

**`Alaska Commission on Aging
Final Meeting Minutes
December 7 & 8, 2010
Salvation Army Older Alaskans Program
Anchorage, Alaska
Approved**

Tuesday, December 7th.

Meeting called to order at 9:00 a.m.

Roll Call: Commission members present: Sharon Howerton-Clark, Paula Pawlowski, Pat Branson, Banarsi Lal, Iver Malutin, Eleanor Dementi, Barbara McNeil, Marie Darlin, Nita Madsen, and Kimberli Poppe-Smart. Commission members not present: Betty Keegan. Commission staff present: Denise Daniello, MaryAnn VandeCastle, Lesley Thompson, and Sherice Ridges.

Safety moment presented by Paula Pawlowski.

Meeting agenda: Addition of drawing for 6 Wii games from ACoA's Healthy Body Healthy Brain Campaign. Iver Malutin motioned for approval and Paula Pawlowski seconded the motion; the agenda was approved.

Meeting minutes: Approved minutes from September Bethel meeting.

Older Alaskans Program Tour

Debbie Comiskey, Program Director

Debbie said that she has been in her position for 2 months. The Older Alaskans Program has 28 employees. Debbie oversees the Meals on Wheels program and it provides 350 meals daily. Assisted transportation helps with rides to medical appointments and for shopping. There are 8 vehicles for now. There is a chore service with light housekeeping. Some homes have a lot of clutter. Chore service helps to clear paths, clean bathrooms, etc. five days a week. There is assessment by coordinators that go to homes to see what seniors need.

ACoA Chair Report, Commission Chair Sharon Howerton-Clark

Sharon reported that she attends monthly Health & Social Services meetings, monthly Pioneer Home teleconferences and trainings, State Plan Steering Committee teleconferences. She also participated in

Alaska Housing Finance Corporation's meetings regarding senior preference designation for senior housing facilities, and SAC meetings, Executive Board meetings and Trust meetings.

ACoA Vice Chair Report, Commission Vice Chair Paula Pawlowski

Paula reported that she works full time so she can't attend as many meetings. Paula said she does what Sharon tells her.

ACoA Executive Director Report, Denise Daniello

Report attached.

Denise gave an update of the State Plan Steering Committee meetings. Denise said the Steering Committee is a great group of partners with many resources.

Senator Wielechowski plans to introduce legislation to extend Senior Benefits Program. Representative Hawker is interested on the House side. Representative Hawker said he would extend the program with no changes, and a 4 year sunset.

Denise said she drafted an elder safety resolution and Representative Munoz will introduce this bill to enhance coordination among agencies involved in different aspects of elder safety. Les Gara will introduce a bill to cover colonoscopy under the State retiree health insurance. There was a question from the audience if mammograms were covered.

There is an invitation from Senior and Disabilities services regarding a long-term care advisory committee. Waiver applications are due in 2011.

Denise said there was a Trust meeting in November and ACoA gave a very preliminary analysis of the senior survey responses. There were ads run in November highlighting resources for ADRD and family caregivers. AARP is doing a TV show on Alaska's aging workforce. Denise said she will be doing the same Older Workers presentation she did for a conference in September.

Executive Committee report, Sharon Howerton-Clark and Denise Daniello

Sharon reported the committee drafted December's meeting agenda, and approved the legislative priorities. It was discussed that Chugach Manor is to be designated as elderly preference. Alaska Housing Finance Corporation has requested ACoA's input.

Planning Committee Report, Barbara McNeil and Denise Daniello

Barbara reported that at the last State Plan Steering Committee meeting, David Ishida and Terry Duffin with the Administration on Aging were on the phone and stated that ACoA's plan is one of the best, if not the best.

MaryAnn VandeCastle presented the preliminary results of the Senior Survey.

Pioneer Home Advisory Board Chair Report, Co-Chair of Planning Committee, Banarsi Lal

Banarsi reported the planning committee met in Sept., Oct., and Nov. The meetings were very well attended, each member with their own expertise which enriches the planning process. The committee discussed the ACoA's senior community forums. Banarsi said the committee hoped the next state plan will be even better than the current one. There are changes planned. The changes will include emphasis on state strategies for veterans and coordination with new programs for non-elderly veteran's grant programs. Banarsi said there have been 3,000 senior surveys received so far. The surveys went to Title III and VI grantees to distribute; they were also included in the August issue of the Senior Voice.

Denise said that ACoA will include the Title VI program's elder surveys as an additional source of data for our needs assessment. A sustainability plan for the ADRCs need to be in the plan and we need to include additional information on legal services for seniors.

Denise said we need to establish subcommittees, including one to look into the funding formula. This funding formula discussion is ongoing and the formula is not finalized yet.

Iver Malutin said villages are starving for information but they are not getting it. Iver said he gets calls from all over, even in centralized areas. Iver said we need to do more. There needs to be an elder advocate for each village. The state could have a program like this to enhance communication. The Commission has done a lot already.

Sharon Howerton-Clark said that information has to be available in their language.

Legislative Advocacy Report, Pat Branson and Denise Daniello
Report attached

Governor's Council report, Banarsi Lal

The Senior Benefits program is scheduled to sunset on 6-30-2011. ACoA prepared a position paper, which Banarsi shared with the council.

The Council is working on establishing a complex behavior hub to provide intensive support and services, which is an issue across all beneficiary boards.

Alaska Mental Health Trust Authority, Nancy Burke, Program Officer

Nancy reported that she is looking forward to working with the new Commissioner. Nancy said she sees opportunities for advancing long-term care strategic plan ideas. She would like ACoA's support. Nancy is anxious to have more discussions on this.

The Yukon-Kuskokwim health care assisted living facility just got \$160,000 from the Denali Commission for the capital budget. It is scheduled to open in March, 2011.

Public Comment: Theresa Obermeyer asked about Permanent Fund insider trading.

Sue Sammett said she is the new ED of Homer Senior Citizens. Sue said she used some Title III funds for a friendly visitor program. Senior volunteers visited shut-ins. Money is used for background checks, training, etc. It is not the same as the RSVP program that was in Alaska. It is a wonderful way of approaching people one-on-one.

