did this in 1989 and 1999, to get a more accurate picture of local seniors. The Commission is active in senior affairs and lobbies the legislature like ACoA.

AARP Report, Marie Darlin - They have been supporting the legislative teleconferences, FACES, ACoA sunrise, Senior Benefits Program, Denali Kid Care and energy assistance. AARP is working on the ID theft (House Bill 65) and would like to remind Banarsi Lal that the do-not-call legislation has been made permanent.

Pat Luby – AARP has partnered with ACoA for years now. There are 93,000 AARP members in Alaska. Part of the job is informing seniors on the issues. Members need to plan for the future. Long-term care services need to be funded. For a good health board, we should bring in health professionals. We need to make sure the legislature understands the issues.

House Bill 125 by Representative Hawker is very important. We have to provide funding to get good government services. It's in the interest of their members to plan for the future when revenues are reduced. The extra \$93 million for Medicaid this year is not going away. Alaskans need to realize the need to pay State taxes. We do have an enormous piggy bank and at some point we need to look at it. Senator Murkowski and Senator Stevens say they can't argue for special treatment for Alaska due to the Permanent Fund Dividend.

The Housing Trust is a good idea; 400 local communities, 38 states are already are doing it. Many homeless are children. The legislature hasn't taken a position yet on the Governor's health transparency bill. They should bring in more health professionals. Senate Bill 160 is for universal health care. States are now tackling this, but a state by state solution is going to be a problem. Right now, the State and people with insurance are paying for uncompensated care. We need to make sure the legislature understands this.

Senator Stephens has a bill to reduce medical errors in hospitals, like infections. 6 to 17 % of those hospitalized will get an infection they didn't have before they went to the hospital. AARP will push on this bill. Guardianship and Conservatorship bill only affects professional guardians, not family caregivers. Public pensions would go back to Tier 3 under Senate Bill 183 by Senator Elton and Senator Maguire. The unions are involved. Public employees don't partake in Social Security. A defined contribution plan might run out before lives do. Health care won't be anywhere near as good for Tier 4. We need to make sure

that all candidates declare a position on this. In some states, retired teachers and other public employees are having to go on welfare. Health care can be resolved and done less expensively. Other countries have figured it out.

Dept of Labor, Mature Alaskans seeking skills training.

Rita Bowen, Program Coordinator

Have written two plans that reference ACoA State plan. They would like comments from Commission members.

MASST – SCSEP Alaska plan given to them at break. Also Alaska workforce investment act state plan. So this is the 3rd pan to address senior employment. There is a new RFP this spring for new service providers to develop senior employment services. Their goal is to help 209 people this year. So far they've served 284 in the first six months.

Age Net Report

Jodi Irvine, Chair

Some of the AgeNet's recent priorities:

Increase the Medicaid reimbursement rates for community caregivers – lift the rate freeze.

Work on obtaining an Alzheimer's Medicaid waiver, and support the FACES initiative.

Age Net has 20 people in Juneau advocating for caregivers and providers that are getting the word out. Jodi knows that there are a lot of seniors that are not meeting the requirements for Medicaid waivers but cannot be left at home by themselves.

Jim McCall, Alaska Housing

(Handed out copy of survey)

Jim has learned from doing surveys. The commentary is refreshing. The survey was sent to Anchorage and Mat-Su assisted living providers. Most responses came back from 4- and 5-bed licensed homes. One question was, if they are licensed for more beds then why are there unfilled beds? The homes have a difficult time finding patients.

Ed Zastrow– Did any outcomes of the survey surprise you?

Jim McCall - No, people are staying home until they absolutely have to go to a home, then they stay in the home for a short period of time and they need a very high level of care.

PCA encourages seniors to remain in their homes. 22% of assisted living homes have a wait list now, down from 50% in 2006. A lot of their clients use CHOICE Waiver. Those dissatisfied cited paperwork, regulations, low rates, delays in approvals, variations in what the State pays different homes for care. "Beyond awful before the lawsuit, now it's better." Evaluators are not necessarily competent. They said they have to provide a lot of charity care. 87% take general relief, up from 26% in 2006. But that pays very low rates. Not enough for room and board.

Assisted living is a huge investment. It must pay for itself. The activity level is higher than a year ago and residents are older. Retaining and attracting qualified staff and competition are the two main issues. 77% view the assisted living industry as stable. Jim is not surprised by any of the survey responses. Older people come in and are there for only a short period of time and then need full nursing home care. 75% of residents are on a waiver. Very few private pay. Developers must evaluate investor risk. When looking at State programs with low reimbursement rates, it doesn't look good.

