

Alaska Commission on Aging  
May 24<sup>th</sup> – 26<sup>th</sup>, 2011  
Palmer Senior Center  
& Wasilla Area Senior Center  
Approved

**Day 1: Tuesday May 24, 2011**

Meeting was called to order at 8:55 a.m.

**Roll Call:** Commission members present: Commissioner William Streur, Sharon Howerton-Clark, Banarsi Lal, Eleanor Dementi, Marie Darlin and Pat Branson via teleconference line.

**Commission members not present:** Paula Pawlowski, Iver Malutin, Betty Keegan, Barbara McNeil.

**Commission members present later this business day:** Iver Malutin, Barbara McNeil and Duane Mayes.

Staff present: Denise Daniello, Lesley Thompson and Sherice Cole.

**Meeting Agenda:** Denise Daniello reviewed the changes in the meeting agenda noting the exchange of times for the Trust and the ACoA Executive Director reports. Pat moved to approve the agenda and Marie seconded the approval.

**Meeting minutes:** For February 2011 minutes, Pat stated correction of meeting minutes to make sure that speakers who call-in their reports by teleconference have their last names stated on the meeting minutes (page 6). On page 21, Pat Branson noted that she filled in for Connie Sipe, AGENET's chair, and presented the AGENET report. Pat Branson moved to approve and Banarsi seconded the approval of minutes

**Meeting minutes:** April 2011 ACoA special Topic meeting minutes.  
Pat motioned to approve, Banarsi seconded the approval.

**Safety moment:** by Lesley Thompson.

**ACoA Chair Report, Sharon Howerton-Clark**

Sharon met with the Legislature during the February meeting and also with DHSS deputy commissioner Pat Hefley, Duane Mayes, SDS director, and the Special Assistant to the Governor Mike Lessman and the Lieutenant Governor. She attended the "Pioneer Home Walk About," the ACoA State Plan meetings, and the Joint Trust Advocacy Summit. Sharon also attended several teleconferences representing ACoA. She made a special presentation at the Alaska Mental Health Board meeting in Homer, and attended the Homer Senior Center meeting where they voted in new board members.

**ACoA Vice Chair report, Sharon Howerton-Clark for Paula Pawlowski**

Paula is the chair for the By-Laws Committee. On 2-11-11, the By-Laws Committee submitted the revised by-laws to the Commission for approval. Looking to next year, Paula would like the By-Laws Committee

to review the statutes with the current by-laws to make sure they are consistent with each other. This will be a work goal for the By-Law Committee in the coming year.

### **Alaska Mental Health Trust Authority**

#### **Jeff Jessee, Chief Executive Officer**

The Trust and advocacy boards held a Joint Advocacy Summit meeting. The Trust will work with ACoA and others in the development of a Long-Term Care (LTC) Plan. Duane Mayes, SDS director, is facilitating meetings of the LTC Steering Committee. This meeting emphasized that there are a lot of plans. Someone counted and there are 127 plans within Health and Social Services. Too many plans are not helpful. Jeff said his concern about the Long-Term Care process, is that we make sure that the Governor is supportive of the plan. It is important that we make sure that the Governor is comfortable with the direction of the plan, the implementation and the budgetary pieces are in his comfort zone. There are a lot of resources outside of state government that can support a long-term care plan funding that can help. We need to find out what the Commissioner and the Governor is comfortable with supporting and then we can really start to plan. Jeff suggested that we may want to explore using LTC insurance as a way to help finance LTC needs as the senior population grows.

The Trust will continue to house the Long-Term Care Ombudsman for another three years and then work to find a permanent home. Jeff said that Diana Weber, the LTCO, is doing a great job!

The problem from the Trust's perspective with housing the OLTCO office is responding to grievances filed by seniors that involve a hearing. For these situations, the grievance is filed by the hearing officer and goes to the DHSS Commissioner and the Trustees to make a decision. This is not the role of the Trust or the Trustees to make this type of decision. The Trust is concerned that in the long run that this is not going to work for the Trustees.

There is concern that some of the hearings might not involve beneficiaries. They are looking on how to manage this type of situation and how the Trustees would delegate the decision maker.

Pat Branson said Jeff Jessee met with AgeNet a week ago and they came up with some ideas on ways to engage the Governor in senior issues and services.

Sharon asked where Jeff was with his plan with the Long-Term Care Ombudsman since this meeting.

Jeff said they haven't made their decision yet.

### **Department of Health & Social Services - Commissioner, Bill Streur**

Commissioner Bill Streur thanked ACoA for all that it does. He looked on the list of the members of the commission and he has been engaged with all of the Commission members. The involvement of this group is amazing and the efforts are not without notice. It is nice knowing that there is such strong support of seniors and he thanks ACoA for all that that it is doing.

The Commissioner talked about where the Department is with Long-Term Care in Alaska. The Commissioner said he successfully held four Legislative Medicaid meetings to help move Medicaid forward to provide quality services at an affordable cost.

Bill said the Department's vision is that all individual and families are healthy, safe and productive. This vision includes quality Long-Term Care for seniors. Seniors are the fastest growing population in the state. We have a unique set of challenges and opportunities to provide care for our growing senior population. We are going to see a lot innovations being proposed, so we look for support on this. Our Department regularly updates and refines our strategies to serve Alaskans. Two of those strategies focus primarily on caring for vulnerable Alaskans. Like it or not as we get older we become vulnerable. Building sustainable long-term care systems for Alaskans is paramount. Medicaid is the primary care for the long-term care services for the elderly and disabled. Medicare does its part but in the State of Alaska and elsewhere, Medicaid is the primary payer for long-term care for vulnerable Alaskans.

There are major strategies that we are facing such as the identification and coordination of health and welfare needs.

We need to begin to implement quality assurance strategies that set forth standards of performance for home and community based providers and remediation responsive from failure of meeting those standards.

We need to use technology more to ensure our system of care is dynamic. We need to train and oversee the performance of our care coordinators to ensure the health and safety of the recipients that they serve.

We need to develop programs of safety related reports of harm in order to respond more quickly and accurately and to provide follow-up.

We need to increase our use of the Aging and Disability Resource Centers (ADRCs) as the access point for long-term support services. Bill said the ADRCs need to step up and become a part of everything that we do. We need to be involved in this together. We need to promote a service array that meets the needs of the underserved who require long-term care services. That includes collaborating with providers to develop sustainable options for institutional care that meets the needs for very complex individuals whose needs may not be met by the community centers. So far, we are looking at opportunities in Kotzebue, Nome, Bethel and Anchorage to increase their capacity for LTC facilities.

Bill said the array of nursing homes in Alaska is pretty thin. We need to keep more of our people at home, which is what it is about. We need to approve the coordination of services to individuals used by general relief assistance living programs to promote greater self responsibility and self reliance where appropriate. We need to continue support of these services and continue grant opportunities.

We need to provide continued support to individuals who do not qualify for Medicaid services but they need support, and we need to continue to serve them with grant-funded senior services to help them maintain their health and wellness.

We need to create sustainable solutions for partnerships with Pioneer Homes, SDS, Medicaid and Behavioral Health to help individuals with Long-Term Care needs related to complex behavioral issues and cognitive deficits such as Alzheimer's disease and other Dementias. We are not doing a very good job of it and it is an opportunity that we need to move forward. It is on our list of items that need to be addressed. We are going to work on this collaboratively with private groups as well. We need to develop integrated comprehensive models of care and evaluate opportunities provided by the Federal Government to manage the benefits for dually eligible individuals. So we maximize the opportunities on this but we must make sure that the LTC continuum is in place wherever possible. We need to decide which Long-Term Care plan can improve care coordination and incorporate care management strategies for those with chronic health conditions.

One of the successes of this legislative session was House Bill 16 (passage of legislation to extend Senior Benefits). Bill said he needs to recognize Rep. Mike Hawker for this. It was the first bill that moved out of the House and one of the last bills moved out of the Senate. Bill said that the ACoA was tireless at getting the Bill moved forward. He also worked personally on getting the Bill moved forward.

This bill allows us to extend the Senior Benefits Program which is a critical unique service of the state of Alaska it also increased the Personal Needs Allowance for elderly residents of nursing homes from \$75 to \$200/month for Medical assistance recipients.

He recommended a re-alignment of the DHSS. With the Governor's approval there will be a realignment started with Kim Poppe-Smart as the Deputy Commissioner of Health Care policy.

The Commissioner recommended to the Governor to move Medicaid services all under the deputy commissioner for Medicaid and Health Care Policy along with SDS, Health Care Services, and general Medicaid Arm, Division of Behavioral Health, as well as the program integrity.

Bill said he is still evaluating to see if the Pioneer Homes need to be under this as well. For customers he thinks this re-alignment would provide better service.