Marie Darlin asked how things are in Homer, what kind of needs seniors have. Sue said that things are wonderful in Homer. Sue said she has been there for 2 months. Sue said they have a lot of outreach to do. They have good programs, but they need to be more cohesive. There are quite a few independent living buildings right now.

Governor's Council and AADSC (Alaska Alliance for Direct Service Careers), Heidi Frost

Heidi said that there are great jobs for older Alaskans as direct service professionals. Heidi said they have a great website with a free job bank. Her number is 269-8999 and she said to call her regarding recruitment and retention issues. Heidi said they are encouraging older Alaskans to come back to work as direct service professionals.

Alaska Mobility Coalition, David Levy, Director

The priority this year is to obtain State funding for coordinated transportation. Alaska is one of the three states where the state doesn't provide operating funds for coordinated transportation. David said he worked with the legislature on this issue for several years. David expects that Senator Bettye Davis will get on board. David said he is confident that this is going to be a good year for public transportation.

Anchorage Senior Advisory Commission

Dawnia Clements, former Anchorage Senior Advisory Commission Chair; Ella Craig, Member; Lynda Meyer, Anchorage Department of Health and Human Services, Senior Services Coordinator; and Joan Fischer, the Senior Advisory Commission's new Chair.

Joan Fischer, the Executive Director of the Anchorage Neighborhood Health Center, is the new chair for the Advisory Commission. Joan wants to recognize Ella and Dawnia – they are not leaving the Commission. Joan said that Dawnia is now the vice chair. Joan said that in May they will hold a retreat for all of the committees to plan their year's priorities. Needs assessment, area plan, health care, and housing are priority issues. Joan said the community's resources are not ready for the huge growth in the senior population. Joan said they are looking to piggyback on ACoA's survey.

Lynda Meyer is participating in the state plan development. Lynda said the Anchorage Senior Advisory Commission is looking at plans to develop an AAA. They want to take another look, though it was not considered feasible in the past. Affordable housing is a struggle for seniors. They plan to inform themselves of the senior housing needs in Anchorage and advocate for what's needed.

Joan said the Anchorage Neighborhood Health Center is the last practice taking new Medicare patients. The Providence Clinic in January and Dr. Rhyneer's clinic in February will help, but are not expected to totally solve the problem.

Joan said she would like to work with Les Gara on a bill to support those taking Medicare patients.

Sharon Howerton-Clark stated that though Ted Stevens got 35% increments for Medicare reimbursement, the doctors still say this amount is not enough.

Joan stated that Begich inserted language in the Affordable Care Act that the State can give grant money to practices that see a high percentage of Medicare patients. Les Gara's bill didn't pass last year. He will introduce the bill again.

Joan said that any incentive to get private providers back into the primary care system will have value. The Anchorage Neighborhood Health Center sees 1,800 of the 18,000 seniors in Anchorage. Medicare's low level of reimbursement is now becoming a national problem. There was a feature story by Julia O'Malley that featured a Commission member. They want to keep this issue in front of the public.

The program for disposing of expired prescription drugs went well. There were thousands of pounds of drugs dropped off.

Transportation is a long standing priority. The bus system is called the People-Mover in Anchorage. Joan said they want to advocate for public transportation for all groups.

The Ron Hammett award (honoring an outstanding Anchorage volunteer on behalf of senior issues) this year went to Beverly Tallman.

Joan said they are pleased to have an Aging & Disability Resource Center (ADRC).

The Commission was alerted to some Adult Protective Services issues and met with them. Joan said that they met with Mayor Sullivan and updated him. The Senior Advisory Commission participated in the MOA budget work sessions. They tried to get Senior Voice back into Fred Meyer's, and succeeded in Anchorage. (They had put in DVD machines.)

There was a luncheon in May with Arliss Sturgulewski as the keynote speaker.

Denise asked the Senior Advisory Commission to share their legislative priorities with ACoA again this year.

Sheila said they are working on a needs assessment. She said it was unlikely that they would get any funding in the Municipality's budget. They looked at doing a quality of life assessment as in Fairbanks, but they can't get the money this year. Fairbanks received money from the Trust and also the Fairbanks North Star Borough. Lynda is already talking to the Trust. They may be able to piecemeal data from various reports on seniors over the past ten years, including the ACoA senior survey. They could then fill in the gaps with focus groups. This would be cheaper. There will probably be a small RFP to find someone to compile and analyze the information.

Denise noted that the ACoA also did an elder community forum in Anchorage last December, in which we gathered comments on senior needs in the community.

Dawnia said she hoped the Anchorage Senior Advisory Commission could partner with the Alaska Commission on Aging again for Older Americans Month.

**Alaska Native Tribal Health Consortium
Kay Branch, Elder Care Program Coordinator**

Kay said she would like ACoA's support for a long-term care facility in Anchorage. Kay requested a letter of support. Kay referred Commissioners to her packet, which includes newspaper articles about the project.

Kay is also working on an elder outreach project; they distributed elder care bags this year with salmon strips, pilot bread, Red Rose tea, jam, toiletries, crossword puzzles, cards and bandanas. The bags were delivered to people in Providence Extended Care and Prestige Care. There was very good reception from the elders. Kay said they were amazed at the difference you can make with just a small amount of money.

The planned 100 bed long-term care facility is based on the Green House model. The total cost is \$45.8 million. They have \$7.4 million, so they need \$38.4 million. In Anchorage there is a growing Native elderly population with many far away from home, in facilities with unfamiliar food and language, etc.

Kay said there are 314 nursing home beds in Anchorage now. 96 more beds are needed by 2015 and 194 more by 2020. Providence is downsizing by 90 beds due to the facility reaching the end of its lifespan. Prestige Care was formerly the Mary Conrad Center in Muldoon.

Kay said it's hard to get data on where people who are in Anchorage long-term care facilities today are from.

A Green House model would have a community space where dance groups could practice, etc.

Senate Bill 61 (Medicaid Reform) from several years ago (2007?) is supposed to lower costs, including working with tribal health organizations. This could save the State its Medicaid match - costs are paid 100% by the federal government if service is provided by a tribal group.

There is potential savings to the State of about \$6 to \$7 million a year in general funds for Medicaid. The State would get a return on its investment in 5 to 7 years.

