

DRAFT
Alaska Commission on Aging
Quarterly Business Meeting
Meeting Minutes
April 30 & May 1, 2008
Anchorage Senior Center
Anchorage, Alaska

Wednesday April 30, 2008

CALL TO ORDER:

Chair Banarsi Lal called meeting to order at 9:09 AM.

ROLL CALL:

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

ADOPTION OF AGENDA: Motion to approve agenda passed unanimously.

APPROVAL OF FEBRUARY 12 & 14, 2008 Meeting Minutes:

Minor changes to the minutes were suggested. Motion: to approve the minutes as amended; motion passed unanimously.

Denise Daniello made the introductions, thanked everyone for being here, and introduced two guests, David Ishida and Terry Duffin with the federal Administration on Aging.

CHAIR'S REPORT:

Commission Chair, Banarsi Lal:

Banarsi stated that it was an excellent year for the Commission. He reviewed the three major functions of the Commission (planning, advocacy, and community education).

The Commission participated in the Department of Health & Social Services process called the Big Meeting. Banarsi, Denise and four beneficiary boards are establishing a memorandum of understanding among the boards about how we work. The meeting was on the 25th of April, 2008. Hopefully, some good will come out of this meeting. This year we noted what the priorities were and with help of the staff we did very well.

AgeNet is a statewide consortium of service agencies that we worked with as well as our senior agency partners. AARP, Marie Darlin and Pat Luby, were highlights of this years' legislative advocacy effort.

We sent some Commission members to Washington D.C. to the annual Conference on Aging. We attended many workshops and talked about the future of long term care and the need to emphasize Home and Community Based Services (HCBS). HCBS is being emphasized as a cost containment program within long term care. This is becoming a national trend. In Alaska we have advocated for cost containment for the future of the long term care, with an emphasis on home and community based services. There was a lot of discussion on the future of the senior centers and how they can prepare for the Baby Boomers.

Banarsi has been on the commission for 8 years and this is his last year. Serving on this Commission has opened his eyes to senior issues and the Commission does a great job considering its small number of staff.

There was an appropriation of \$300,000 for the SOAR project by this year's legislature.

VICE CHAIR'S REPORT:

Commission Vice-Chair, Sharon Howerton-Clark:

The last three months we have been watching the legislature very closely and she has attended all of the legislative teleconferences in Homer. She also has been attending the senior providers meeting and the Big Meeting with the State Division of Health and Social Services and partner boards. Jeff Jessee has explained the budget procedures and the process to introduce the bills to the legislature. DHSS Deputy Commissioner Bill Hogan has discussed how DHSS does this. It seems to her that they are trying to collaborate with all of the partner boards to align them so they can give representation to DHSS and the Trust.

PUBLIC COMMENT – 9:30 AM

Community people in attendance: Judy Whitaker, J.R. Hank Langman, Benjamin Hill, Jan Harris, Ella Craig (former ACoA Commission Member), Rosella Rosich and Karen Engstrom.

Judy Whitaker is a student at UAA, would like the commission to keep track of the University of Anchorage policy on charging tuition to senior citizens.

Lesley Bullock will make sure this is put on the advocacy watch list.

J.R. Hank Langman was a heavy equipment operator for many years. Hank was very glad to read the article about us meeting at the Anchorage Senior Center. The only thing that he could suggest is more publicity to inform the public of our meetings.

Denise Daniello gave a short history of ACoA. She talked about how the Commission develops the state plan for seniors, and how we advocate and receive additional funds to be used statewide for community based grants for seniors. We plan with our partner agencies; we apply for other funding as well. We have a community education outreach program, the Healthy Body, Healthy Brain Campaign. We try to assist other agencies in

sharing their information with seniors and we do whatever we can to assist Alaskan seniors. There is an annual report available as well. She thanked everyone so much for coming today.

J.R. Hank Langman - will tell as many people as he can about the Commission. There is not enough exposure. He didn't see a meeting notice posted anywhere.

Ben Hill agreed that there is not enough exposure. He didn't see it posted at the Senior Center, but he did see it in the Anchorage paper.

Sylvia Short with Anchorage Senior Center welcomed everyone. She affirmed her continued support for the Commission and committed to publicizing the Commission's meetings in the future.

Patricia Branson told the group that we also hold legislative teleconferences. This is a great role for the Commission and we help seniors to be strong advocates for senior issues.

Sharon Howerton-Clarke stated that we are an eleven member board so we need people to advocate for us. Our interest is in promoting the needs of seniors.

Banarsi Lal stated that the Commission relies on agencies to let the community know when we'll be here. Maybe we'll have the radio stations get the word out. We will be back here in the afternoon today and tomorrow afternoon.

EXECUTIVE DIRECTOR'S REPORT

ACoA Executive Director, Denise Daniello:

It has been a good year for ACoA's advocacy efforts. Quite a few priorities were approved including our #1 priority (also AARP's & Age Net's), FACES (Family And Community Elder Supports) – more money for HCBS grants. We asked for \$1.5 million for these basic core services. Everyone worked hard on this advocacy effort resulting in a \$1 million dollar increase. Thank you to Senator Olson. We are hoping the Governor will sign the bills.