Senior and Disabilities Services is facilitating the LTC Steering Committee. Committee members will be reviewing all of the plans developed over the last 10 years. There are numerous LTC plans.

The Home and Community Based Strategies (HCBS) Plan of 2008 was a good plan. The State Plan for Senior Services that this Commission has set forward is a great plan. He thinks that with this plan and the Home and Community Based Strategies Plan, we are going to get somewhere, because it's time. We need the Commission to focus on Alzheimer's disease and related dementia.

Pat Branson noted that accountability, collaboration and coordination are really key words in moving forward.

The Commissioner said the Aging and Disability Resource Centers (ADRCs) are new in some communities. The ADRCs are the key to a lot of what we are developing our services. We need to make sure they are integrated with our senior centers and provider networks and our recipients.

If we are going to step up as a Department, we need to make sure the ADRCs are fully integrated in everything that we do.

Denise thanked Bill Streur for all of the information he provided and for all of his good work on behalf of seniors. She wanted to highlight what he said on the importance of senior grants in the continuum care of seniors as well as other Alaskans. One thing that we saw when we visited rural communities such as Kotzebue, Dillingham and Bethel is the importance of senior grants. A lot of times there are few providers out in the communities that provide Medicaid services, waiver services through the Older Alaskans Waiver as well as PCA services (Personal Care Attendant services) people rely on the services they get from senior centers and other agencies that are able to provide grant funded services. Denise thanked the U.S. Administration on Aging for all of the support they provide the ACoA with developing our new state plan.

Grant funded services are important for people with ADRD because sometimes even if these folks income-qualify, they may not medically qualify for Medicaid – but can be served through senior grant-funded services, which serve all seniors.

Denise said some folks with ADRD can qualify for PCA services but only if they meet the low-income Medicaid threshold (150% federal poverty level). If you live in rural areas where the cost of living is significantly high, you could be over the Medicaid limit but still live in impoverished conditions.

Denise noted that income-qualifying for Medicaid for people who live in rural Alaska is a significant challenge. Alaska has different cost of living standards among the nine regions of the state. Denise said maybe the Department could consider adopting various income level thresholds that would be appropriate for rural areas as opposed to having only one income level for qualifying for Medicaid.

Denise said thank you again for all of the Commissioner's great comments. The Commission is pleased with the Department moving forward with the enhanced PCA program and the additional services for people with ADRD who income-qualify.

However, the Commission is still concerned about people with ADRD who are of modest means but have incomes over the 150% federal poverty income level. They will still fall through the cracks.

Pat said she was reading Economic Trends for Alaska from May of 2011. The report noted the high costs for food in rural and bush areas of Alaska. She agrees with Denise regarding the regional variation of cost of living. Pat said this really defends what the Commissioner voted for.

Eleanor expressed her appreciation for Commissioner Streur's report and is excited about what was stated. Eleanor noted her agreement with Denise and her comments about rural Alaska. People in rural Alaska face a different way of living.

Karen Godnick from Alaska Legal Services (ALS) asked to speak. She noted her participation with the State Plan Steering Committee. She explained her program and that Alaska Legal Services received a Grant from the Administration on Aging to extend outreach about ALS services for seniors. Alaska Legal Services wants to work on a lasting Long-Term Care. Karen said her group is focusing on Long-Term Care. She said Alaska Legal Services wants to jump on board; they want to help with this process.

### **Office of Long-Term Care Ombudsman**

#### **Diana Weber, Long-Term Care Ombudsman**

Diana said she heard what the Commissioner said about performance measures and she is in agreement about the Long-Term Care Ombudsman program.

She has been talking with Duane Mayes about forming an advisory committee with participation from a variety of state agencies and seniors including the Commission with developing an evaluation plan with performance indicators and an Annual Report to evaluate the work of the OLTCO.

### **Mat-Su Regional Plan for Delivery Senior Services**

#### **Elizabeth Ripley, Mat-Su Health Foundation Executive Director**

Elizabeth presented a power point on a regional perspective for planning for the needs of senior citizens. Seniors are the fastest growing age demographic for the Mat-Su valley. This regional plan was commissioned by the Trust, Denali Commission, Mat-Su Health Foundation, Rasmuson Foundation, and the United Way of Mat-Su. The purpose of the presentation is to highlight the health needs for the Native and non-Native populations.

They issued a request for a proposal of this plan and awarded it to the McDowell which subcontracted with Health Dimensions group.

The project had 4 phases. Most of the research was gathered in 2010.

McDowell did the analysis for the whole continuum of care for seniors. They looked at infrastructure assessment, home based services, community based services, housing and institutional care.

The long-term planning horizon for this project spans 20 years to 2030.

The Mat-Su Borough's population is expected to grow by 63.3% that is 53,354 people.

The fastest growing demographic in Mat-Su are the 55 to 64 and 65 and up.

The age 65 to age 74 will more than double; this population will increase by 159% by 2030.

The age 75 to 84 will nearly triple by 274% by 2030.

The average 65 and 74 year old has one chronic disease and the average 75 to 84 year old has 3 chronic diseases.

Elizabeth said Mat-Su's current delivery system is a good one. Mat-Su has a fairly new hospital and a robust private sector across the continuum of care but the numbers are pretty daunting as you go forward.

The increased senior population is going to impact the community on many levels.

Across the LTC continuum, Mat-Su has a fairly robust business sector compared to other regions of the state. And so has developed quite a few services across the continuum especially where reimbursement makes them viable.

The demand estimates 9.2% of seniors in a 75 to 84 age need assisting living services and 25.6% of those over age 85 need those services. The graph does not include the percentage of people that could afford these levels of services.

The Mat-Su Pioneer Home, there are no Alzheimer's assisted living beds in Mat-Su primarily because there is no reimbursement, for memory assisted living beds; which makes hiring, training and equipping a different level of staff viable.

In another part of a graph which reads private pay geriatric care management for individuals living alone making \$75,000 and above.

The home health and hospice numbers only apply to seniors.

As part of their regional planning effort, the contractors review different plans across the country.

They worked on strategy development. They listed some of the regional and state challenges that affect our region. Geography presents a lot of challenges, particularly to Mat-Su in terms of transportation, coordination and a distribution of services.

Alaska provides more dollars to Home and Community Based Services (HCBS) than most states. The Mat-Su Foundation applauds a focus on HCBS. Many states have the reimbursement set up to be competitive rather than collaborative. This helps to create duplication that was shown in the power point, like having information and referral services at every senior center.

This plan that we put together builds incentives to collaborate. This is not the only arena of where we are looking at coordination and collaboration to reduce costs. The Commissioner talked about the federal Health Care Affordable Act earlier. Their foundation has done a lot of research on health reform and participating in a health reform analysis at the state level. Hospitals across the country are being told by the American Hospital Association that the future is that you have to serve more people with better outcomes for less money, that is our reality.

We have to be very creative in how to do this. One of the drivers is that we have to work more closely together and collaborate. They are predicting no stand alone hospitals in the future, and no stand alone physicians of anyone that bills Medicare. You are going to have to be connected to care for the health of the population. This is really one of the profound messages of this regional plan. Our senior centers and our senior delivery system is going to have to work more closely and collaboratively and coordinate to reduce costs and serve more seniors with better outcomes.

They are encouraging the state to look at ways to incentivize this collaboration and coordination.

Pat said this is so exciting to see engagement for change and getting the services to seniors.

Dulce Nobre thanked Ms. Ripley for the report. Dulce said the report really focuses on thinking about the family caregivers. It is a good idea to think about this level of care for our family when they get to this stage.

Sharon told Elizabeth she did an excellent job and the Commission looks forward to collaborating and Mike Patson and hopefully we can institute this around the state. This is what it is all about, collaboration and getting it done. Thanks again

Denise asked Ms. Ripley if she could more information about the Pace program and the Grace program and how those models compare to what is being proposed in the Mat-Su regional report.

Elizabeth said it was their estimation that Grace and Pace could not be implemented in a cost effective manner at this time. The ADRC would better serve seniors in the Matsu-Valley.

Kay Branch said she attended a workshop on the Grace Program. This program is not just chronic disease management, but a way to manage care for people who need LTC. Kay said she would like to see the Grace model implemented in Alaska. She thinks with what Commissioner Streur said, it would really work. Kay noted that the Grace program would better integrate the social service aging aspect to address seniors' needs.

### **U.S. Administration on Aging (AoA) Updates**

#### **David Ishida, AoA Region X Administrator & Terry Duffin, Region X Program Officer**

David thanked ACoA for all of its work on drafting the new AK State Plan for Senior Services. The Older Americans Act (OAA) established our Aging Network and the U.S. Administration on Aging. The OAA also mandated that each state create a state unit on aging in order that would be responsible for receiving and distributing federal OAA funds for senior services.