They have support from AARP, ANMC, Providence, Prestige Care. They are looking for property in the vicinity of ANMC (Alaska Native Medical Center).

Iver Malutin said we owe it to the first people of Alaska. ACoA should support this.

Sharon said the Commission has to discuss this first.

Denise asked whether this facility is open to non-federal beneficiaries.

Kay answered that it is, but it will be culturally specific to Natives. There will be some Medicare beds.

Kay responded to another question regarding funding. There are no other funds being sought. The Indian Health Service won't fund long-term care.

Denise recommended exploring other possible sources of funding. The legislature will be getting a big request from the Department. There is the Pioneer Home expansion and other competing requests for worthy projects. Resources are finite. It would be helpful for ANTHC to look at other funding sources.

Connie Sipe added that the Denali Commission is now out of money for health care facilities.

Kay said the Denali Commission wouldn't this anyway.

Banarsi Lal said the new hospital in Nome got substantial federal assistance.

Kay said Nome did receive stimulus funds that this project is not at that point yet.

Banarsi said he would be hesitant to put all of his eggs in one basket.

Iver said that Kay's point today is not to find ways to fund the project but to find ways the Commission can assist.

Sharon said it is not that we don't want to help. It has to be collaborative. But this is the first time we've seen the numbers. So we can't just say right now, "Yes, we support this." We have to discuss it.

Eleanor Dementi said, "Kay, I do have faith in you. I think it's going to happen."

**Rose Foley,
Staff from Rep. Gara's office**

Rose Foley from Representative Les Gara's office said he has a bill that would require the State retiree health plan to cover screening for colonoscopies. There are a lot of other procedures covered under active retirement plans but not under the retiree plan. They're unsure if mammography, prostate exams, etc. are covered under the retiree plan. HB 178 from last year, now that the health care reform law allows supplements to medically underserved populations, would allow doctors who see a high percentage of seniors to get a supplemental Medicare grant. The federal law says that such payments cannot be administered by the same department that provides health care funding, so the grants would be administered by the Department of Commerce.

Ms. Foley said there is bill draft available.

Ms. Foley said she is unclear how much money we're talking about. Denise noted that if a Medicare reimbursement extension doesn't come through by early January, we'll be having problems.

Pat Luby noted that in January, Medicare will cover more preventive screenings. This will include those PERS/TRS retirees who are Medicare-eligible.

Pat also said that Representative Chris Tuck has filed something to extend Senior Benefits. Pat is unsure if he's working with Hawker.

Dr. Todd Green

Dr. Green does Medicare home visits in the Anchorage area. He is board certified in internal medicine. He exclusively sees Medicare homebound patients in their home. He only takes Medicare and cash. He has a lot of hope for the home care field. Dr. Green said the reason for his optimism is that home care is building momentum.

The biggest issues of aging are a loss of independence, an inability to pay for care, and fear of being a burden to friends and family. There is program starting in 2012 called Independence at Home. This is for a larger group though, not for him.

There are issues with certain diagnostic codes, where charges of fraud can arise. It's a punitive system. Payments are delayed. It's a waste of time and resources. There is a lack of understanding of what is involved. Dr. Green said he is a bit of a target, and likely to go through the mill on these things.

Dr. Green said he has 12 patients right now. He did mailings to every assisted living facility with more than five people in the Anchorage bowl. He met with care managers. He is relying more on word of mouth. There was no advertising per se.

Dr. Green said he has been in Alaska for 4-1/2 years. He practiced in Fairbanks prior to moving to Anchorage.

Joan with Anchorage Neighborhood Health Center said they actually manage the care of a lot of patients at home. They can't bill for any of that and would like to share these patients.

Connie Sipe asked why Dr. Green doesn't take Medicaid.

Dr. Green said had to start somewhere, so he started with Medicare. He is focusing on simplicity, and something with less cost, less out-of pocket for patients. He will keep an open mind on Medicaid. He is not able to jump through the financial hoops at this time.

Division of Public Health, Licensing & Certification

Theresa Narvaez filled in for Jane Urbanovsky, Certification/Licensing Administrator

Theresa gave an update on Certification and Licensing. Theresa is the manager for the background check program. There are 619 assisted living facilities. 20 are dual-licensed, for both seniors and people with mental health/developmental disabilities. There are 263 senior facilities licensed statewide, and 336 for MH/DD. There's a total capacity of 3,443 beds statewide. Since 7/1/10, there have been 949 complaints already. Those complaints include mandatory incident reports, which comprised 728 of those complaints. There are 61 child residential facilities. There have been only 6 complaint investigations and 78 incident reports in the children facilities.

There are upcoming changes – they are adding an investigative unit, separate from routine compliance inspections.

Denise asked how the Office of the Long-Term Care Ombudsman and Adult Protective Services work with Assisted Living Licensing.

Theresa answered that the other two agencies are involved when any of the three get a complaint. It's a very collaborative effort. All 3 may go out to investigate a complaint, each with a different focus.

The complaints get prioritized as 1 (most serious), 2 or 3 level. 1's are investigated within 24 hours. Theresa said she was unsure of the percentage of complaints that are 1's. A fair number are serious though. Theresa said she is not in that unit.

The background check unit has been in existence for 5 years. They started processing applications in March of 2006. They are up to 80,000 applications processed now. 2,506 of them have barrier determinations. However, one person may have multiple applications. 12,083 applications have some sort of criminal history. 3.2% have a barrier. This is not bad but it's increasing as they've brought on more facility types for background checks. 15.5% have criminal history; that is a lot of staff time spent researching. Assault may be a barrier crime in one state and not in another.

A question from the audience asked, what is the turn-around time.

Theresa answered that it is less than 72 hours now.

You can't take a clearance from one facility to another. But a fingerprint card info is valid for 6 years, as long as there isn't a lengthy break in service.

Some options for changing regulations would include basing background checks on the individual. A new facility could log in and view their background check. This would offer a quicker turnaround. They received some grant funding to work on this.

The troopers do a name check, but not a fingerprint check.

Connie Sipe said the applicants are irritated, and it's costly to have multiple departments who can't share background information.