Our SOAR outreach project for \$300,000 is an intervention for seniors with behavioral issues, including community gatekeeper training. It was approved by the legislature. Our partner on this project is DHSS Behavioral Health. Our project is now moving forward and is in the beginning of the planning stages.

\$350,000 for Community Health Centers was also approved. These are the only clinics in Anchorage that take Medicare patients. Doctors are paid only 33 cents on the dollar for their services and many cannot afford to accept Medicare patients but Community Health Centers do provide this care. It is not a permanent solution, it is an interim measure. This is the first time that Community Health Centers have received state funds.

The Alaska Senior Benefits program received an \$18 million appropriation. Also additional LIHEAP funds - \$10 million extending the benefit to people below 175% of poverty. Plus there were additional weatherization funds and energy rebates.

SB 209, the ACoA sunrise bill, will be signed by the Governor here tomorrow. Also Senate Bill 243 which updated statutes to reflect ACoA's current mission and role. SDS now administers grants, while we do planning, advocacy and community education. The guardianship bill passed and is waiting for the Governor's signature. There has been no success on the Denali Kid Care eligibility expansion or Health Care Commission. All thanks to many partners working together, including grass roots support.

Tara Jollie wanted to know if Senate Bill 101 on guardianship had been signed.

Marie Darlin said that it hasn't been signed but there is no reason to think it won't be signed.

Denise stated the bill had pretty widespread support.

Tara felt that these kinds of programs always cost money. We want it to be signed but are wondering if it will be signed.

Marie Darlin will be able to check on the bill this afternoon at the AARP office.

Denise Daniello mentioned that in Washington D.C. the ACoA group was able to meet with our Congressional delegation, and able to discuss our priorities: Medicare enhancements to primary care access, increased Medicare reimbursement rates and increases for Community Health Centers, more money for Older Americans Act programs and workforce development. We need to enhance primary care, increase Medicare funding for our seniors, support funding for training and other types of program funding for our work force. We are looking at shortages of doctors and dentists, etc. We need to increase mental health services for seniors as well as medical services. The Commission members and staff that attended the Aging Conference were: Banarsi Lal, Paula Pawlowski, Pat Branson, Lesley Bullock, and Denise. They were in Washington D.C. for four days and found that everyone felt that the Medicare and Medicaid systems were broken. We are coming to a critical crossroads on long term care issues. No one wants to be in a nursing home.

The medical model for acute intervention is shifting to long term chronic care. We need to encourage healthy lifestyles to decrease nursing home costs. As Banarsi Lal said, Alaska is ahead of the curve on this. There is scientific evidence of links between brain health and overall health. There is a desire to reconfigure senior centers around the state and country.

DHSS Representative - Bill Hogan, DHSS Deputy Commissioner:

There were changes in Senate Bill 243 to codify what is already in practice regarding ACoA's responsibilities. The Legislature supported this because the Alaska Commission

on Aging and the Department needed to be aligned. Bill thanked the Commission for helping add a clause to address the Pioneer Home residents' stimulus payments. Senior and Disabilities Services was successful in FY09 budget requests. There was \$1 million added for FACES even though this was not in the Governor's budget. We all feel good about that. Bill hopes the Governor does not veto FACES; he hasn't heard anything. There was also \$350,000 for community health clinics especially for primary care for seniors. This should impact access to care somewhat. We received rate increases for a number of senior services providers. This will help them have a better chance of meeting their costs. This was intended as an incremental first step that will include more increments in subsequent fiscal years.

There was \$18.5 million in the budget for Senior Benefits; this is huge; Bill said he wasn't happy that the Housing Trust was not approved. AHFC thinks it will most likely take at least one other session to get this going. We have been meeting for the last couple of months. DHSS Senior & Disabilities Services, Behavioral Health, The Mental Health Trust, Boards and Commissions, Governors Council, Alaska Brain Injury Network are all trying to define everyone's role.

Pat asked when the Governor received the budget.

Bill answered that it has not been transmitted yet. Once it has been transmitted the Governor has 20 days to act.

There will be rate increases for waiver services.

Pat Branson stated she is very glad that this working group is meeting. Pat is very glad as a provider to see these connections happening.

Ed asked about the Governor's Commission on Health Care.

Bill Hogan stated that in the Governor's bill on the Health Care Commission proposal, they would develop a state health plan, develop an information office and repeal the certificate of need. The bill has died. He is not sure if this will be pursued.

We were able to get an increase in rates for caregivers billing Medicaid. The rate increase will at least be a good start. The Department is working on doing a cost study. With the FY10 budget we will see an increase for these providers. He thanked the Commission for its efforts in this area.

Frank asked if Community Health Centers received an increase of 1 million.

Bill Hogan – No, the \$1 million is for direct services. The \$350,000 is specifically for seniors.

The Department also is developing a long term care plan. We have a long term plan to look at Medicaid financing. We have a parallel process to look at it in a broader way. Denise has been pretty involved.

Denise – We are all working together to get this done.

Bill Hogan thanked the Administration on Aging for their work.

Banarsi Lal - The next item is SDS' report.