At a federal level one of their responsibilities is to look at aspects related to Home and Community Based Services. It is important to look at development of a State Plan or local regional plan.

It's critical to know that this is something that we are concerned about at a federal level. We are more comfortable that as the local needs bubble up, we will be able to meet the people's needs at a federal

level. It is critical that if we are going to do surveys for older people that we do surveys for care providers and care givers.

David said the Older Americans Act has been recognized and highly regarded for stimulating the development of comprehensive home and community based services systems at the state, tribal, local and community levels that have enhanced the lives of older individuals and their family caregivers. The Older Americans Act (OAA) has been reauthorized 14 times between 1965 and 2006. As part of that process, for the 2012 reauthorization of the OAA, the AoA has sought input from all interested parties offering a wide range of input options. They sponsored three on-site listening forums in 2010, they co- led a listening webinar with the Department of Labor their Assistant Secretary Jane Oats to focus on workforce issues and the Senior Community Services Employment Program for Title V of the Older Americans Act which is currently administered by the Department of Labor.

They provided listening forum information on the AoA (Administration on Aging) website.

Over 700 individuals from 48 states and territories have participated in the public input process to date, including 310 who have attended one of the three on-site listening forums. Since last March there have been 16 national forums for a total of 268 individuals have provided written, oral or online input for panel presentations; in addition 34 state or local input events sponsored by various aging agencies have been conducted, including 3 posted recently in California by their Commission on Aging and their forums are really focused on National Family caregivers support.

The following are the general type of areas from the public input process.

One is structure and administration – which is providing flexibility to states, to determine where funds should be directed; strengthening the capacity of the network, improving performance in training and technical assistance in improved data.

Two is service delivery and expansion. The AoA is looking at expanding age-eligibility guidelines for certain services, increasing funding for core programs, supporting caregivers and targeting groups of underserved older persons. They have also heard a few recurring themes, the importance of the original declarations of objectives in Title I that establish the guiding principles and goals of the Older Americans Act in creating a society that enhances the lives of older persons; the importance of advocacy and of the role of the Assistant Secretary in coordinating and advocating on behalf of older persons in aging issues within and across federal agencies and departments. The role of AoA in advocating on behalf older people at the federal state and local levels that is in Title II.

It is important for Community Based services and the Aging network infrastructure to respond to the needs and preferences of older individuals as outlined in Title III. Within this Title, the importance of information and assistance and the need for consolidated access such as single entry points through Aging and Disability Resource Centers is detailed. There is a need for flexibility and programming to respond to local and area needs often mentioned in the context in consolidating congregate home

delivered meals into one nutrition services allocation and program without prescribed levels of funding for each category from the federal level.

Another area is the need to include, a broader range of evidence-based interventions as a component of health promotions and disease prevention programs, and the need for greater inclusiveness of various types of kinship care and more respite services in the provision of caregiver services. There is a unique challenge of providing services and meeting the needs of individuals residing in rural, remote and frontier areas of the country. There is an importance of innovation, research, demonstrations, and training authority and funding and how it has played a significant role in building and enhancing the field of aging, this is title 4 which is referred to as research and demonstration programs.

Title V is defined as the need to restore more of a sense of community service back into the senior community service employment program and to look at ways to distinguish the program from other workforce and job placement programs at the Department of Labor.

Title VI is defined as the need to fully recognize the sovereignty of Tribal Nations and to consolidate programming for tribes from other parts of the act into Title VI. Comments were received to achieve greater funding parity from Title III.

Title VII is defined as the importance of focusing on Elder Rights and Justice issues, and to look broadly at building an effective infrastructure through enhanced coordination with domestic violence prevention efforts, Adult Protective Services, the Long-Term Care Ombudsman and Consumer Protection Organizations and other entities.

The Older Americans Act will be reviewed in the House Committee on Education and Workforce, the subcommittee on Higher Education and Workforce Training and in the Senate Committee on Health, Education, Labor and Pensions later this year. There is still time for additional comments to be heard either through the Commission, public hearing process, also online. Since we are talking about planning, needs assessment, and systems change, it is a really good time to make comments.

The 2012 Budget Proposal key areas are: (1) asking for additional support for seniors and caregivers - \$95.5 million for programs including \$40 million as an increase for the National Family Caregivers Support Program including \$2 million for Native American caregivers; (2) \$48 million for Home and Community Based Support Services in Title III and an additional \$7.5 million dollars for life span respite care programs to improve the quality of access to respite care. The lifespan respite funding is for any and all caregivers and no age restrictions apply. AoA is also focusing on Elder Rights and Elder Justice and to add \$21.5 million dollars to support and enhance the focus on Elder Rights and Elder Justice including \$15 million for new Adult Protective Demonstration authorized under the Elder Justice Act of 2010. AoA is also requesting a \$1.5 million increase for a new Native American Elder Rights Activities under Title VII of the Older Americans Act; and \$5 million for the Long-Term Care Ombudsman Program to improve resident advocacy in Long-Term Care settings. With the current Administration and the commitment also by the Assistant Secretary of Aging, there is a focus on community living. As part of that, the

Administration is requesting the transfer of the SHIP (State Health Insurance Program) from the Centers for Medicare and Medicaid (CMS) to the Administration on Aging - the current funding is \$47 million. The Administration on Aging wants to help enhance the efficiency of the state health insurance program.

Right now about two-thirds of SHIP's Kinship Grantees are through the State Units on Aging. Over the last ten years, the Kinship program has really enhanced activities of our Aging and Disability Resource Centers. AoA is also asking \$120 million dollars to help develop the Class Act Program (a program to help fund LTC insurance) that was recently passed in the Affordable Care Act. This is a social insurance program where people can pay into for 5 years to become eligible to receive a monthly stipend to be able to purchase as a consumer whatever type of Home and Community Based Service which would help themselves stay at home.

Pat said she was a part of a 13-member group of National Senior Center Delegate Council members that got to meet with the Assistant Secretary Greely and had a 2 hour exchange with her. At the ACoA meetings, we are really focused on statewide issues. It is most important that we pay attention to the federal regulations and especially the reauthorization of the Older Americans Act. We have a vast array of issues statewide but the federal issues affect our seniors and caregivers.

Terry Duffin said the Administration on Aging Region X has had a long relationship with ACoA. As a federal agency we are here to be of assistance to the Commission's needs. David Ishida started in a Nutrition Program serving in many other capacities and an Area Agency Director for the city of San Francisco and Terry started at a senior center and was a Municipal Parks and Recreation Director and then started going on the senior track from that point forward and working on a Federal level. He stated this to show that he and David have an understanding of how senior programs operate at the local level.

Terry said he was impressed with Elizabeth Ripley's report and effort to coordinate services.

Terry said Alaska does not have the deficit problems of most states but we may have to do more with less in the future. The ADRCs are a real key to this, working both in the private and public sectors which helps older persons to stay in their homes. Anytime you have issues, bring them to Denise or to the Administration on Aging.

Terry commends the Commission for their efforts with advocacy. The Commission is not inundated with the day to day task of keeping up with grants and can work with the Legislature, and work with the communities to get the input that is needed to help move the programs forward in Alaska so he wanted to thank the Commission for its efforts and thanked the Commission for the opportunity for being here at the meeting.

Sharon thanked Terry Duffin and David Ishida for reporting at the meeting.

Sharon thanked Senator Menard for coming to the meeting and thanked Senator Menard for being such a strong advocate for seniors.

## **Community Emergency Preparedness Planning for Senior Populations**

### **Sarah Sanderlin, Division of Public Health**

Sarah said she is a Registered nurse. She has a background in fire and Emergency Medical Services (EMS) and holds a Master in psychology. She gets to travel for emergency planning. Sarah said a big thank you to the DHSS.

Some of the changes happened after the 9-11 and Katrina. There were many devastating fires. There have been federal changes to policy and procedures.

Emergency planning is occurring throughout Alaska and in the villages. After 9-11 the Department of Homeland Security was created.

FEMA (Federal Emergency Management Administration) was created to help thwart off more episodes of terrorism to the U.S. Our Federal Government is helping agencies realize they can't do this all by themselves. In Alaska, there was less federal funding provided for bio-terrorism since the funding amount is based on population count.

Some positions were created with the federal emergency preparedness funding that include her position and for additional public health nurses. They work with the Fire Department.

Regardless of the planning, the people are needed to help these efforts.

There have been many tornadoes in the lower 48. In Missouri the hub for reporting was hit and destroyed. Even if we don't have certain disasters we need to plan for those disasters. In March there was another windstorm, 75 miles an hour winds. This is a Category One hurricane. There were calls that flooded the phone lines when the power went out.