Theresa said the FBI has restrictions on sharing fingerprint information.

They are now discussing processing applications for certified pre-schools as well. With teachers, nurses, CNA's, etc., there is a lot of redundancy.

A question from the audience asked whether assisted living home residents need a background check.

Theresa said probably not. But there are new CMS grants – Alaska has one of seven pilot grants – which offer new funding to enhance their program. Still, they probably won't check residents because where do you place them if they have issues?

An audience member noted that there is a national discussion about the potential pedophile in a nursing home.

Question from the audience: Is there ability to pay online?

Theresa answered that this is one of the first priorities that they are working on via the grant funding.

They used to have to wait 6 to 8 months for fingerprint results from the Department of Public Safety; now it's 2 to 3 weeks.

Theresa said they hope to find a paralegal and a research analyst through the grant.

Meeting adjourned at 4:02 PM.

Wednesday, December 8th.

Meeting called to order at 9:02 a.m.

Roll Call: Everyone who was present on 12-7-10 was present 12-8-10.

Alaska Housing Finance Corporation, Senior Housing Office

Jim McCall, Program Officer - see handout

Jim gave a recap of Chugach Manor's designation as a senior preference facility. He said it was a done deal. The disabled community had concerns, especially regarding the public notice and their involvement.

There is a point preference system, which allots 2 points for seniors, 4 points for veterans, etc. There are a lot of questions and frustrations. There was a question raised whether it is even a good thing to have.

There are over 9,000 families on the wait list. People can be on it for years. Jim said ACoA should be involved in this discussion, as well as the disabled community. Golden Towers is also a senior preference facility as of a couple of years ago. Jim said he thinks it's time to re-evaluate the point list.

Sharon said there was no point list when she was with senior housing.

Jim said the homeless numbers are going up as people from the lower 48 without jobs are moving to Alaska. Many expect to move right into public housing. A national disaster like Katrina could give someone a 15-point preference.

Denise asked about the amount of public housing. Can Alaska Housing request legislative authorization that more of their receipts be used for SNUG housing?

Jim answered that HUD's 202 proposal to rewrite 202 because of the growth of the senior population and a tighter federal budget. (811 is disabled housing and 202 is senior housing). This will now be the last money into a project, no longer the first money in. There's been a shift in HUD's mentality.

Jim said that he started giving ACoA the public housing monthly statistical report – a point-in-time snapshot.

There are 1,307 applicants on the senior/disabled wait list as of October 2010. With vouchers they pay 30% of their income for rent. There are 7,103 people on the voucher waitlist as of November 2010, and there are a limited amount of vouchers.

Alaska is becoming a magnet for people from the lower 48. Alaska was just ranked the number one place to retire in the U.S. The media presents it as a pot of gold.

The GOAL program funds are to be awarded shortly.

Raven's Landing in Fairbanks had a recent open house, and tenants are moving in.

Ketchikan is still having issues. "We've done all we can do," said Jim. They may approach the legislature for the additional money they need.

There is an RFP out for the weatherization program. There is \$100 million in the capital budget for additional weatherization money.

Money still remains in the appliance rebate program for disabled Alaskans. The money must be out the door by 2012. There may be changes in the future.

Loussac Manor in Anchorage was demolished. It was 60 units, and the new facility will be 120 units.

Alaska is one of the only 5 states that has a veterans mortgage program. The program has a 4.5% interest rate for a first-time home buyer.

Jim said there is a copy of their capital budget in the handout. They are requesting \$4.5 million, same as last year - but is it enough?

The corporation is still making money but not as much as it used to. The mortgage department is the economic engine of the corporation. They had a 49% market share in 2001 and only 13% in 2010. Why? When the feds stepped in to assist Fannie Mae and Freddie Mac with tax-dollar bailouts, Alaska Housing had to compete with them. Alaska Housing never played that game of, "if you have a pulse, you get a loan." The feds had to step in, or it could've been a global disaster. They had to restructure and subsidize down the tax-exempt rate.

This is the first time the Senior Citizen Housing Development Fund has requested General Fund money. There will be questions in Juneau.

It may be okay again in 2 to 3 years; nobody knows - it is unpredictable.

Iver Malutin asked if AHFC was getting questions on weatherization from people who have trouble financing it. Are there any other options?

Iver said it is an excellent program and all the people are happy with it in Kodiak. Iver told Jim, “Thank you for helping our people.”

Jim said no to extending the 18-month time frame for the financing. There is extra money to get started for the rebate program only. But the weatherization program is free to the homeowner. People can apply to AHFC for up to \$30,000 upfront for the rebate program. Rebates have to go to pay off the loan. It’s a very simple application process.

Question from the audience: Is Mountain View in Juneau going to implement senior preference?

Jim said he didn’t know. There will be a more inclusive process from now on. The disability community will be more involved. The work group will decide.

Mat-Su Regional Plan for Delivery of Senior Services
Elizabeth Ripley, Director, Mat Su Health Foundation
Donna Logan, McDowell Group
(Power Point handout attached)

The Mat-Su Health Foundation is a 501(c)(3) organization; it owns the Mat-Su Medical Center. It also invests \$4 million in grants in the Mat-Su community. It partners with many large funders (including the Denali Commission, Rasmuson Foundation, United Way) and non-funding partners including government agencies such as the Alaska Commission on Aging and Senior & Disabilities Services.

Unlike most areas of the state, Mat-Su has greater in-migration of seniors than out-migration. The Foundation identified lack of coordination among providers and funds as a problem – the system was designed for them to work competitively. The Foundation commissioned a plan to look at the entire delivery system over the continuum of care for seniors. The plan is seen as helping maximize area resources and will provide a blueprint for other similar regions. Plan goals are to increase the number of seniors served, define service areas, and increase collaboration among providers. The population of this region is mostly non-Native. A similar process may need to be done in areas providing care mostly for Native people.

The McDowell Group subcontracted with Health Dimensions Group. HDG focuses specifically on senior issues. Andy and Donna from HDG joined Donna over the phone. They presented a “sneak preview” of their work. It’s not yet complete. They will share their report with the Commission when it’s done. They gave a PowerPoint slide-show.