Senior & Disabilities Services -

Rebecca Hilgendorf, Deputy Director:

Noted what a pleasure it was to be here and that she was sitting in for the Director of SDS, Rod Moline.

Rebecca has nine program units. They have a new employee, Judith Bendersky from the Governors Council, who has a broad understanding of the Alaska aging network. She works with 52,000 beneficiaries of Medicare. They are trying to develop our volunteer workforce across the state.

SDS Grants unit was able to consolidate all of the grants in effort to gain efficiency. We have five employees including a position for Kjersti Langnes that will be going to the Personal Care Assistance Program. One of the biggest efforts for SDS is the development of a new assessment system. The recipients were previously assessed by an outside contractor. There are 30 positions allocated for this program; there will be 15 nurses. The nurses are doing assessments in homes. Most are based in Anchorage. We have also been able to get nurses from other areas to help. We have been doing a lot of training and protocol for their behavior in the homes. There is a focus on safety. There has been more rapid decision making in the field with the help of technology in the field such as cell phones. The nurse will go into the home and do assessment of the level of care.

Worth mentioning is the positive impact on SDS of a new data system called DS3. They previously had over 40 data systems that were not connected. Now one system is internally able to access information from other offices and staff can go online to view information. It has helped our work. Boards and Commissions can access the information.

There over 3,000 recipients in the PCA program. There are regulation revisions, we have added an expedited option for increased allowable travel. For part of the training, previously the presentation was done by people that didn't work for Senior & Disabilities Services. Now our nurses conduct our assessments. There should be more accurate assessments.

Waivers – We have over 1,200 Alaskans on waivers and over 400 people that are in the assessment stage. State care coordinators are very important.

Adult Protective Services has had 1,500 intakes from July to April 15th. They only have 10 investigators. They are busy rewriting statutes to protect older Alaskan adults. There is some confusion about reporting. They are developing a DVD to help. Senior & Disabilities Services goes out to the communities to help providers improve in certain areas and gives them a chance to talk about their concerns. The University of Alaska is conducting experience surveys to see if the service is good.

Denise wanted to know if the services are helping their quality of life.

Rebecca – There is a heavy focus on quality of life. With the survey tool there are questions that see how satisfied the people are with the services and it asks if the services are helping them to live with dignity and helping them to have a better quality of life.

Frank asked about the heavy work load in the Adult Protective Services and if they need more help.

Rebecca - We are working on getting more positions filled.

Pat Branson - Great report, and a lot of info. For the ADRC grant, the regions are huge. It's pretty unreasonable to cover all of that area.

Rebecca - We will need new ADRCs. There are a lot of grants. We are staying with that regional model. There is also a grant for nursing home transition. We are serving people and should be regardless of age. There should be one place for people to get help.

ACoA Committee & Representational Reports:

Legislative Advocacy Report – Ed Zastrow & Pat Branson, Co-Chairs:

Ed stated that the Commission pretty much has completed all of our goals. The priorities were: tying up with other networks, advocating for the aging and having meetings with our legislators. We have started to reach other audiences and take the actions that are needed. Ed stated that he thinks that the Commission has pretty well completed these things this year and that we had a good success rate.

Pat Branson - Pat commented that Ed has done a remarkable job and that she only had to fill in for 15 minutes during the legislative teleconferences. Pat thinks that Ed did a great job in leading this committee as well as the teleconferences and that we were very successful this year with our legislative advocacy.

Planning Committee – Frank Appel and Denise Daniello:

(Frank Appel gave report)

The planning committee report on April 21st was reviewed and the expenditure report for the \$100,000 grant from the Trust was reviewed. There was discussion of the strategy for the \$1 million dollars budget increment for the home and community based services grants program. There was a meeting with the Dept. of Health and Social Services on this subject and they discussed the need for protecting the regions against the cuts in funding

under the state plan funding formula. Meetings with the Dept will continue. The review and approval of the November implementation plan was done. Senior and Disabilities Services asked ACoA to review and comment on its protocol tool. ACoA's committee will be reviewing that tool and will give feedback in the middle of May.

Denise provided a handout that shows what ACoA's accomplishments were during the interim period. Denise requested that the Commission Members go through that document and comment on ACoA's activities. Most of ACoA's focus is on advocacy. Most of the activities that were accomplished were on advocacy. In the next six months before the next legislative sessions, ACoA will have the opportunity to give more focus and work on the implementation of the State Plan.

Denise requested that the Commission members review the handout that lists the implementation activities that were accomplished since July 1st, 2007. Denise stated that the document shows what ACoA is going to do in regards to the State Plan for Senior Services. There are five strategies that haven't been addressed at all. ACoA's partners are also working on these. There were over 20 partner agencies represented during the implementation meeting. There was a report submitted to the Dept of Health and Social Services and the division directors also received a copy. This report was shared with all of ACoA's agency partners and ACoA provided them with the tool called the IPORT tool that ACoA will be using to collect implementation activities from the partners to see how we are actually interfacing with each other and implementing the State Plan. Denise hopes to have this information at the annual implementation plan meeting next fall.