Each person's needs are unique. Every individual can take steps to prepare for these emergencies such as special dietary or medicinal needs.

Consider how a disaster will affect your needs. Hearing-aides, dentures, glasses for driving, where would you turn to get these things replaced.

In Katrina, the superdome was the place to go but the help wasn't able to get there.

Make sure you get connected to find out how you can get prepared.

Sarah went over the Community Emergency Response Team (CERT) emergency planning preparedness pamphlet.

At an individual level people think no one told me. They thought after calling 911, help would come.

The Menard Sports Center in Wasilla is a disaster shelter.

Denise said at lunch she was sitting at a table with some folks at the senior center including Ken the Chair of the Board of Directors. Denise said Ken welcomed her to the senior center. Ken said he hoped that the Commission could see the services that have been offered for the last 30 years.

Ken said the Chief Executive office called today and told him it was okay to ask about funding being continued here for senior services. The Wasilla Senior Center is a new evacuation center.

Ken said when there was a fire up on the hill; people came there for shelter and as an evacuation center for the school. Ken said they are glad to have this place as a shelter. All of these things help to keep things going. We are glad to be of service to the community, other than just seniors.

Persons from the audience asked about some disaster preparedness pamphlets. He said he is prepared for a disaster but he would like more information.

Sarah said there are updates to the check lists.

### **Public Comment**

Marianne Mills - Program Director for Senior Services.

Marianne said she wants to commend the staff of ACoA and everyone that participated in the State Plan process. She wants more emphasis in Elder Services in rural areas. We need to support the care providers so they can have good wages so they won't go to larger areas to get better pay.

Most Alaska communities will create barriers. We want to break down barriers so the care providers will stay and allow for elders and seniors to stay in their communities.

### **Elsie Obrien**

Elsie said she feels like she has turned full circle. She is presently working at a senior center. She would like to address that there is currently a member of Wasilla Area Seniors who has had a struggle with the staff and Board of Directors being cooperative. She wants to emphasize the Commissioner was mentioning accountability. As an ex-Director of a program, she knows the Wasilla Area Seniors is in need of getting reports done and documenting numbers; but it is easy to forget about the people receiving the services. The question she has today is at what point is this enforced and who is the enforcer? Someone needs to figure out who can do something about it. She would like to see that seniors are treated with respect and the services are being received.

It is very hard to remember without those people delivering the services, there is no need for the other people in the hierarchy. They need to hold the directors accountable.

### **Louise Wiere**

Louise said she would like to expand on the previous topic. After listening to the speeches about planning and funding, you eventually get down to the grass roots and see how they are utilizing the funds and implementing the services.

The members don't think the director is doing a good job. They don't think the money being received is being used the way it should be. With regard to open meetings, until last December the Board considered holding the open meetings behind locked doors. As far as complying with their By-laws, the current board of directors made the decision to follow some but not all. The members do not have a voice in changing this practice. There was a meeting for voting on directors but there was not a quorum so no voting took place. The next meeting they just appointed board members instead of members being voted in by the seniors.

### **Ann Kilcanny**

Ann expanded on problems with the administration and the Board of Directors. There needs to be education for the members, at least an observer to see how the meetings go. They need support and someone they can go to for questions. The Board of Directors has changed their terms in a matter of 3 months. They need to prepare minutes shortly after the minutes are taken. There needs to be corporate and financial records kept. Someone needs to create positions for people.

Sharon asked how many members there are. Ann said they don't know it's a secret. Sharon said these meetings have to be public. Ann said if no one follows up, how is anything going to be done?

Banarsi Lal asked if Duane Mayes, director for the Senior and Disabilities Services, was provided with a copy of the complaints because it is most appropriate for him to deal with it. If you don't get satisfaction from what Duane Mayes does, then we can advocate for the Senior Center.

Denise suggested board training may help. Denise said the Foraker group is a non-profit organization that provides training for Board members for Boards of non-profit organizations. She mentioned this idea to the Trust and they are looking into it.

David Ishida, said because this is a non-profit organization in Alaska, they have to follow the rules of the Secretary of State and they should have written by-laws.

David asked Ann how many members follow the timelines of the elections, and how do people get nominated? They should document all of this and file reports quarterly. They should follow all of these procedures and the state can be looking at how the business is being conducted. He is confident that if this is in the hands of a state agency that there would be an investigation.

Sharon said Duane Mayes would know what the state policies and procedures are. Pat Branson said it sounds like an unfortunate situation. Sharon commented that the list of Board members were good.

### **ACoA FY2011 Committee Goals**

#### **Sharon and Denise discussed the FY 2011 Committee Goals**

Denise said Sharon and her reviewed the committee goals in light of the work they have accomplished over the past year. They have moved things forward, some things with the legislative advocacy priorities they will need to talk about whether they want to carry them forward to this next year. The Commission and its partners finished the State Plan which outlines many strategies to work on over the course of the next four years.

Sharon said the Executive Committee has certain responsibilities they do every year and that those were completed.

Banarsi stated the purpose of the planning committee was to give guidance on the State Plan and the Steering Committee. The public comment for the State Plan is until the end of May. People have an opportunity to comment on the State Plan and the process. The best part of the document is that it is a living document; it is reviewed every year and we look at the process of documentation and have an opportunity to make revisions until the end of June 2011.

There were six Elder-Senior community forums conducted to develop the needs assessment for the state plan. Each was well-attended and the Commission received a lot of input from seniors and their caregivers that was reflected in the Plan.

ACoA produced a Senior Survey and received about 3,500 completed surveys from Alaskans age 55 years and older. The survey provided information about the need for housing and types of services.

The State Plan Steering Committee also addressed the “definition of rural.” There was a teleconference where we ways to define “rural” and ACoA asked for guidance from AoA (Administration on Aging) and from the Division of Senior and Disabilities Services on their definition of this term.

There has been a lot of comments on the funding formula and how the funding would be dispersed and the cost of living adjustments.

Banarsi said there has been a lot of public comment. One of the things that caught his eye was all of the comments regarding the grants and how the funds are dispersed.

Denise commented on the State Plan, the best part of the document is that it is a living document and we just won’t hand it in until it is done. We will review the State Plan every year and see how the process has gone with implementation. We received guidance from AoA on the definition of rural and decided to use the same definition as AoA for rural, which is the same definition used by the U.S. Census and is consistent with how SDS completes its reporting to AoA. There has been good discussion on the funding formula and using cost of living adjustments. We have done the best we could. There has been a lot of public comment on this.

Denise noted her appreciation for all of the work of the State Plan Steering Committee. Committee members were asked to attend and participate in a lot of meetings. Denise noted the members of the State Plan Steering Committee who were present at ACoA's meeting.

Denise said staff finished the State Plan on Mother's Day night at 10:30 p.m.

ACoA will accept public comment on the State Plan until Tuesday May 31<sup>st</sup>.

The Commission talked about the public comment session in Juneau, Anchorage Fairbanks and statewide. People noted their comments on the definition of rural, the funding formula, and the need for more funding for senior services. Overall, the comment was positive.

Denise said there were some policy recommendations for the State Plan that were maybe more appropriate for Senior and Disabilities Services to consider. One has to do with having a policy with an amount allocated by the funding formula that has more than the amount requested by eligible grantees in a region that SDS use the remaining funds to supplement the funding for those regions when the requests are greater than their regional allocation.

Denise said that she thinks that this is more of a policy for SDS to decide than what should be put in the State Plan.

Denise said the Commission has heard a lot recently about the funding not being enough. The senior population in the state increases 5% to 6% each year however, funding for senior services has not kept pace with this increase.

On page 2 of the State Plan the Commission didn't put anything regarding dental care. The states dental officer recommended that we add a new objective and gave us some language to use for dental care. Access to primary care is a serious problem especially seniors living in Anchorage and Fairbanks. There was a request by the Senior Advisory Commission to put in more objectives and performance measures related to access to primary care. There was also a request from rural Alaska about hospice and needing hospice services in their communities.

There were comments related to goal 2 which is seniors remain in their own homes and communities with high quality of life for as long as possible through the provision of Home and Community Based Services including support from family caregivers.

There are some strategies related to workforce development that include reference and support to the Alaska Core Competencies for direct service professionals. So they plan to include this in Appendix K.

There is a lot of work being done by the Alaska Mental Health Trust Authority, the University of Alaska, and the Dept. of Health & Social Services around work force development. So it is important that we give support to these efforts in the plan to make them more visible to policy makers and then also to

offer something that grant writers can hook onto in terms of the state plan in providing credibility for their request.

There are also some new performance measures related to the Trust training cooperative about providing quality training for direct service staff and their supervisors that were added.

There were also some comments regarding to strategies of Home and Community Based Services. There were comments about the need for more transportation for seniors.

More emphasis needs to be placed on senior volunteerism.