Southeast Senior Services is the new 6th ADRC. They'll receive \$45,000 for 8 communities. I thank legislators for senior citizen housing development fund. There was over \$2 million last year. AHFC weatherization program can help people lower fuel costs. One program is for owners. It helped with 690 homes last year; over half were seniors or disabled persons. For every dollar spent, it saves about two dollars.

February 14th – Follow up on February 12th Board Meeting and legislative visits.

Meeting called to order at 8:30 AM

Reports on Legislative Meetings.

Betty Keegan – Senator Stedman was very supportive of issues. Representative Cissna is interested in supporting FACES.

Ed Zastrow – Representative Thomas was going to introduce a bill on fuel assistance. The problem is when the Commission member is not a constituent of the Senator; the Senator sometimes has a hard time supporting them. I meet with Representative Cissna frequently. I ask if staff will follow up with Representative Cissna.

Betty Keegan – The legislator packets helped tremendously. Thanks to the staff for the good job.

Frank Appel - Pat Branson and I were able to meet with all of the Representatives and Senators on the list. One was rescheduled. Three of the meetings were only 5 minutes long due to committee hearings. This is the first time that they were able to meet with all legislators. FACES was the main program that they had time to talk about.

They mentioned that the mental health programs were dropped from the finance committee so they can initiate other programs. A couple indicated that some of the items were still negotiable. They wanted the mental health programs to have a plan for sustainability. A couple of them will review this a second time.

All of the people were very cordial and supportive of senior issues. They were receptive to senior issues. They said that it was unlikely we'd get the FACES in the amended budget. One of the legislators said that we were not going to get support on FACES unless it is in the Governor's budget.

Hawker was talking about House Bill 125, requiring short term and long term fiscal planning over about ten years. Everyone was supportive of the ACoA's sunrise legislation and was supportive of funding for the Community Health Centers. Most thought that it was very important. FACES is looking pretty bleak at the moment and am not sure if it will get passed.

Sharon Howerton-Clark -I had meeting with Representative Doll Thursday and with Huggins' staff. Representative Doll introduced our sunrise legislation along with the ACoA statute changes. Andrea was very supportive of everything we had to say.

Senator Elkins was in a meeting so a staff member talked with them. She has to take care of her parents now, so she is supportive of the FACES. Others were supportive of the Housing Trust and other priorities. Representative Beth Kertula is supportive on all of our issues. The packets were great and staff should be commended.

Lesley Bullock– Sharon did an excellent job in talking to Senators and staffers. She was good about getting others to tell about stories about their families pertaining to senior issues.

Sharon Howerton-Clark – I have a meeting with Paul Seaton today at 1:00 PM.

Paula Pawlowski – Iver Malutin and I had a great day. We saw Harry Crawford and he is very sympathetic. The packets were absolutely fabulous. They liked the material and they liked the state plan. They were able to meet with most for 30 minutes. Senator Green was very charming. Everyone seemed to have a story. They talked about visits to the senior center, and how important it is to have at least a daily meal. Representative Nelson was not there but Rob Earl spoke with them. It is hard to say how supportive they are going to be. Senator Hoffman asked what is the bottom line and what do you want to finance most.

Iver Malutin - Good morning, everyone. One of the things that he would like to say is that the staff did a great job of coordination. Iver stated that “We are not here for the moon, just some of the dust.” These priorities are for our future and we are all going to need a plan for the future.

Denise Daniello – The funding for Community Health Centers is still in the Governor’s budget and SOAR as well. We need to bring up questions to Office of Management and Budget as to why the increment for FACES was not supported in the budget. We need to talk with Karen Rehfeld from the office of Office of Management and Budget about FACES.

Banarsi Lal – Denise and I met with legislators for two days, starting with Senator Therriault. Most were on the House side. What came across was that if they were in the minority they would have a hard time presenting the priorities. If something doesn’t happen this year, it might happen next year. Hopefully, if anything, they have a greater understanding of our priorities. Understanding of the FACES term was not good so we started to use the term “services.” How we get this in the Governor’s budget - we just have to keep working on this. Governor Palin said things can be added so there might still be some hope, if we can convince Office of Management and Budget that FACES is not a new program - it just has a new name for the different level of funding for services.

On the 13th, Representative Kelly didn’t meet with us. Staff was very helpful and can relay information to Representative Kelley. They had 3 visits, starting with Senator Gardner; she impressed him. She is very bright and takes the time to hear the issues. Senator Gardner was very supportive of the sunrise legislation. She stated that it could still be done on the Senate level and if it passed it could stay in the budget; but then we would have to convince the Governor to keep it in the budget. My experience with Senator Thomas is that he is very supportive of our issues. Senator Ellis is very supportive of our issues. Les Gara was not available but a staffer was very supportive of the issues.