Executive Committee – Banarsi Lal & Denise Daniello:

(Banarsi gave report)

The executive committee for ACoA consists of the past Chair, the current Chair and Vice Chair, Commissioner Betty Keegan and Denise Daniello. The committee tries to meet at least once every quarter. The Executive Committee prepares funding and policy recommendations to the Trust. The Committee generally works with the Dept of Health and Social Services and Senior & Disabilities Services to finalize the policy recommendations for the statute revisions that are reflected in the commission bylaws and the committee reviews and approves the Commission quarterly meeting calendar and agenda and work of the Executive Director. The Committee monitors the Commission's operating budget. The Executive Committee also plans the rural outreach trip every year. During the most recent committee meeting, the Feb 22nd meeting minutes and the April/May meeting agenda were reviewed and approved. The Committee also reports on the Commission's advocacy.

Pioneer Home Advisory Board Report – Ed Zastrow:

The Pioneer Home Advisory Board has legislative teleconferences like the Commission on Aging. The Board has six commissioners from different towns and the Board's primary concern is their budget.

The Board has a very large deferred maintenance budget. The board is hopeful that the operating budget will include "zero lift" equipment. The staff is not big enough to lift the

heavy patients. The Board is thankful to Senator Davis. The stimulus payment will be able to be kept by most residents. Mandatory overtime has been a big issue. The Board doesn't have a problem with the overtime in the Pioneer Homes; if they need a nurse, overtime is usually on a voluntary basis. The Board is also having a problem with member terms expiring on the boards. The Palmer Veterans Home is moving along fine and is going forward. The home is getting some involvement from the American Legion and people within the community. Senator Murkowski was there for a visit. All of the homes this year were given funds for new carpet and office furniture. Sitka's home is being worked on and is looking better; the home has a new administrator. The Fairbanks home is being upgraded, the nurses' station, the bathrooms and beds. There are 3 levels of care, level 1 is the minimum amount of care, level 2 they need more attention and at care level 3, they need maximum help and generally have Alzheimer's disease. Fairbanks is faced with numerous open beds for level 1. Fewer people are using level 1. This year is Ed's last year as chairman for the Pioneer Advisory Board. Ed thanked the Commission for the amount of advocacy ACoA did for the Pioneer Homes. Ed urged ACoA Commissioners to go and visit the homes.

Banarsi thanked Ed for all of his hard work.

Governor's Council on Disabilities/Special Education Report – Banarsi Lal:

Banarsi represents the Alaska Commission on Aging with his seat on the Governors Council Board. The Governors Council has not met since February; they will be meeting next week so Banarsi stated that he hopes to give a report after the next meeting. Banarsi served on the legislative committee for the Governors Council and they met on the 24th of April. Like ACoA the Governors council is also very pleased with their efforts during this last legislative session.

The Governors Council supports all of the boards efforts with the legislative advocacy. There was special effort for autism related issues. They had a five point plan and most of their request for funding was approved. The Governors Council plan focuses on life as a whole. They have a service delivery plan. Generally the goals are to educate people about the needs of those people with disabilities. They actively promote, national, and state legislation agenda. Banarsi thinks that this is what they have in common with the Alaska Commission on Aging. Promoting the stability of programs is also a goal of Alaska Commission on Aging and the Governors Council. Banarsi will have more to report the next meeting.

Nominating Committee Recommendations for ACoA Officers – Betty Keegan & Frank Appel

At the February meeting in Juneau, Betty and Frank were nominated to constitute the nominating committee.

The two Commissioners nominated were Paula Pawlowski for Commission Vice Chair and Sharon Howerton-Clark for Commission Chair.

Banarsi thanked Frank and Betty for serving on the nominating committee.

Dawnia Clements (OPAG) – Last week they held their annual retreat called the Providers Conference. Health care was the main concern. They will hold a community forum regarding the lack of primary care for Medicare recipients and the lack of specialty care for geriatrics.

Lynda Meyer (Municipality of Anchorage) – They had providers rank the categories from the state plan. Access to health care was their number one concern. Also the need for better coordination of information and resources. They took questions regarding the ADRCs and the United Way.

Dawnia wants to make sure the senior property tax exemption does not go away. Many seem to fear it may go away.

Sharon stated that Anchorage and other communities have revenue sharing that offsets the cost.

Frank stated that geriatric MDs don't make as much as other specialties. That's one reason there aren't a lot of them.

Dawnia also answered that it's primary care MDs too. People can't find any care. There are low reimbursement rates. The ten percent adjustment was taken away and now they are supposed to lower the reimbursement rate again.

Denise stated that it's on the radar of all three of our Congressional delegation in D.C.

Pat Branson sits on the Providence Hospital Regional Board. Pat stated the Board is concerned as well. Pat suggests the Commission talk to the Providence Board. Providence is a big system and people are experiencing this everywhere.

Banarsi stated that it is an election year. The Commission should try to get a commitment from those running for seats.

Frank stated that he saw a presentation by Joan Fisher. She gave reimbursement figures for Medicare physicians. Medical doctors only get reimbursed \$62 dollars on a \$144 visit.

Lynda Meyer stated that it has been a nice opportunity to work with the Commission.