Elizabeth noted that a lot of people are in denial and don’t want to talk about the issue of the growing senior population. But if we do NOT talk about it, the “gray tsunami” is going to be painful. Andy pointed

out that the “silver tsunami” won’t crest until 2025. Alaska’s senior growth is exponential. In the Mat-Su area, it will be 100 to 150% - ten times that of the rest of the country.

All projections were done on the basis of need. They did not look at ability to pay. There is a large number of people not getting any service at all.

The need for assisted living will triple by 2030 in Mat-Su. They will need 4 to 4-1/2 times the number of assisted living units that currently exist. Alaska has the fewest nursing home beds per capita of any state. Four percent of seniors nationally will need a skilled nursing facility – but in Alaska they use 1.1%. People who need skilled nursing care right now have to leave the Mat-Su area.

Most people with MCI (Mild Cognitive Impairment) or ADRD (Alzheimer’s Disease and Related Dementias) can be served well in assisted living. Dementia-care assisted living is the fastest growing area now. Alzheimer’s patients who become combative in assisted living are dropped off in the hospital emergency room. The hospital holds them in a bed (very costly) till a long-term care placement opens up. “This is a nightmarish problem in Mat-Su.” Denise commented that it was a statewide problem. Many are housed at Alaska Psychiatric Institute inappropriately.

For seniors and their adult children, navigating the service system can be a real challenge. “When I need help, I don’t know who to call,” they hear frequently.

Currently there are no hospice in-patient beds but they do have hospice providers.

There is a group that is not large in number but their needs are more severe. “Things are not going to get better unless something changes.”

Elizabeth stated that the Mat-Su senior centers a couple of years ago drafted an MOA but then no action was taken. The Mat-Su region is the size of West Virginia. Service providers are spread over a vast area. They got a consultant to help the Mat-Su senior centers develop a common vision focused on the needs of seniors. They tried to engage providers in the changes and let them (rather than the funder) drive the changes. “We see a light at the end of the tunnel that we didn’t see when we started.”

Donna noted that the “change management” piece is critically important. People are locked into their way of doing things, but they won’t be able to respond to the growing need. There’s a need to think out of the box and act cooperatively. One strategy is a senior navigator program, based on a web-based model.

Andy added that chronic disease management is an important piece. The current health care system is reactive. The challenge is to be pro-active, keep people healthy, and keep them home as long as possible.

Elizabeth pointed to the unsustainable growth of Medicaid, saying that chronic disease management is going to be a huge part of cost containment efforts.

They expect the private sector to pick up the ball on the skilled nursing facilities.

Donna summed up what the group has learned regarding regional planning:

- One size does not fit all. Look at what's unique about the region. Mat-Su's strategies may not work elsewhere.
- Local involvement is an absolute must. The change management effort is critically important. Don't impose systems that don't make sense. Build ownership in the changes.
- Be consistent in how you approach and look at the various regions.
- Statewide, exponential growth of the senior population will soon overwhelm the current infrastructure. Doing more of what we do now will NOT be successful.
- Use longer-term (longer than four years) vision regarding the coming population growth.
- Do quantitative analysis. How will you statistically predict the demand? There has to be a statistically valid quantitative analysis.
- Alaska is a leader in home- and community-based services. It represents 51% of our spending on long-term care; it's 13% in some states, 26% in the average state.

Paula Pawlowski commented on the distances in Mat-Su - there is 80 miles between the Upper Susitna Senior Center and the furthest-south center. Paula said it may be necessary to have duplicated services due to the travel distances.

Elizabeth responded that some of the duplication is in administrative functions. The borough already has workforce issues. Information and referral can be done from one location.

Donna said they did interviews asking specific questions and did not conduct a community or household survey.

Sharon said that the Kenai Peninsula has a similar situation and is trying to get its many senior centers to collaborate.

Denise asked about the PACE (Program of All-inclusive Care for the Elderly) model.

Donna said she did look at it. Andy elaborated. This is a home-based program of care for seniors who are certified as needing a nursing home level of care. It's a capitated payment model – so the provider takes the risk to provide all the care that the person needs. There are 79 of these programs around the country. Having an adult day center is key. Transportation is also key. You want people to live within 40 minutes of the adult day center. That should be their maximum time in a vehicle. So this is very successful in urban areas, but the jury is still out on its viability in rural areas. There are not enough seniors in any given market in Alaska to make it viable, and the transportation issue is a big challenge. It might work in Anchorage.

Donna noted that the ACoA's senior survey has a self-selection bias (it was completed only by those who chose to take the time to fill it out). There is value in this kind of survey, but be careful, she warned. You can't make any assumptions on the basis of this type of survey. A phone survey with random selection of participants gives much better quality data.

Providence Senior Care Center Dr. Neubauer

Dr. Neubauer observed that the lack of primary care is a real detriment to people's wellness. A recent issue of JAMA was devoted to elder care. He noted that private doctors in the area haven't done well, with Medicare the lowest payer in the market, so seniors have been shunned. It's hard to provide primary care, and you don't make a lot of money doing it. The "toxic" levels of payment disenfranchise a lot of elders from primary care.

The Providence Clinic is scheduled to open January 17, 2011. It's based on a patient-centered medical home model. They will provide coordinated, comprehensive care in a primary care setting using tools like email, etc. It's a whole-person approach. There will be more time devoted to coordination of care. It's more of a team approach. They will see patients age 55 and older, so there will be some non-Medicare patients. Health problems tend to start before Medicare age. They estimate that 70% of the patients will have Medicare, and 30% will be age 55 to 65. Providers will see 12 to 16 patients per day. There will be two MDs and one nurse-practitioner to start, with four MDs expected to be on board by the end of 2011. It's difficult to recruit primary care internists to Anchorage, but they found some young doctors who are interested. They'll be less experienced, but trained in complicated, multi-disciplinary problems.

Denise asked about how the Providence clinic differs from Dr. Rhyneer's clinic.

Dr. Neubauer said that there are quite a few differences in the model. Dr. Rhyneer will have one MD with a team of CNAs, RNs, etc. who will do most of the work seeing patients. The MD will see 50 to 75 patients a day. They will work within the Medicare payment system to make the clinic financially viable. The Providence clinic, on the other hand, is based on doctors spending quite a bit of time with patients.