The information given out was the best that has been presented in the past years. If they cannot use all of the information this year, they should be able to use it next year.

THE ACoA COMMITTEE REPORTS

Executive Committee - Denise Daniello – Executive committee met November 15th. At meeting we reviewed the agenda for the Dec 4th Board meeting. We had a discussion about the reorganization of our meetings and the type of meeting that we have. Our current structure is that we rely on reports; but we could have a more meaningful dialogue along with the reports. We will discuss this more at the May board meeting.

Theme for the May meeting will be the long-term care planning process and the 3 different planning efforts.

Planning Committee -

Frank Appel – The planning committee talked about the use of the Trust funds in the amount of \$100,000.

Denise Daniello – We submitted budget recommendations for use of these funds to the Trust and were approved. Now Sherice Ridges and I are working with Finance and Management Services to purchase various items.

The national aging conference is going to be held in March; we'll send 2 staff and 3 commissioners and will also to meet with Congressional members. We need to know the Commission members interested.

For the Trust budget funds, the Budget will be split between FY08 & FY09. This will include funds for the Dillingham outreach trip. We will also fund 3 commission members for next year's aging conference in Las Vegas in March, 2009.

Banarsi Lal - is interested in going to Washington, DC. Paula stated her interest, and Tara Jollie will be interested.

Jeff Jessee, Mental Health Trust Authority Report

Gave update on budget items.

In talking with legislators, the topic most important right now is the Housing Trust. Representative Hawker is quite confused on this issue. Bring the Kids Home is another problem. There's no more Proshare Legislature supporting the

Medicaid rate increases. We are trying to make the point that the nursing homes are being supported more than home-based care, yet they cost so much more. In the long run, long-term care rate increases should be looked at. Strategy should be talked about. We need to get the community services on the same playing field as the hospitals.

Ed Zastrow – The feeling that Ed got when Jeff Jessee was meeting with the finance committee was the legislature wanted clarification on Jeff's position on the Housing Trust issue being presented.

Jeff Jesse - We are recognizing that we have to be more thoughtful of how we mix the people in housing. We need to try to get people into regular community housing. The ideal development would have a mix of housing. Some market value, and some housing units with supportive housing services. There is one such development in Seattle, WA that is called New Holly.

Denise Daniello – There needs to be parity for all providers – rate increases for all.

Sharon Howerton-Clark – The revenue that is left over from Alaska Housing would help sustain the Housing Trust.

Jeff Jessee - Whenever you propose something to the legislature, they want to know where the money is coming from. The money Alaska Housing gets for its program is more than needed so AHFC is good to look at. The funding sources are less important than getting the basic concept across that homelessness is expensive; there are strategies that can address this issue. Legislature thinks that homeless people don't cost them anything and when you throw a lot of money at the issue it doesn't do anything.

Tara Jollie– Some months ago she went to Seattle, WA and toured the New Holly project and was very impressed. She supports anything like that happening in Alaska.

Sharon Howerton-Clark – It is working, we just need to get this type of housing supported.

Jeff Jessee - CDBG funds come with a lot of fine print requirements and have to find a way to get to the funds.

Tara Jollie – The HUD funds are a lot more flexible.

Jeff Jessee – Please talk with Nancy Burke about this.

Banarsi Lal– When Office of Management and Budget has approved programs, do they meet and sit with you to discuss the issues? Does the administration support the Trust Authority's budget items?

Jeff Jessee – Yes, a lot of the time they do. The Trust works very hard to try and get the programs supported. We need to make the Department and the boards realize that the Trust can't fully get these programs passed without their help.

Banarsi Lal – It is true that if you have people sitting next to you while presenting issues it will get the point across easier.

**State of Alaska Pioneer Homes Project Coordinator,
Dave Cote**

People ask if the State should be a part of running the Pioneer Homes. We are looking at a study to see if independent contractors could better operate the homes. We have asked for an increase to our budget to add more interagency receipts for food services. The biggest issue is the need for roof repair at the Sitka Pioneer Home. We are trying to get the zero lift program into all the homes.

Ed Zastrow – The Sitka home now needs 41 buckets to catch water. The Sitka Pioneer Home is on the historic registry, so the tile roof must be replaced with the same material. The newest home is 19 years old, but they're cutting deferred maintenance again.

Dave Cote - The Palmer home is now recognized as a Veterans home. It will take five to seven years to get 59 veteran residents. They passed with flying colors for the veteran inspection. The VA came with 10 inspectors from all over. They reviewed all of the files and completed a safety walk-through. Comments from inspectors were that they would put their parents there. It is nice when others appreciate the Pioneer Homes.

Sharon Howerton-Clark – How many beds?