There was a recommendation for a new strategy under goal 2 which is to encourage coordination among agencies serving the same communities and to discourage duplication of services.

Denise said this relates to part of what Elizabeth Ripley's report was about.

Denise asked Duane Mayes to make a decision if this recommendation should be just directed with SDS or if he wants it in the State Plan as well.

Denise said the Commission also had another strategy related to Goal 2 that the grant application process should discourage conflict of interest when there is more than one agency serving the community.

Denise said this sounds like an administrative responsibility rather than something for the State Plan.

Denise said there was a comment that food served from the school for seniors (for the congregate lunch program) is not meeting the senior dietary needs. The person providing comment stated that seniors need different food from what is served to the children because dietary needs for seniors are different.

There is concern of affordable housing and senior homelessness under Goal 3. There was concern about Alaska Housing closing the voucher list in Anchorage. More funding is needed to support the vouchers.

There were comments about Kay Branch and her good work on behalf of Alaska Natives as well as for the good work of Alaska Legal Services.

Denise said people appreciate the amount of work that has been done with the State Plan.

Sharon said we need to do an action on this. Banarsi said we need to wait for May 31<sup>st</sup> for all public comments to come in.

Pat asked when the State Plan is due.

Denise said the Plan is due to the Administration on Aging on June 3rd.

Sharon said the Commission approves the State Plan as is without the definition of rural and the COLA factor.

Pat said that it is okay to for Denise and MaryAnn to make changes as needed from public comment that is not controversial.

According to the U.S. Census Bureau, Denise said that urban areas include (1) an urbanized area with a central place of 50,000 or more population or (2) an incorporated place with 20,000 or more population. So, by this definition Anchorage, Fairbanks and the City and Borough of Juneau would be considered urban. The City of Fairbanks is considered urban but not areas outside of Fairbanks.

Pat made a motion to approve the state plan as presented with the understanding that the rural definition will be decided by the State Plan Steering Committee. If there are any other changes ACoA staff will have approval to make changes.

Marie Darlin seconds the approval.

Pat pointed out that on page 14 in the “Economic Trends for Alaska (May 2011)” report, the cost of food per week is \$131.72 in Anchorage while in Bethel, the cost of food is \$272.77 per week – and this does not include fuel costs.

Pat said it is sad when people want to remain in their communities with their family but have to move to urban areas for the services and lower cost of living.

#### **Legislative Advocacy Report, Pat Branson and Denise Daniello**

Pat said there were nine Legislative Teleconferences this year and we stayed on track with tracking the bills and tracking our budget. Pat said AgeNet flew in to Juneau and helped the advocacy with ACoA.

Pat reviewed the legislative advocacy successes for the Commission this year. Legislation was passed to extend the Senior Benefits program. A \$300,000 increment for senior nutrition services was also approved. \$1.5 million for transportation is now in the Capital budget so if you’re interested in having the state match being a part of the coordinated public transportation of the state now is the time to contact the Governor so he does not veto those funds. We were not successful with the additional funding for Adult Day and Senior In-Home Services but we can work on that again next year. Pat said the last 4 or 5 years our advocacy efforts have really increased not only by the teleconferences but by the good work of the ACoA Commissioners, staff, and coordinating the ACoA February meeting with AgeNet for the “fly-in.”

Sharon added the Resolution to Protect Seniors from Elder Abuse (HCR 3) that was sponsored by Rep. Muñoz as another legislative success.

**By-Laws Committee, Review of approved ACoA By-Laws from February 2011 meeting: Sharon Howerton-Clark and Denise Daniello**

Sharon reported the By-Laws Committee met this year and there were changes made to ACoA's By-Laws which were approved at the Feb. 2011 meeting. Most of the changes were editorial changes or changes to make our bylaws consistent with current practice. Denise reported that Paula, as ACoA's By-Laws chair, wants the Committee to review the by-laws to make sure they are consistent with our statutes as one of the Committee's work goals for the coming year.

**Pioneer Home Advisory Board (PHAB) Report, Banarsi Lal and Denise Daniello**

Banarsi reported he met in February with the Pioneer Home Advisory Board (PHAB) face to face, this meeting focused on visiting Homes in Southeast. The Board visited Ketchikan and Sitka. When the PHAB was in Juneau, the day was dedicated to the advocacy efforts with legislators after the Juneau Pioneer home visit.

The direction from the Department to the PHAB was to discuss with legislators the need for expansion, based on the recommendations from the Fishback Architect report and the Information Insights report. These studies were done with the approval of the Commissioner and Deputy Commissioner. The request for Pioneer Home expansion did not get into the Governor's Budget.

There are 500 people on the active waitlist for the Pioneer Homes. The PHAB was told that the request for deferred maintenance is in the budget and the operating budget was approved. The PHAB requested funding for a storage facility for the Wasilla Pioneer Home but this request was not approved. With advocacy efforts, the PHAB will try again next year.

Banarsi said the two studies identified the need for expansion of the Pioneer Homes based on the number of folks on the waiting list. If no action is taken now, there will be a disaster situation because of the senior population growth. The study recommended expansion for Fairbanks, Anchorage and Juneau.

Banarsi said what would be best is if we can put the studies on the web page for people to look at. He will ask Pioneer Home Director Dave Cote to do that. Jean is on the Board of Directors in Wasilla. Banarsi encouraged those at the meeting to make their comments to her as well and Sharon who is with our Commission.

The Board meets monthly by teleconference and meets face to face in October and February.

There is a need for additional staff for the Pioneer Homes. The State is not able to add additional positions and this makes it a difficult situation for the Pioneer Homes.

There is a need for advanced nurse practitioners. The Anchorage and Fairbanks Pioneer Homes have one but not the others.

There is a need for better quality supervision. This is something that will come before the board.

Banarsi said he would like the Board to bring up those issues and make a request and see if they will support the expansion. The Legislature may suggest that the Board changes the priorities of which Pioneer Home comes first for expansion.

He had a chance meeting with Lieutenant Governor Treadwell when he was in Fairbanks. Banarsi talked with the Lt. Governor about the need for expansion of the Pioneer Homes and the study.

Banarsi said he is looking forward to seeing his response. Banarsi requested from the audience to advocate and write letters to support these requests.

Denise asked about the Legislative Medicaid Task Force? Denise said Commissioner Bill Streur was talking about doing more with generic drugs and prescriptions. Denise asked if Commissioner Bill Streur has talked to the PHAB about recommendations from the Legislative Medicaid Task Force. Banarsi said the PHAB have met with Commissioner Bill Streur about the Task Force's recommendations.

### **Governor's Council on Disabilities and Special Education:**

#### **Banarsi Lal, member**

Banarsi reported the Governor's Council met in Seward on May 3rd, 4th and 5<sup>th</sup> but he did not attend the meeting.

### **ACoA Executive Director Report, Denise Daniello**

#### **Report attached**

Denise reported updates to her written report.

Denise reported with regards to Legislative Advocacy, the Resolution to support elder safety was passed and signed. Representative Cathy Muñoz worked with ACoA to pass this resolution. There was \$4.5 million in the capital budget for AHFC's Senior Citizen Housing Development Fund (SCHDF). In the future we need to increase the amount for this program.

There was also \$325,000 approved for the Alaska Complex Behavioral Program. The Governor's Council, the Trust, the Alaska Mental Health Board and others also supported funding for this new program. This is an important new program because we are having an emerging population of people that include seniors, people with developmental disabilities, people with mental health needs that have behaviors that are so challenging and so above and beyond what Home and Community Based Service providers are able to provide that they are at risk not only to themselves and to others that are trying to care for them but they are at risk for not having a place to go and potentially having to go out of state for care.

This Collaborative is designed to be a triage program that will provide intensive services for people with cognitive impairments who have behavior management needs to help stabilize them so that they may return to their place of residence. It also will provide training for providers and family caregivers. Pioneer Homes are not licensed or appropriately staffed to care for seniors with co-occurring

Alzheimer's and Related Dementia and mental illness. The Alaska Psychiatric Institute (API) is not a permanent place for them either.

Denise expressed her appreciation for Marie Darlin as a strong voice for senior issues to the Legislature. Legislators respect and listen to Marie.

There are quite a few bills that we will continue to advocate for next year such as legislation to strengthen elder protection, create a loan repayment and incentive program to increase health care professionals, a new grant program to help finance the cost of primary care for seniors insured by Medicare, and other pending legislation.

### **Alaska Housing Finance Corporation, Senior Housing Office**

#### **Jim McCall –**

AHFC requested \$4.5 million for the Senior Citizen Housing Development Fund (SCHDF) through the capital budget.

In 2008, AHFC was given funding for weatherization. It is a free program for seniors and several different provider agencies around the state to use.