The effort is being heavily subsidized by Providence Hospital. They expect to lose money the first year. They are hoping for better models of reimbursement.

Paula asked about the retired military. They pay for Tri-Care but can't use it unless a doctor will take Medicare.

Dr. Neubauer said they will be accepting Tri-Care for those age 55 to 65. He said he hadn't really thought about this.

He said there are plenty of patients to go around. The clinics won't be in competition. There will still be people having trouble finding care.

Dr. Neubauer said he put together a consumer advisory group to tell them what patients want. This isn't a unique idea but not many clinics do that.

Denise said the Anchorage Neighborhood Health Clinic also is moving towards a medical home model. They are implementing IMPACT and SBIRT (protocols to screen for depression and substance abuse).

Dr. Neubauer said he has talked to Mary Sullivan a lot. He said he is not sure how that is going to evolve. SBIRT will be incorporated into their initial effort.

Denise said IMPACT is needed too; depression is often the basis of substance abuse.

The clinic will use electronic health records. They can build in tools. Depression and substance abuse screening can be part of the patient screening routine. The provider would have to fill this in.

The Anchorage Neighborhood Health Center went from 5% to 15% Medicare clients – though their main mission is to focus on the uninsured. They've done yeoman's work.

The clinic will be on the Providence campus – very accessible.

Question from the audience: What about education, outreach, prevention – is that part of this approach? Will you have partners, such as physical therapists, behavioral health, etc.? Dr. Neubauer replied that there will be no patient education component initially – an RN and CAN will do those tasks – it's more of a traditional model. But they may expand as time goes on. They are trying to build in tools for "patient self-management."

They have about 100 patients lined up so far. He's cautious about putting the word out too much – they don't want to be inundated. Their primary target is seniors who haven't been able to find a primary care doctor. There is a concern that doctors may be dumping people now that there ARE Medicare clinics. He doesn't want this to be a place you go because it's the only place you CAN go. He wants it to offer high-quality care.

Patients will have access to their charts online, via secure access. There is more information about the clinic available at Providence's website.

Ready Care, Division of Job Ready, Inc.

Cheryl Howdyshell, Home Care Executive Director for Ready Care

Ready Care is a statewide company that provides services to help seniors and people with disabilities stay in their homes. There are many services, including assisted living and group homes for those needing more supervision. There are about 600 employees, and they serve about 600 Alaskans; 65% are seniors.

Someone asked about services for VA patients. Cheryl answered they have a contract with the VA to provide services for individuals.

Services are available in Anchorage, Fairbanks, Wasilla, Soldotna, Seward, Delta Junction and outlying villages. They do a lot of marketing through TV commercials and bus signs. A majority of their services are Medicaid-reimbursed, with some private pay and insurance.

Sandra asked about taking into consideration how lifestyle affects time for tasks such as bathing in rural areas. Cheryl said they are flexible. The system is still based on individualized services.

They employ people year round in many areas with very high seasonal unemployment, providing good livable wages, although not always health insurance.

Paula asked what the biggest need was. Cheryl answered that it's PCA services – but they provide the full array of waiver services. She noted that a for-profit company can change in response to community needs much quicker than a non-profit.

Kimberli Poppe-Smart asked about the needs that no systems are addressing. Cheryl cited Medicaid rates, due to high costs in rural areas. It is tough to offer services where you'll lose money.

There are companion services for people living on their own who just need somebody there. There are also day habilitation type services for seniors to get them out into the community, one on one or recreational. All training that ReadyCare does is individualized and client-specific. They look at the consumer's need and whether there is interested staff.

Division of Senior and Disabilities Services

Kimberli Poppe-Smart, Acting Director

Amanda Lofgren, Rural Long-Term Care Coordinator

Kim said she will be resigning as of December 20th this year. Duane Mayes will be the new SDS Director. Kim said when she started the position SDS was 2,000 assessments behind. SDS staff has made

tremendous progress over the past year and a half. There are 4 waivers that are being internally reviewed by stakeholders. The new applications are due to CMS in March. CMS says they do not have to be perfect, but do have to give them data on how the problems are being resolved. A CMS finding was that they had a waiver within a waiver. For APD/DD, they had to re-write it and keep dually-diagnosed individuals in one waiver program. They put the others in the OA waiver as they have the same service choices.

Alaska is number 3 in the nation regarding home- and community-based services, and de-institutionizing folks. SDS will look at people in urban nursing homes who'd rather be in their rural community. For "Money Follows the Person" they must be in certain client groups and must go to a "qualified home setting" with a lot of restrictions. It's an opportunity to try out some types of services with federal government funding. There is a big federal promotion of choice and consumer directed services. People can only be on "Money Follows the Person" for one year; then they would have to transition to an existing program like a waiver.

There was a question from the audience about creating an ADRD waiver. Kim answered that the person has to meet the requirements for an institutional level of care in order to be eligible for a waiver.

A question from the audience: Alaska is the only state that doesn't allow Alzheimer's Disease as a diagnosis qualifying a person for a waiver. In mid-stage Alzheimer's, they may not be physically or medically needy, but need lots of support – cueing, supervision, etc. – in order to live at home.

Kim answered that it's not the diagnosis that is the determining factor, it's their functional ability and the level of care needed. The gap is when they can do things, but need cueing.

Kim said we need to stop looking for a waiver as a solution for this group of people; it won't work. We need to look at other solutions.

People need one worker to help them with their various needs - bathing, chores, meals, taking them to a movie.

Kim said ACoA is incredibly dedicated and is very aware of the needs. Kim said the Commission has helped her be more well-rounded. SDS has had a strong DD focus.

Amanda said the Alaska Mental Health Trust Authority helped get money for YKHC to do care coordination starting in 2011. Tanana Chiefs received start-up funds to add PCA services. Tanana Chiefs also was one of 10 recipients of the Elder Care Initiative grant.

Amanda said the Galena assisted living facility has been in the works since 1998. There was \$160,000 approved from the Denali Commission for start up costs. The home is expected to open next summer. It is a beautiful facility on the Yukon River. Amanda said they are working on educating folks on what it means to qualify for a Medicaid waiver. This is a sub-regional project, but will be regional based. They will take anyone statewide.