Dave Cote – There are 79 beds total, 24 veteran residents and 74 residents total right now. They need a regulation change so they can get up to 59 veteran residents in the home.

Ed Zastrow – Questioned true cost caring for the Homes' residents.

Dave Cote – Level one, the actual cost would be \$5,592 per month per resident. \$7,095 for level two. \$10,292 for level three.

Ed Zastrow – Wanted to bring the lack of a rate increase to everyone's attention. It's got to happen eventually.

Iver Malutin – Visited Sitka Pioneer Home and asked residents if they were really happy. The residents he asked said they were happy and would make no changes.

Tara Jollie - What is the average wait time for the waitlists?

Dave Cote – It varies by home, some homes have longer waitlists than others. The Anchorage home had 103 on the active wait list, Fairbanks – 85, Palmer – 82, Juneau – 55, Ketchikan – 24, and Sitka – 14. Yes people do die on the waitlist.

Betty Keegan – I work in senior housing; they have waitlists that are comparable to that.

Denise Daniello – With Veterans coming home from Iraq with traumatic brain injuries, would they have the same wait time?

Dave Cote – The same rules apply for Veterans as for Non-Veterans – they must be age 65, etc.

Banarsi Lal – The Governors Council met in Juneau, January 31st and February 1st. It was similar to what we do in this February meeting. The Council uses the meeting to advance their legislative agenda. Their priorities were to set the goals for the Council. They try to sustain the programs. The legislative committee met in Anchorage for one day last November. The Council supported the advocacy summit's priorities. Autism was also a big issue. And workforce training. Out of five programs, two were already in the Governor's budget. A request for \$250,000 was put in for these programs.

Board Retreat Comments –

Paula Pawlowski– It was the ideal time for us to do this with the commissioners and new staff. We identified what each individual brings to the

table. She appreciated the participation. And we really tried to wrap our hands around the state plan. Any time you can get a better handle on a program it will help us do better job.

Iver Malutin – The outcome showed our strengths and weaknesses; we have few weaknesses.

Frank Appel – For the Trust workforce development, we'll defer our report for the next meeting.

Denise Daniello – There is a little bit of the write-up in Denise's report. The Trust has really put a lot of emphasis on workforce development.

Denise Daniello– Went over the Executive Report.

Denise Daniello – She and Banarsi did an interview on KINY Radio's "Capital Chat." This was successful.

Thanks to Lesley Bullock for taking the lead in coordinating for the Governor's mansion reception.

Nancy Burke, Trust Authority

Memoranda of Agreement are being re-negotiated with the boards. From the Trustees' perspective, there was a lot of staff involvement and not enough communication from board member to board member. Each year the boards do a report to the Trust on their beneficiaries' status and another on their budget priorities. There is a joint data committee that works on defining data for the comprehensive integrated mental health plan.

Denise Daniello - When I and Banarsi met with Delissa Culpeper, she stated that they would like the Trust to be a part of the planning process for ACoA. Nancy, is the Trust happy with the way we have been reporting to the Trust?

Nancy Burke - Yes. But they'd like more data on how many people have ADRD and how many seniors are other Trust beneficiaries. Include elders with developmental disabilities. They'd like more information on these sub-populations. And more prevention focus. We should add this to our data collection and presentation.

**Alaska Native Tribal Health Consortium
Kay Branch, Elder Advisory Committee**

Work is being done on the Medicaid reform issue. Behavioral health and long-term care are focal points. They have a long-term care committee. Some services have had to be stopped due to lack of funds. The long-term care committee just had a two day meeting last week. They are starting to refine what they are working on. They are focused on PCA, chore, respite and medication management; the second category is home- and community-based care. They are going to concentrate on health care, facility-based and home care based. They would like to put a nursing home in Bethel and create an Anchorage nursing home for Alaska Natives. An RFP for Green House or similar care will be looked at. They want to focus on culture change and the economic issues. They don't want to build too much in Anchorage so that people are taken away from their communities. Rather, they want to keep the facilities where they're needed.

Kay will be doing assisted living training. Kay has been doing the technical assistance. The predevelopment group decided that this is a worthwhile project. Kjersti Langnes of Senior and Disabilities Services will be working on this. With the training they would have contractors take over providing the assistance to help those interested in developing assisted living homes. Kjersti is looking into getting Assisted Living Licensing to waive some of the requirements for small homes in the remote areas.

Nominating Committee – Banarsi appoints Edward Zastrow to head the effort to nominate new officers for FY 09.

May Board Meeting will be April 30th and May 1st. There will be an Older Americans Month event in conjunction with the Municipality of Anchorage and the Anchorage Senior Center on May 1st.

Meeting adjourned 11:18 AM

Respectfully submitted,
Sherice Ridges