As the housing market flattened since the weatherization program helped with the energy rating of homes, there are currently 3,300 people currently on the wait list.

Jim McCall said Alaska Housing has closed the Anchorage public housing voucher program. It will be official next week but only for Anchorage and the closure does not include senior or disabled public housing. AHFC decided that it does not make sense to have a voucher wait list in Anchorage that provides false hope. There were more than 3,000 people on the voucher waitlist and some for 8 years. There are only a little more than 2,000 vouchers available for public housing.

Statewide, there are more than 4,000 people on the waitlist.

Jim said that AHFC is making security updates to Golden Towers, a senior housing complex in Fairbanks.

A senior receives 2 points more than the other person on the waitlist and more points if a Veteran.

Sharon asked if Alaska Housing was doing away with the point system.

Jim said they are evaluating options, including possibly a lottery type of system. Yesterday AHFC had a board of directors meeting. They are considering making changes to the 2<sup>nd</sup> program in AHFC's mortgage division. One change would move the small building material loan program up to \$100,000 from \$25,000.

Iver said that he tries to seek out comments of what AHFC has done with the weatherization program for people in Kodiak and other areas in Alaska and they say a lot of good things in which they are thankful. Iver extended his thanks to Jim for AHFC's programs.

Jim said the Corporation was charged with having a report on the Alaska Gasline Development Corporation to the Legislature on July 1<sup>st</sup>, 2011. Jim told the Commission to pay attention to the capital budget to see if the SCHDF funding has been approved.

Iver said that it doesn't matter where people live, people all have a need.

### **Long-Term Care Ombudsman, Diana Weber**

Diana reported that as the Long-Term Care Ombudsman she is authorized by Federal and State Law to identify, investigate and resolve complaints made by or on behalf of seniors.

This year they have over 326 cases for investigation, this time last year they had only opened 181 cases.

The most common complaints are related to Assisted Living Facilities, and are 90% of the complaints.

The top three complaints are mismanagement of medication, improper handling, and shortage of staff.

Last year the OLTCO visited 116 facilities. This year the OLTCO visited 186 facilities.

A certified Long-Term Care volunteer Ombudsman can help keep an eye on facilities. It is their focus to make sure residents of facilities know their rights and to monitor the safety of facilities and how to get a hold of the Ombudsman.

By the end of June they expect to have 16 certified volunteers in 27 homes.

They participate in a number of health fairs.

They keep an eye out for Medicaid and Medicare violators, because if homes are not billing correctly then the patients are not getting the care they need.

Diana said she has been in discussion with the Trust on what the line of authority is on making decisions on cases.

Diana will be working to create an advisory council for the OLTCO.

Iver said the numbers given are not good enough because there is not input from all of the villages in Alaska.

Diana said Erik works with Elder Fraud and Assistance which is in the Dept of Administration. They are really dealing with financial exploitation. Diana said they do work with Fraud assistance. IT is hard because not everybody has a database.

Someone from the audience asked about other services for folks that is not just long term.

Diana said there are a lot of home- and community-based services for seniors who live independently.

Pat said one-on-one contact is the best way to communicate with elders and seniors. Unfortunately there is not enough money for this and getting the information out there gets put on the back burner because we are so busy with our work day to day.

### **Senior and Disabilities Services (SDS), Duane Mayes, Director**

He was appointed by the Governor Dec. 20, 2010 as division director. Since he started his position, it has been 7 days a week, 12 hours a day

SDS has multiple programs and services; there are 7 or 8 compared to 2 or 3 in other divisions.

Duane has been in Alaska for 30 years and he is from Wisconsin. He worked in private rehabilitation for about 8 years and then did a lot of work with workers' compensation. He did this type of work across Alaska. He did a lot of forensic rehabilitation on courts so he learned to be calm under pressure. Then he went to the Dept. of Labor, Division of Vocational Rehabilitation and worked there for almost 19 years with half of that time being on the front line providing counseling. This experience has really helped with the work he does now. He moved to management and then to Administration and then went to the Governors' Council and then got appointed to his current position as SDS director.

Duane was just up in Fairbanks meeting SDS program managers and staff.

The Adult Protective Services office works really hard. On a national average the number of cases is 25 to 30 per APS worker. In Alaska, the APS numbers per case manager are double and triple the national average. This concerns Duane greatly.

They have a program integrity unit, grants division. Lisa Morley oversees the senior grants program. They expend about \$30 million dollars in grants for seniors and persons with developmental disabilities. Duane said he is trying to get to know all of the program managers.

Joanne Gibbens has been the Deputy Director for Senior and Disabilities Services for four years. Joanne has said to know what you don't know is the first sign of wisdom. He really relies on staff to help him with the different aspects of the organization.

There are two program managers; one oversees the services and the other Adult Protective Services.

Duane is trying to get a hold on the division's budget.

Duane has testified to the Legislature at 7 or 8 hearings so far.

The big bills are SB 86 and HB 150 which is the Adult Protective Services bill. He thinks next year HB 150 will pass.

Regarding Long-Term Care, he thought that members of the Long-Term Care Steering Committee did a good job making its presentation before the Alaska Health Care Commission on April 1<sup>st</sup>. ACoA (Denise) was involved in making that presentation.

There will be some statewide forums from the legislative offices on our PCA regulations. The waivers are growing in terms of cost. They were \$90 million dollars spent on waivers. The MRDD waiver went up to \$84 or \$85 million a year.

#### **Medicare Information Office – handout attached**

##### **Judith Bendersky, Director, and Jeanne Larson, Deputy Director, of the Medicare Program Office**

Judith reported that she and Jeanne Larson are the Medicare office for Alaska. They answer questions and do one-on-one counseling for Medicare beneficiaries, their caregivers, family members, providers or anyone else that calls. They take complaints and inquiries related to possible Medicare Fraud and help people clarify with their providers if there were errors or abuse.

Judith mentioned the comment that was made from the Commissioner Iver Malutin when he asked the Long-Term Care Ombudsman Diana Weber about collaboration. Judith said they do collaboration. There is a network of organizations looking at sharing information on things that negatively impact seniors like Medicare fraud, Long-Term care maltreatment, financial exploitation and abuse and refer this to the office of Elder Fraud and Assistance.

The Medicare Office is one of 8 or 9 units within Senior and Disabilities Service. Judith recognized Medicare volunteers at the Wasilla Senior Center. The average time for a call to the Medicare Office is 55 minutes. Last year, the Medicare office spoke with 7,583 people. They reach 10% of the Medicare beneficiaries in the state.

**Jeanne Larson presented her report.** She is the Deputy Director and lead counselor of the Medicare Information office

Jeanne said that the Medicare Office helps people to decide which program is best for them. Some people don't need to enroll in Medicare. Others need help with selecting prescriptions. The Medicare Office helps seniors fill out applications and identifies what programs they may be eligible for through Public Assistance. Judith said the Medicare Office will be holding consumer protection workshops where they will address the problem of elder fraud. They will continue to hold Medicare workshops.

The Medicare Office received \$209,000 from the Centers for Medicare and Medicaid. They applied for a grant from AoA in the amount of \$190,000 to help extend outreach to rural and Alaskan Native communities to help these Alaskans enroll in Medicare. The Alaska Medicare Office was recognized

nationally for having the highest numbers of people counseled in Medicare and Medicaid. They respond to 20 calls a day on average. They also have multilingual counselors so that they can help people whose first language is not English. They collaborate with the ADRCs (Aging and Disability Resource Centers). Judith responded to a question from the audience regarding access to primary care for seniors insured by Medicare. Judith said that this is still a crisis for seniors finding primary care doctors.

## **2<sup>nd</sup> Business meeting day follow-up Thursday May 26<sup>th</sup>**

### **At the Wasilla Senior Center**

Commission Member and staff reports for site visits on May 25th

Marie Darlin reported on site visit in Houston, Alaska

The visit went well; they have a very nice campus. They are very proud of their garden because they use it in their center. It involves a lot of groups in the community so it is somewhat of a community garden.

Barbara commented on the Veterans Center. Steven made us feel very welcome. They were miles ahead then what she thought they would be.

Denise enjoyed the visit at the Vet Center too. It was a good opportunity to learn more about veteran issues. For example, they talked about the differences in problems veterans of the past have in comparison to issues current vets have. The current vets are coming back with Post Traumatic Stress Syndrome (PTSD). Psychologist Dr. Rutherford helps them with evidence-based counseling strategies to help them with PTSD. Veterans identified transportation at the top of their list of desired services. They would like computer training. Vets are looking for housing. Veterans also like the Pioneer Homes.

Banarsi said the good thing about this Veterans services is they have a clinical Psychologist. The manager or director of the clinic Steve is retiring. He said he filed his papers for retirement. He had a better understanding of what the veterans go through. Not every facility can have everything. If there was better coordination, vets could access the things they would like.