They are working with Grandma's House in Dillingham regarding issues. Agnew-Beck is involved too.

Amanda said the ADRCs have a health literacy hospital discharge project. The aim is to ensure that people don't have to go back into the hospital, by having services to set up for when they go back home. Kelda Barstad is the project manager.

The ADRC Council is looking closely at the ADRC regions. Soldotna is providing service info for Mat-Su but it is not easy. The new ADRC site is in Dillingham. There is a lot of collaboration with the Alaska 2-1-1 program. They have an online data base.

MaryAnn mentioned that according to ACoA's senior survey, very few seniors are turning to the ADRCs for information. Amanda said that outreach and education is a must. The ADRCs provide services to 15,000 individuals. 45% of the people are over the age of 60.

Connie Snipe said that senior centers are a strong focus in Alaska. This is where seniors already go. We could and should link to the natural place people go. AgeNet is frustrated that nobody is willing to look at the natural linkages like this.

Sue Sammett added that Oregon is struggling with ADRCs. The Administration on Aging (AOA) is pushing it, so states are seeing dollar signs. Now the AOA is giving more money to the states with high nursing home rates! We can do it differently here.

Amanda said she is trying to work hard with the stakeholders as well as following the rules that they are given by AOA.

Alaska Health Care Commission

Emily Ennis, AHCC Board Member (by teleconference) and Fairbanks Resource Agency Executive Director.

The Health Care Commission is looking at quality, accessibility and availability of health care. They will develop a statewide health plan, which Alaska has not had. They are also encouraging personal responsibility and reduction of health care costs. The AHCC Board has 14 members. Emily said she is the Trust beneficiary group representative. Each commission member is asked to present a five-minute report on one significant issue. The Trust's concerns are:

- 1) health cost containment may overshadow the need for planning.
- 2) develop a state plan featuring behavioral health and long-term care integration with primary care, to reduce silos.
- 3) focus on long-term care continuum and gaps including the increasing inability to serve behavioral health needs in our community settings.

Emily said she will send her report to Denise. Denise said she would also like a copy of the Health Care Commission's report when it's done. Emily said there will be a draft available soon for public comment through December 27th.

Office of Long-Term Care Ombudsman

Diana Weber, Long-Term Care Ombudsman

Report attached

Diana said the complaint rate continues to rise. Just since July 1st, 2010, there have been 313 complaints, with 289 verified so far. 278 were in assisted living facilities. They have opened 150 cases – way ahead of last year, when they had 210 cases all year. Some complaints were from the Pioneer Homes – but not many and they were quickly resolved. The top kinds of complaints are (1) poor medication management, (2) accidental injuries/falls/improper handling, (3) gross neglect, (4) staffing shortages. They also see rights violations. They are working closely with DHSS' licensing office on a number of projects, including a protocol for investigation – who does what. Communication is going well right now. Next, they will create protocols for outside Anchorage – creating a resource list by community.

They are also working on new volunteer training materials. They have 11 active volunteers now. They revised the training to add new information. Volunteers track improvements in the homes – better medication management, removing inappropriate locks on residents' doors, an elder placed in a room closer to the bathroom, heat turned up from 66 degrees, better staff supervision, cleaner bathrooms, etc. They can really help with prevention and early intervention. There will be another training in January. Diana asked Commissioners to please invite people in their communities to become volunteer ombudsmen!

Iver said that he gets calls from all over Alaska. "You need volunteers in every village," he said. Eleven people isn't good enough. We're not reaching out the way we should. We've got to do better.

Diana said she is doing monthly articles in the Senior Voice. Julie Bailey has resigned. Kim Stoltze is the new deputy ombudsman. She has an MBA in health care administration. She'll be integrating volunteers into the office's investigative efforts.

There was a question regarding how to report problems with an adult DD son. Diana said they should call APS. The LTCO only covers individuals age 60 and older. They could also call the Disability Law Center.

Alaska Mental Health Trust Authority

Jeff Jessee, CEO

Jeff started with a question for the Commission. The Pioneer Homes plan an expansion in Anchorage. Jeff said the Trust has identified an adjacent parcel of land that the Trust Land Office could acquire in the anticipation of this expansion, which would include an Alzheimer's unit. Jeff said that as a business proposition this is not a great deal. It's an older home – an estate sale – and they would have to hold until the Pioneer Homes got the money for the expansion.

Jeff asked what the Commission's thoughts were on the expansion plans for the Anchorage Pioneer Home. Jeff said if the Commission favors this, it might influence the Trust to move forward. It is a good location.

Sharon said seniors are increasing. It's warranted to expand the Pioneer Home in Anchorage and elsewhere. They have a ten-year plan that includes expansion projects.

Banarsi said there were two studies done for the Pioneer Homes in the last 8 months and they make a good case for systematic expansion of bed capacity. Banarsi said he is very convinced the need is there, and would like the Trust's support. Banarsi said he could arrange for Jeff to speak to the Pioneer Home Board at their next meeting. Everyone is very devoted to the expansion of Pioneer Homes.

Marie Darlin said the new Pioneer Home report is good. The Juneau home expansion is already planned for. There is room for expansion on their current site. The order of the proposed expansion projects was (1) Fairbanks, (2) Juneau, and (3) Anchorage. Marie said it is okay to look ahead when an opportunity like this happens. But Marie said she hopes the Trust will support the other Pioneer Home expansions that are needed.

Jeff said it wouldn't be their intent to get involved in the prioritization of the different projects. They will have holding costs on the Anchorage property but it isn't worth upsetting the priorities. The Trustees haven't heard about this yet. The intent is to tie up the property for future expansion. The State would then buy the property from the Trust. So the Trust is not contributing in Anchorage or elsewhere. The Trust only makes small contributions to non-profits. It is not likely that the Trust will give a big chunk of capital to the State. Jeff said he is talking with Arnold Liebelt, the Dept. of Health & Social Services Facilities manager. Arnold is the one who brought the idea to the Trust. It doesn't meet their investment grade criteria.

Sue Sammett said she would caution the State regarding taking on more dementia care. It's a staff-heavy service. Non-profits can't compete with the State regarding salaries and benefits. The emphasis should be on home- and community-based services (HCBS).