Celeste Benson, Anchorage Senior Center director:

Celeste went over the wonderful activities that the Anchorage Senior Center offers. Minimum age to be a member of the center is 55. They have low income memberships as well. Celeste is the chief administrator. The center has three nurses who provide preventive health care. The center has many activities to keep the members busy.

Alaska Mental Health Trust Authority, Jeff Jessee, CEO:

Thank you, Banarsi and members of the Commission. There are two new Trustees. Larry Noreen of Anchorage is a real estate developer and manager. Larry is interested in the resources side and also has a programmatic interest due to his personal experiences. Trustee Tom Hawkins is leaving - the last of the original Trustees. The second new Trustee is Tim Church; he is a Native attorney from the Kotzebue area. Trustee John Malone is quite ill right now. There was a nice party for him at Providence Hospital. We are sorry for John to leave. Paula Easley was re-appointed.

The budget process generally reflects a lot of the Trust's legislative priorities: FACES, etc. The Governor has not yet seen the budget. She does intend to make vetoes, though she's not ordering departments to meet targets for cuts. But they're looking for places where money is not needed or could be reduced, anything that is not in the Governor's budget to begin with. There may be a serious risk. Office of Management and Budget sends a memo to the Dept. to look for veto suggestions. This is a very important time for the Commission to advocate for our priorities. They will be looking at any funding that will be split between fiscal years.

Frank Appel – There are a lot of these issues. What items may be at risk?

Bill Hogan – All of ours were in the Governor's budget originally, or in the amended Governor's budget. If not, communicate strongly to the Commissioner.

Pat Branson- We should send a letter out to the providers to alert them to support their capital projects.

Jeff Jessee – for the Housing Trust, we were really close, but we were not successful passing through house finance. Rep. Hawker agreed to work with us over the interim and Jeff hopes he will support the project next year. We are not done with the Housing Trust but will keep trying. One can argue that this could be a good thing because we can continue the education process. Sometimes not getting things easily is better.

Rep. Hawker was successful with getting House Bill 125 (long range fiscal plan) through.

Jessee encouraged the Commission to continue the advocacy for FACES and to show the ten year vision. Show what the alternative would look like. If we get a jump start it will help out with getting our recommendations through. When we started, we were saying three to five years, it already has been three years.

Some of the legislature is getting a little frustrated with the fact that the state is asked to take over the Trust's successful start-up projects. They don't like that they work and that the community expects them to be continued. We have to adapt, some old strategies are not going to work.

Banarsi Lal – Can we work with certain key legislators so there are fewer surprises?

Jeff Jessee - Chenault is coming on the Trust's outreach trip.

**Long-Term Care Ombudsman's Report, Bob Dreyer:
(Attached)**

Alaska Housing Finance Corporation, Jim McCall:

The Alaska Housing board of directors met. Governor included \$300 million to AHFC for the administration for weatherization and energy rebates. They have administered the program for several years. Everyone should be able to take advantage of these programs.

The weatherization program has always given preference to seniors, the disabled, and families with children. They are working with AARP. This is a program that any person could apply for. They would come to your home and do an energy assessment.

Sharon Howerton-Clark asked when the start date will be.

Jim McCall – The second mortgage loan option was approved today, 4/30/08. The weatherization and rebate program is open to public comment right now. They may try to designate the money for the areas that are impacted the hardest. In Fairbanks, for example, the monthly oil bill is \$300.

Ed Zastrow asked, for an area that doesn't have a housing authority, how will that be handled.

Jim McCall – Geographically, they are most likely covered regionally. AHFC will do a mass campaign. People will need to contact the rater. For the mortgage program, you go directly to AHFC.

Tara Jollie asked if the application will be available online.

Jim McCall answered yes.

Frank Appel asked how long people have to apply.

Jim McCall answered that it is a five year program and recommended that people go to the website at ahfc.us.

Hank (person from the audience) stated, All of you people are very computer literate. I myself and others like me will go to your office.

Jim McCall– Make sure you go to the main office. People who don't use computers may deal with us directly.

**Trust Training Cooperative workforce development project -
Bev Tallman, University of Alaska, Center for Human Development:**

Since July they have been working with six assisted living homes; one is the Wildflower Court in Juneau. There are 46 people enrolled in the introduction to dementia class. They are able to get help from the State of Alaska Dept. of Labor, which awarded them funds for 50 people. The long-term care apprenticeship program is a way to provide a career ladder for people. This program is a 17 credit option and gives a person an opportunity to qualify for grants, and WIA funds. This would help people to advance in their career with the appropriate training. This allows these people to work through a training co-op and work with other agencies to get the required training. There is a CNA lattice. They have to work as a CNA for one year and then they would spend 6 months on an apprenticeship and then would be given a wage increase. Providers get to reduce turnover rates and get staff trained. We need to invest in our workers.

There are 90,000 Trust beneficiaries. Pioneer Homes have 600 residents and 600 employees. We need to know how many workers we need.

She stated we want to provide the opportunity to allow people this career choice. Pay is lousy but, we want them to get a good wage.

Sharon Howerton-Clark asked if this program offers continuing education.

Bev Tallman answered all programs offer continuing education. There are 300 certified nursing aides that work just in Pioneer Homes.