Eleanor said she was part of the group that went to Chickaloon. Their group met with Lisa Wade. The tribe received funding from the Rasmuson Foundation they used to renovate the kitchen. Eleanor asked why there were no funds from the state. Lisa said the state said Chikaloon would have to sign over tribal rights before they could get state funds and they did not want to do that. Their grandmother had Alzheimer's disease in late life. The grandma helped released prisoners. She provided them with a place to stay and taught them how to live a healthy life. Then she started a preschool that was recognized by Harvard University. They interrupted their meeting to meet with ACoA. Eleanor really was impressed the tribe stopped their meeting to meet with ACoA.

Nita Madsen said the Chickaloon tribe also operates a clinic.

Sharon said they serve 30 to 40 meals on wheels twice a week.

The Palmer Senior Center is trying to coordinate meals with Chickaloon.

Sharon said the Chickaloon Tribe was very inviting to ACoA. She was really impressed with what they have done and are doing. She thinks that if there was collaboration between ACoA and the tribe.

Iver said he was in the Korean War. At that time we were a territory not a state. He was in for 2 years. When you are talking about Veterans, they are different. Vets all have the same needs. When tribes meet they go to the federal Government. They are a sovereign government and not governed by the state.

Corporations have the land, tribes don't have any land. The corporations need the land to put money in their pocket. There are Tribes and corporations. Iver said he is trying to work with Native corporations so that they will allow the tribe to own land.

Lesley Thompson said she also participated in the group that visited the Chickaloon Tribe. Lesley mentioned that the tribe said that Eleanor was related to their Chief. Lesley said she thought that was really wonderful. They want to put in another Assisted Living Center. Lesley talked to some of the staff afterwards. Some communities have found that putting in an assisted living center would not be sustainable so they are putting money into Home and Community Based Services. So if we can show people how the assisted living centers are doing in other communities, they can see how these services are making a difference.

Sharon added that her group viewed the new site for the Palmer Senior Center.

Eleanor said it was 31,000 sq. ft. The new Palmer Senior Center will be an emergency disaster relief site and was impressed with the site.

Iver said it was impressive to see the building. There were a lot of windows and light which gave him a good feeling.

Iver said when he visits assisted living homes he asks residents 'if they could change anything, what they would change about the facility.' Iver said most of the time, residents are content with their situation but for those who do comment, they say they would like to change the view.

Iver said he couldn't believe all of the places that his group saw yesterday.

Pat said the Foraker group and Rasmuson Foundation has a pre-development funding program for senior centers and libraries to help them with designing new projects.

Marie said it took them 17 years to get that building so it is not an easy project.

Pat said one of the things the Legislative Committee came up with for planning was having a Senior Capital Project list for the state because providers struggle with keeping up their facilities and the grants are not enough money.

Lesley said the management at the Palmer Senior Center thought the new Senior Center should be 21,000 sq ft but when they went through the predevelopment they decided it should be 31,000 sq ft and that they could grow into it. Lesley asked about a computer room and they said they didn't think about that.

Nov 19<sup>th</sup> is the grand opening.

Sharon said after the site visit at the new Palmer Senior Center site they went to Michael's Place which is an assisted living home for persons with traumatic brain injury and Alzheimer's Disease. Michael's Place cares for people who are cognitively impaired and have behavior management needs.

Banarsi is the chair of the Pioneer Home Advisory Board. Banarsi noted that the Alaska Psychiatric Institute is willing to work with the Pioneer Homes in stabilizing their residents with behavior management needs however API has limited capacity and cannot hold the residents long-term.

A person from the audience that said the patients with the ailments of Traumatic Brain Injury and Alzheimer's don't always act that way.

Lesley said Michael's Place has 17 beds and can take people with complex needs from API. The cost to house these patients at his assisted living facility is about \$278/day.

Denise said that the Alaska Complex Behavior Collaborative is designed to enhance service to people with complex and challenging behaviors. The Collaborative will provide intensive services to stabilize a person as well as provide training to staff and family caregivers so that a person can return to their place of residence.

Iver noted that assisted living homes which care for people with severe behavioral issues need to be properly compensated. Unfortunately, there are limited funds to help this issue.

Sharon said both groups visited Primrose, which is a for-profit assisted living facility and offers independent housing for seniors. She reviewed the rates and services provided. Sharon noted that Primrose is planning to turn some of the independent units into assisted living due to demand.

A lady in the audience said she moved to the assisted living home in Wasilla instead of Primrose because she believed there was better care provided at the Wasilla assisted living home. She noted that she feels more at home at the Wasilla Assisted Living Home and that staff have more time for her.

Karen Godnick, Alaska Legal Services, also commented on the high rates at Primrose and said 'you can't stay if you can't pay and they only have twelve Medicaid beds.'

Denise also agreed that the cost of health care is sky rocketing.

A person from the audience asked the Commission if Medicaid has run out. Sharon answered that Medicaid has not run out of money.

Banarsi said when they started the Primrose home; they were focusing on a specific group not a senior center type of population.

Another person from the audience said she was thankful she is here at the Wasilla assisted living home.

Barbara said the Willow housing was affordable. Their rates for two-bedroom units are \$950 and \$975 per month.

Denise said if you qualify for income-restricted rents, the rate is about \$750 per month.

### **HUD Senior Housing, Colleen Bickford, Executive Director**

Colleen said she is a Director for HUD Senior Housing. Colleen thanked all of the work the Commission does. She wants us to see the connections in the state. They have one office that is based in Anchorage with 40 people on the staff HUD delivers a lot of the major programs in Alaska particularly in housing are delivered in Alaska. In 2008, HUD vested \$800 million in Alaska from housing subsidy to mortgages loan endorsements.

In 2009 the investment went over a million dollars. In 2009 there was the recovery act funding, the neighborhood stabilization program which was administered by AHFC. What is impressive about this she thanks the President and Congress for passing the legislation. They are working on justifying their budget with Congress.

There are a lot of needs in the community that have been met but there are still some unmet needs. We need to see what the communities need. There are a whole range of folks.

HUD is not a developer, and don't plan for communities for housing that is built for HUD. HUD is a funder and an over-site agency. They make sure the money is spent legally and appropriately. And they enforce the fair housing laws for the department of Justice. They don't decide what kind of housing.

HUD's partners include AHFC, the State of Alaska, and the tribes. They get a significant amount of entitlement funding, and an allocation of funding every year. As long as Congress appropriates funding, they receive Indian Housing Block Grant funding to distribute to qualifying applicants. Some local governments, such as the Municipality of Anchorage, implement HUD funding for major housing programs. Nonprofits also apply for HUD funding for projects that serve the homeless.

All of HUD's funding goes to the State HUD office for distribution. The Alaska HUD office receives funding the state block grant.

HUD is trying to identify barriers and new ways to make funding work.

Colleen noted that if we had enough affordable housing in our state we would not have the homelessness problem that we have and we would not have the over-crowded problems that lead to other problems.

HUD is working with Cold Climate Research in Fairbanks so they can build more energy-efficient housing. Colleen noted that housing in rural Alaska is substandard.

Colleen closed by stating that the Alaska HUD website is very user friendly.

**Alaska Native Tribal Health Consortium (ANTHC) Elders Committee  
Kay Branch, Elder Care Coordinator**

The Alaska Tribal Health system is very complex. It is not officially a system. It's all of the private tribal health providers working together in order to provide for the health and well being of the Alaska Native People. We do our best to work in the system but everyone is a private enterprise. One of her jobs is to work with some of those state wide committees and work on those processes and how to bring them together.

The Alaska Native Elder Health committee meets twice a year, Iver is a member of this committee.

At the Elder Meeting there were 3 issues that came up. One of the primary issues is the prevention of alcohol and substance abuse and the prevention of suicide for the Alaska Native young people. The elders on the Committee are very concerned about the rates of suicide in their communities and in their region. The other thing they are concerned about is the lack of Home and Community Based services and the lack of Long-Term Care out in the rural areas. All of the Tribal health care doctors providing care for the Alaska native people.

The Native Medical Center is beautiful. Non-Native employees can use the facility now. Some of the practices or processes are not very efficient, particularly the specialty clinics. They are looking at expanding the Specialty Clinics Orthopedic care, Oncology and Cancer care, etc.

For the specialty clinics expansion, the specialty clinics moved across the street to the South Central Care Center.

The clinic is the only level 2 trauma emergency room in the state. The Medical Center will be expanding this as well.

Oncology is expanding. They hired a 2<sup>nd</sup> Oncologist.

There is more proactive discharge planning. They make daily discharge calls to the regional hospital to make sure who is being discharged.

The Elder committee members are very happy about this.