Connie Sipe added that pressure to grow the Pioneer Homes will mean the failure of home- and community-based services expansion. There have already been drastic cuts to the waivers. Respite care was cut from the waivers. There have been no waiver updates in more than 16 years and SDS is still unwilling. Some of the increase in the demand for the Pioneer Homes is due to difficulty getting on the waivers and families getting no respite. Families are hiring her agency to go into the Sitka Pioneer Home to provide activities on weekends. No one is taking any policy steps toward positive HCBS changes.

“Providers are dying on the vine.” Hundreds more State positions with facility-based wages are not the answer. We need an ADRD waiver and modest general funds increase. Streur told them “this is not a good time” for a new ADRD waiver or changes to the existing waivers.

A lot of the detrimental changes that happened in the past, we have never gotten reversed, Connie continued. It’s easier to jump on the Pioneer Homes bandwagon. But it’s better to look at where the money SHOULD go – HCBS, etc.

Banarsi Lal said that the Pioneer Homes have over time abdicated Level I care to the private sector. He said he has never heard this argument before and is surprised. Banarsi said he didn’t think there was any competition regarding Level 2 and Level 3.

Connie Sipe said that this is not true. Families are the competition, if the families can get the respite for working caregivers or access adult day services. They just need the right in-home support. There needs to be a study of what the needs will be. Pioneer Homes and HCBS need to be linked and worked on together. Connie said she would be glad to come talk to the Pioneer Home board.

Lisa from ADRAA said she hears about the respite issue from families a lot. It is hard to find an assisted living home that is truly a home-like environment. It is important to not just have more beds, but to have a really good dementia unit. Make sure they have good trained staff. Some people don’t have family to care for them. So there is a need for both.

Jeff Jessee said, “Build the beds and they will come.” When budget crunches come, they’ll fund the beds they own, and cut somewhere else. The same arguments are made regarding Alaska Psychiatric Institute expansion. ACoA needs to come up with a public process to allow a range of comment. Jeff said we need a comprehensive community-based approach. The Trust may need to be prepared to take a loss if a decision is made to dump this expansion.

Marie Darlin said she hoped the new Health Care Commission will come up with a real continuum of care plan, and say how we’ll meet some of these needs.

Jeff Jessee said they are going to have a much broader look. We need a State long-term care plan. ACoA will have to take the bull by the horns and insist on this. “We are behind the curve.”

Sharon Howerton-Clark noted that we have been advocating with the Department.

Jeff Jessee asked, how do you come up with a plan to expand the pioneer homes by 200-plus beds without have a long-term care plan?

Banarsi Lal said the state has many studies on this. The Trust made long-term care a top priority four years ago. It was one of Bill Hogan’s priorities. But there are always competing priorities. The Pioneer Home studies highlight the need for a high level of care. If the private sector wants to provide it cheaper, then they should come up with a plan.

Denise Daniello said we have a growing population of seniors with ADRD and complex behaviors. Some are housed at Alaska Psychiatric Institute. They are not being served well. Neither HCBS nor API is the place for them. The intent is to put these folks with maladaptive behaviors in a new Anchorage wing.

AARP

Pat Luby

Pat Luby said AARP is working on preventing 25% Medicare reimbursement reduction scheduled to go into effect January 1st. Less than an hour ago, the U.S. Senate voted to extend the current reimbursement rates for a year. This one-year fix will cost \$16 billion – it would cost \$250 billion to fix it permanently. They got very involved in the elections – they interviewed all the candidates and put the interviews up on YouTube. They are going back to work on Senate Bill 139 - incentives for health care staff. The public pension issue they have worked on since 2005. July 1st we'll start to see people on the Defined Contribution plan begin to be vested and walking away with their money and leaving Alaska. This will have a critical impact on the State, municipalities, and the public school system. Senior Benefits is up for sunset.

The Medicaid Commission is looking at areas of inappropriate hospital usage. AARP will get involved in utility issues. This is a big issue for retirees, especially in rural areas. The Health Care Commission is looking for their recommendations. They will probably be focusing on implementing health care reform in Alaska. The Health Care Commission most likely won't do a long-term care plan. It was the Governor's bad decision to opt out of the health care reform changes that could help retirees (e.g., enroll dependents under age 26 in retiree health insurance). We have a lot of those. Thousands of Alaskans will be affected. This also affects those thinking about retiring – they may not be able to do it, especially if they have young adult kids. The State needs to replace the GEC (Geriatric Education Center, which closed due to lack of federal funding). If we fund it ourselves, we don't have to do what the feds tell us. The increase in the alcohol tax is favored by the Trust. Alcohol is a great burden on all Alaskans. Representative Les Gara's bill on colorectal screening is one they're supporting. Senior hunger is rising and there is growth in Food Stamps; the usage is up 40% in Alaska. Older people tend to stay away from this program and AARP would like to see more outreach. Many of these people could be on Senior Benefits too. There are 90,000+ AARP members in Alaska who can help with lobbying.

AgeNet

Connie Sipe, President

Connie is the executive director of Center for Community. She said there are 44 active members of AgeNet. They are waiting to see the rate regulations. They are not clear if the money for the second step is in the Governor's budget. (There is a plan for four increases.) They want updates in the waiver applications, or to get some changes made before the next application in 5 years – the waivers can be amended at any time. Tanana Chiefs used to do PCA and YKHC did waivers. They stopped because they didn't get the fiscal support. These new regulations will be the first to allow consideration of the location. Providers were very sorry to let go of those services.

Connie said they had strange regional differentials in the rate regulations. They were based on a study regarding state employee salaries, where Angoon was 2% above Anchorage, and Juneau 11% above Anchorage. This was because the study was based on the cost of living in a community, not the cost of doing business there.

The AgeNet legislative fly-in is the week of ACoA's February meeting.

Closing:

The Commission did a Wii drawing from the Healthy Body, Healthy Brain materials, six senior centers were picked to receive a Wii game console - Southeast Senior Services, Seward Senior Center, Anchorage Senior Center, Anchor Point Senior Center, Bridge Adult Day Center and Sterling Senior Center.