Man in audience – One in every five to six passengers on the Salvation Army bus had a PCA type person. Although a lot of them are unpaid family members.

Bev – Unpaid caregivers can access this training too. It is all based on competencies now. The program will offer courses on a regular rotating basis. Anyone can sign up for them. Introduction to Geriatrics is closed; just the apprenticeships are available. The trainees will be evaluated on their competencies. They work to establish relationships with employers and help them to work with the employees who are learning. Right now it is the Pioneer Homes. The mentors are also Pioneer Home employees. They are training the mentors right now.

Tara Jollie stated that employers are scarce in rural Alaska. They can get training but not the practical work. Can any of the healthcare workers go through this training?

Bev Tallman answered yes.

Pat Branson stated we can find out the number of nurses working in the senior centers from the grant applications that senior centers are submitting.

Bev Tallman stated from the grant writing she has been doing she found that there are 90,000 trust beneficiaries (AK Mental Health Trust). A good question is how many workers do we need? They are trying to provide training for people that want to do healthcare as a career and trying to have set core competencies provided in the training.

Tara Jollie stated apprenticeship programs are scarce.

Bev Tallman answered yes they are. They have been awarded the funds for GEC. They are so proud of the people involved. They got the highest rating on their grant. Their work plan for the funding cycle has changed from the 5 year to the 3 year cycle. The GEC's focus has been on professionals, doctors, nurses, etc. They also do a lot of training for paraprofessionals and families.

Salvation Army – Karen Engstrom, Program Manager:

The Older Alaskans Program is run by the Salvation Army. The Salvation Army operates the Meals on Wheels Program and delivers meals Monday through Friday. Sixty-three percent of meals are on the NTS grant program or the Choice waiver program. Three hundred and thirty-three meals are delivered everyday. Thirty-five percent are on waivers. The requested donation is \$4.00 but the majority of people don't pay. Eighty to a hundred congregate meals are provided at four different sites. Waiver clients get frozen meals for the weekend. The grant clients do not get weekend meals.

Pat Branson asked about the suggested donation.

Karen answered that they ask for donations but it is not mandatory.

Sharon asked if the program was only in Anchorage.

Karen said there are 5 delivery routes. As of January they will have a new building and can now cook their own meals instead of catering out. They have started Korean meals 3 times a week. The challenges are that the benefits for employees have gone up and fuel costs have gone up.

Denise asked if there is a wait list.

Karen said no, not at this time.

Pat asked, what do you bring in for your donations?

Karen answered \$66,000 annually.

Ed asked what ethnicities they serve.

Karen said they serve all ethnicities.

Chugiak Senior Center - Linda Hendrickson:

At the Chugiak Senior Center there are 40 independent apartments. The HUD building has over 70 people on the waiting list. There are 20 residents on the HUD program. There are 20 assisted living residents. The rent is \$650.00 for market rate. The residents are aging in place, so it is important that there are congregate meals. The adult day service is connected by the assisted living building. The census is low right now. \$5,309 in grant funds were received and they were able to purchase a bus.

Sharon asked if they have land for an additional building.

Linda answered the center has a lease from the Heritage Land bank.

Banarsi asked whether the need went down for the adult day service.

Linda answered that baby boomers are bringing mom and dad in now for the adult day program.

Banarsi asked whether there are Alaska Native clients.

Linda – replied that about 10% of the clients are Alaska Native.

Day Break Program - Liz Hunt:

Day Break is a program of the community mental health center – for seniors that have Alzheimer’s disease. Day Break serves 30 or 35 seniors everyday. The Medicaid rates really need to be increased. There is a grant but they have reached the end of that grant. Day Break is now on a waiting list for a new grant. There are 3 people on our wait list.

Denise stated that FACES should help with this adult day center.

Liz noted that a majority of the people at Day Break are 60 years or older and most live with their family.

Ed asked about their rate per day.

Liz answered the waiver rates are \$85 a day.

Pat stated the rates have been frozen for four years.

Liz stated their approximate actual cost per day is \$130.00.

Pat stated it is very difficult to just meet the basic needs with the rising costs.

Liz added that this program is very vital for seniors to stay out of nursing homes.

Banarsi asked what the hours of operation are.

Liz replied that they are open during the day Monday through Friday.

Volunteers of America – Christina Lowther, Coordinator:

This program started in 1990 to honor, support, and empower grandparents raising grandchildren. This program helps grandfamilies connect with other grandfamilies. As a coordinator Christina has been very busy. 8,000 grandchildren are being raised by grandparents in Alaska.

They send out newsletters to people to share information. First Congregational Church hosts a lunch once a month. There is a phone line available for grandparents to call in for support. They help grandparents with filling out paperwork. A third of people served are under the age of 60.

Denise stated senior hunger is becoming an issue nationwide. The population found to be most at risk is grandparents raising grandchildren because they are on a fixed income.

Denise asked if they keep track of the statistics.

Christina said they do not.

AgeNet Report, Pat Branson – (Pat filled in for the original person scheduled to give the report).