Kay shared a story called "Moose Soup for Joe." Joe has liver failure. There was a 12 year old boy who was in a children's hospital in Seattle but he was from Alaska. The boy loved his Native food. He would not eat the food offered in the hospital. Joe asked for moose soup. The request went out and he got moose soup and some salmon federal expressed to him from Alaska.

There is much concern of behavioral issues are of much concern of the committee members. Former DHSS Commissioner Bill Hogan is spear- heading the Alaska Mental Health Trust Alcohol and Substance Abuse initiative. It is to really look at what we are doing with Alcohol and Substance abuse.

ANTHC offers intervention training to reduce the number of suicides in the State. They have trained 65 people. The barriers are the schools, the staff is concerned that talking about suicide would cause it to happen.

Kay then talked about the Long-Term Care plan. In tribal communities the data is much different than the general population. The ANTHC Elders Committee is what support is needed for elders to stay in home. ANTHC provides training for family members so that they can do the types of services offered by home- and community-based providers so that their elderly family members do not have to relocate for services.

ANTHC supports the Long-Term Care Steering Committee. Kay serves on this Committee.

Kay noted that ANTHC Elders Committee plans to submit written public comment on the State Plan.

There is a facilities list for all of the hospitals that need to be replaced and you can be on the list for 30 years. Nome was not at the top of the list but because of the recovery act funding, they were able to get the funding they needed.

The Commissioner talked about ANTHC waiting for money from the Governor's budget for construction of a 100-bed nursing home in Anchorage, which will incorporate the Green House design.

### **Public Comment**

Ann Kilcanny is a member of the Wasilla Area Seniors who talked about the recent problems at the Wasilla Senior Center. Ann noted that people can get expelled from meetings if they take notes.

She requests that the ACoA do something to address these problems at the Wasilla Senior Center. Agencies that we interact with get to see resumes of potential staff members or board members. The members don't get see resumes or budget reports. Ann noted issues with the Senior Center's by-laws. She asked if power can be taken away from members, which is provided through the By-Laws.

Diane Woodrow member of City Council said she has been familiar with the Wasilla Senior Center and its change in staff and management. There has been concern about the Senior Center's management and ability to run the facility. There is concern that the center is out of compliance with its by-laws and there are financial concerns as well. Fortunately there are seniors who have come forward and are willing to be involved.

There has been difficulty in obtaining financial statements. Members are denied when they ask to see the Senior Center's financial statements.

Mary Hall, a Wasilla Senior Center member, made a statement. Mary said she has rarely visited the Center over the last two years. She likes the Director Sondra Kaplan but there has been harassment of seniors. Mary provided some examples. Times for use of the exercise room have been reduced. Exercise classes were cancelled and a new schedule was posted without asking for input from the class members. The new times did not work for any of them. Members who used the exercise room came in one morning to find that the lock had been changed and they could not enter the room. Mary provided another example. She was asked to sign a Confidentiality Agreement just to use the public computer. The computer for public use was soon moved into the staff's office. Mary also noted that a Senior Center staff member was also dismissed without cause.

John, a member provided public comment. (ACoA staff did not record John's last name.) John is a disabled Veteran. He believes that under the current Board members, the center has experienced a flip flop. He believes that the Center is due for a "forensic audit."

Patrick Brown, a member commented.

Patrick said he has been a Wasilla member since the end of July. He is active in over twelve different boards and organizations. He observed that there has been much fear and intimidation by the current leadership of the Wasilla Senior Center. He works for the Mature Alaskans Seeking Skills and Training (MAAST) program and he has been told that his job is in jeopardy. The seniors are the "great generation." There should not be intimidating remarks made to members.

Sondra Kaplan spoke in her own defense. Some of the newer members are upset since they are not able to roll over the board members. She said that it is not healthy for there to be confrontation. Her back ground consists of 30 years of non-profit experience. Sondra said she has served as a guardian for a woman for 26 years.

Karl from the Center said there was a remodel done and they are doing the best they can with what they have.

Mary Sears from the center said when she was asked to be on the board she didn't have any experience.

Before Sondra was hired the center was 3 to 4 months behind on bills she has taken the center miles.

## **AARP**

**Pat Luby, AARP Advocacy Coordinator**

**Marie Darlin, Capital City Task Force**

Pat reported that AARP was lucky to get some of their bills put through the legislature. The primary bill was extending the Senior Benefits program, which was a priority for ACoA too. They were able to get the

bill through and there was an increase for some of the eligible people. The Regulatory Commission of Alaska, most of us are not that aware of utilities until we get our bills. Older people spend more money on utilities because they have older homes and spend more time at home.

The Regulatory Commission of Alaska supervises the utilities in Alaska. We are primarily concerned about water, electricity and gas. The Commission makes sure the utility rate increases are appropriate.

The Regulatory Commission of Alaska was supposed to sunset this year. AARP successfully advocated for the Commission's renewal.

When AARP goes to Juneau they talk with the legislators. The legislators rely on advocacy groups like ACoA and AARP. Pat said we all need to go in as one voice so they are hearing the same issues.

We are both working on a Resolution on elder abuse, self, financial and physical abuse.

They are trying to do with the legislation from ACoA, AARP and SDS and the Office of Public Advocacy is to get bills to pass that will control these issues.

Representative Gato and Senator Lynn want to create a bill that would allow people to opt out of the health reform.

Problem with the bill is it would allow people to say 'I don't want to participate in the Health Care system.' The problem is that people who don't have health insurance cause everyone's insurance rates to go up.

In Alaska it is estimated that Alaskans who have insurance are paying \$1900 more a year because they are picking up the tab for those who don't have insurance.

Another bill that AARP is advocating for is one that would offer loan forgiveness or something that would motivate health care workers to come to Alaska to work in the health care field.

Pat stated that without enough health care workers, we will lose our older population in Alaska.

Over 45 states have loan forgiveness for health care workers. Alaska needs one too.

Pat said they have been trying to get this bill passed for the last 3 years.

There is another bill that they are going to be introduced and would help with financial exploitation. This bill would require mandatory reporters to report any signs of any kind of abuse.

AARP is also advocating for another bill for retired state employees to get screening for colon cancer. Although early retirees are not eligible for colon cancer screening, they are covered for surgery. It makes sense to also cover prevention tests.

AARP supports seat belts and are introducing a bill for this.

There has been a push in other states that you need a photo id to vote.

Lindsay Holmes is putting in a bill where people can put in an advance directive into a registry so it can be accessed at time of need.

There used to be an Alaska Commission on Women. Senator Bettye Davis has requested that it be formed again.

The most common thing that happens to older woman is being a widow. After the money needed to pay for the health care of their spouse they are left impoverished.

Senator Bettye Davis is sponsoring a parity bill that would provide insurance coverage for mental health conditions the same way we treat physical health conditions.

Representative Munoz has been working with the Commission on a bill for a Transportation Advisory board. This board would be available for people to go to if they have a problem with public transportation.

There is certainly an issue in rural Alaska but now it is in the urban areas.

There is a requirement under health care reform and it has to be established by 2024. This will be a Health care exchange; it would allow you to get insurance that would meet your needs depending on your family history and personal health risks.

There are other ways to deal with the Federal deficit other than Social Security. Twenty-nine percent of women who make it to age 65 are going to make it to age 90. Eighteen percent of men who live to be 65 are going to live to 90. We need to make sure that Social Security and Medicare are strong.

## **AGENET**

### **Connie Sipe, Chair by teleconference**

Connie is the president this year. AGENET is a membership organization; they have been around for almost 20 years. They consist of senior service providers. AGENET held their last meeting in Anchorage.

They have set 4 advocacy goals for the upcoming year:

Improve the Older Alaskans and the Adults with Physical Disabilities waivers. By fall that will be one combined waiver. There have been no changes since the first waiver which was put in place in 1994. Commissioner Streur said that the Department would be open to amending the waiver in the next year or two. Connie said we can submit an amendment at any time.

The second area of focus is to have ADRD included in the waivers based on the disability from Alzheimer's and not having to have other physical diagnosis or physical disabilities that would make

them meet the nursing home level of care. At times in the past they have suggested separate waivers for ADRD. AgeNet is willing to work on this with the DHSS administration.

The third focus area is to explore the idea of AgeNet being a clearing house to solicit around the state Capital needs from senior service providers and package those as one senior services capital package for the legislative session and you might include the energy assistant needs for fuel cost.

The fourth area is to work to increase the appreciation for senior services among all of the legislators, targeted legislative leaders and with the Governor and the Lieutenant Governor. AgeNet members are strongly being encouraged to get legislators visit senior centers, to go along with in home service visits, senior transportation runs etc. And they are going to also work on find our champions on senior services.

Meeting adjourned 11:59 a.m.