AgeNet has been a partner of ACoA and its successful advocacy efforts. AgeNet had its second fly-in to Juneau in conjunction with the February ACoA meeting, including agency representatives and caregivers from around the state. This will make a difference in being successful. AgeNet will be holding its annual meeting in Anchorage on June 23rd and put forth their priorities for the upcoming year. AgeNet has membership meetings once a month and the officers meet once a month and set the agenda for the membership meetings. AgeNet has been very successful in getting more members this year and is using the same lobbyist as last year.

Update on Administration on Aging Initiatives

David Ishida, Regional Administrator

Terry Duffin, Region X Program Operations Manager

There will be a transition happening with the new president starting in 2008. The plan for the Administration on Aging is on their website. The AOA wants to empower consumers to make decisions, do evidence based prevention, and keep people home wherever possible. The National Council on Aging is one of the centers of excellence. They provide models of success in helping people stay healthy. ADRCs provide an entry point into the long-term care system. CMS is funding nursing home diversion programs to help people at risk of nursing home care to stay at home in the community. AOA will also issue an RFP for this. NASUA will soon have a web-based planning tool. They are looking at their systems change approach. They will be developing a gerontology center, and look at other home-based care services.

For emergency preparedness plans, we don't know what form or fashion an emergency may come in. It could be any number of problems. We need to develop an emergency preparedness plan for each area agency.

Long-term Living: A World Wide Perspective - Alia Williams

Alia had an opportunity to work with the Alaska Mental Health Trust as part of an internship program. Alia did a study on the differences in health care and insurance among different countries.

Germany: Has a federal social insurance program, universal access to services based on level of disability with assessments done in the home. Eligibility criteria do not adequately capture needs of people with cognitive and mental impairments. Some cost sharing is involved. Germany has caregiver benefits such as four weeks of respite care, social security credits, in-home training. An elder care credential is available for nurses specializing in geriatrics.

France: National health insurance program covers institutional care, children are legally obligated to care for their parents and must report their income when parents apply for social assistance. Access to home care services is not a legal right; access to a pension is. Homes were required to have a room with air conditioning by June, 2004.

The United Kingdom:

Eligibility for long term care is means tested. Personal care is means-tested in England. Personal care is free in Scotland. Caregivers can receive an allowance including public pension credit and respite care. Paid leave is not available.

Norway:

Has the highest spending on long term care with universal coverage. Some cost sharing involved. Has the highest level of care with corresponding higher cost sharing. Norway has a widespread belief that care of older people should be a public responsibility. 90% of institutional care is public, 10% is nonprofit or for profit.

The Netherlands:

This country is adopting a new national policy for older people focusing on prevention. Has universal coverage of long term care with wide range of service delivery choices. Personal budgets are gaining popularity. Benefits to caregivers include 10 days paid leave, 2-6 months unpaid leave, and respite care.

Korea:

Has National Health Insurance (NHI), a mixture of public contract model and private market. The elderly population is growing. They have a low birth rate. NHI cannot support the rising costs of elder health care. A long term care plan is in progress.

Common traits among countries show:

- Growing elderly population along with a declining birth rate.

- Informal support is the most utilized method.
- Workforce issues: high turnover, lower pay, low prestige.
- Growing focus on culturally relevant care.
- Increased awareness of the value of aging in place.
- Increased focus on prevention.

Sharon asked how the US stands on this.

Alia replied that we're a mixture of good and bad.

.Denise asked about the difference in the general level of care for the countries.

Alia answered that studies on quality of care show that the focus of quality is not there yet for the US. We have a growing population of diverse individuals.

Banarsi asked in your studies did you find that there was home based and community based care?

Alia responded that yes, these countries are trying to offer home and community based programs.

Hank (from the audience) said that other countries have looked down on us. Why should we worry about what we are doing?

Alia answered it definitely makes a difference to look at what others are doing.

Pat Luby stated that he thought the opposite is true. How do you help people age well? Australia has some of the same issues. We want to learn as much as we can so we can help our elders.

Hank responded that his point was that other nations have never cared about what we do and have always said that we are wrong.

Pat answered that he thought that a better approach would be to look at the other countries' failures and what they have accomplished.

AARP - Marie Darlin and Pat Luby

Most of these bills are on their way to the Governor. The Senior Benefits Program was funded this year. The FACES campaign the Commission worked on went well. The funding approval is on its way to the Governor. As doctors refuse to take in new Medicare patients, people will be going to their Community Health Centers.

Pat Luby – The Legislature changed our public pension program. The problem we had is that public employees do not have Social Security. People will out-live their pension benefits if they outlive their life expectancy. You can't outlive social security. They are working on a defined benefit program for public employees. Social Security is a good plan because we are all in it. Congress is going to be looking at this issue. It will be an election issue in November. The Governor has two retired parents that were teachers.

Banarsi asked if we are the only state that has unfunded pension plans.

Pat answered there are many states that have unfunded pension plans.

The state of Nebraska reversed their program. They found out that there were teachers that were 80 and didn't have any money.

They weren't able to make any progress with the health insurance program for children. There are some issues about mandatory sick leave. Some companies don't have it. AARP is also trying to bump up the minimum wage. Senator Hoffman put in for \$300 million towards weatherization. It will reduce energy costs. Depending on income qualifications you can get funding.

They want the candidates to know what AARP is talking about. They have to understand what AARP is trying to do. It is an opportunity to educate them on aging Alaska. They are going to do forums. Lyda Green is being challenged by a Republican representative.

Americans are concerned that our children are not going to have an America as good as we had. We want to make sure that they know our issues. We have to find out what they are going to do about Medicare, so that here in Alaska if you have Medicare you can at least find a doctor.

Alaska Native Tribal Health Consortium Elders Program - Kay Branch, Coordinator

It is the 30th anniversary of Title VI. Last year's Senate Bill 61 included Medicaid reform for State and Tribal health systems. This bill affects three major items, HCBS, an Anchorage facility and a statewide facility. We need more case management for Native elders and a long-term care service plan. The parties are trying to figure out how they can provide services in a way to overcome the barriers. We need to focus on the strengths of the tribes.

There have not been any new nursing home beds in Alaska for the past ten to fifteen years. We are working with Providence extended care and looking at the skilled nursing,

transitional beds at the residential hospice facility in Anchorage. The assessment must be based on the Green House model and another also based on resident centered care. We want to use the culture change model and not create a traditional nursing home. Statewide, Kotzebue, Bethel, etc. have capital requests.

Denise stated that people in rural areas want assisted living care. People don't want to move to a regional hub.

Kay noted that there is a book called "Affordable Assisted Living in Alaska" which has now been revised. The authors of this book are Kay Branch, Kjersti Langnes and Patricia Atkinson. This is a guide for communities and can be found on the AHFC and Dept of Health & Social Services Senior & Disabilities Services website under Rural Long Term Care Development.

The Elder Care Initiative grants letters of intent are due tomorrow. Kay provides the technical assistance for these grants all over the country. There are a lot of innovative projects going on all over the country. We are looking at Hospice and case management for the Native Community.

Their contractor has been working on the plan and working on tribal healthcare. They sat down and met with DHSS – SDS to discuss this. They are trying to look outside of the box. They are trying to see how they can deliver these services in different ways.

The home and community based services are the most important. It is very important for our elders to stay in their homes.

Anchorage Providence is working on these programs. It would include transitional beds and residential hospice. We felt the need for residential hospice beds as well. We are looking at the Green House model.

Senior and Disabilities Services Rural Long-term Care and Aging and Disability Resource Centers Report. Kjersti Langnes, Coordinator:

Kjersti moved over to PCA and is working on an MOA with United Way regarding the 211 system to access services as well as the ADRCs. The role of her position is to work with communities to develop the long term care plan and she is managing this. She developed an 11-page booklet for home-based care. This will be available on the SDS website.

Denise asked if she is working on the 211 information and referral system.

Kjersti said she is working on an MOA with the 211 system.

**Anchorage Neighborhood Health Center – Primary Care and Seniors -
Joan Fisher, Executive Director:**

The Center was founded in 1971 as a private non-profit corporation (free standing). The Center has to be governed by 51% of their consumers. In nine months they saw 1,696 Medicare patients in 5,859 visits. The center collaborates a lot with State health people. The board runs the business.

There are case management services for pregnant woman. There are 645 Medicare patients that are under 65 and disabled or have a mental disability.

The center is getting 33 new Medicare patients per month. Patients with diabetes and hypertension account for most of the doctor visits. There is a massive undersupply of medical doctors already; this is an even bigger issue than Medicare.

The State of Utah increased their payment rate to private medical doctors. This has helped a lot.

Specialists get paid very well under Medicare.

Frank said that he talked with some medical students and they stated that they were going to go into specialty practice because you make more money.

Specialty doctors need more money than primary care doctors because the cost of education is so high. There are a lot of quality of life issues. Many doctors don't want to get up at 2:00 in the morning to deliver babies.

Joan stated that typically you need a huge population for an HMO to work. But if we could get more people involved it might work.

The State is looking into subsidizing physicians so they would take Medicare patients.

There is a proposal for loan forgiveness on a state level for geriatricians and internal medicine.

Terry Fuller asked if there was a time requirement for loan forgiveness.

Joan responded that a doctor must practice for five years to be eligible for student loan forgiveness.

Betty thanked everyone for their participation in this meeting.

Ed stated that unless things happen differently his term expires with the Pioneer Advisory Board in June of this year. He learned a lot and has made new friends. He enjoyed his time with the Commission.

Denise stated that she appreciated all of Ed's advocacy efforts and input.

Sharon said that Ed was going to be sorely missed and has been a real asset to the Commission.

Ed said the Commission won't get rid of him that easily.

Chair Banarsi Lal's closing comments:

Banarsi will be with the Commission through next August. Banarsi is very glad to have Sharon as the new Chair and the Commission members will do well with her as Chair. Banarsi said his serving as Chair has been most rewarding. After he retired, he was asked to apply for a Commission member spot. Banarsi said that the Commissions staff always does a good job. The current staff has been gracious and has gone above and beyond the call of duty. The reason why we got a lot done was because we had everything in order, we had our partners, and we had the facts.

Meeting adjourned at 4:20 PM.

