Medical Care Advisory Committee
Minutes Friday, October 3, 2008

Anchorage
Teleconference 1-800-315-6338 (2478)

Members Present:
NP Deb Kiley, Chair
John Bringhurst
Marie Darlin
Amber Doyle
Megan LaCross
Catriona Lowe
Karen Sidell
Tracy Charles-Smith
Dr. Elizabeth Turgeon
Mark Walker

DHSS Staff
Jerry Fuller – Medicaid Director
Sally Bowers – MCAC Coordinator

Other participants
Thomas Chard – DHSS Planner associated with the Alaska Mental Health Board and Alaska Board of Alcoholism and Drug Abuse.

Introductions/review of member positions

NP Deb Kiley, Chair – Anchorage – (Nurse Representative)
John Bringhurst – Petersburg - Vice Chair- (Hospital Administrator)
Marie Darlin – Juneau - Consumer Advocate/8years – (Seniors Representative)
Amber Doyle – Wasilla - Consumer Advocate – (Child on DKC)
Megan LaCross – Soldotna - Consumer Advocate – (Disabilities representative)
Catriona Lowe – Homer- Consumer Advocate – (3 children on DKC/Small Clinic provider)
Karen Sidell – Bethel - Consumer Advocate – (Child on Medicaid/ works in Tribal Health Clinic)
Tracy Charles-Smith – Fairbanks - Consumer Advocate (Child on Medicaid)
Dr. Elizabeth Turgeon – Wasilla - Physician Representative
Mark Walker – Wrangell - Provider Representative – Behavioral Health Provider

Approve Agenda

Tracy Charles-Smith proposed an addition to the agenda – to discuss planning the Tok site visit, Spring 2009.

Approve Minutes

Motion made that minutes be accepted by Tracy Charles-Smith. Motion was seconded by Mark Walker.

Announcements

MCAC continues to struggle to ensure Committee work is getting done with the resources given i.e. restrictions in meeting structure from quarterly 2 day site visit to 3 hour quarterly teleconferences. Since we have not been limited to how often we meet via teleconference, we may want to consider additional teleconference meetings, perhaps monthly.

The committee has had requests from individuals to be heard before the committee. On line today Thomas Chard, Department of Health & Social Services, Planner with Alaska Mental Health Board and Advisory Board on Alcohol & Drug Abuse. Mr. Chard expressed interest in simply listening in to get an idea of the work being done by MCAC. He is looking forward to working the MCAC.

Tok Site Visit – scheduled for Friday, May 15 & Saturday, May 16
Tracy has communicated with Victor Joseph who oversees tribal health aides in that area. Tanana Chiefs Conference (TCC) is willing to work with Tracy to assist with a van for transportation and possibly do a presentation. Hopefully Victor Joseph will be available to help with organizing and carrying out the tentative plan:

- Visit and presentation by the local Tok Clinic (not tribal) to see their health aide clinic and visit with their clinicians from behavioral health & dental clinic.
- Trip to Tetlin (tribal) - An hour drive to Tetlin. This could be an enlightening visit.
- Tanacross health aide clinic - Tok to Tanacross is 15 minute drive – currently there is talk of them creating a much larger clinic to serve the surrounding villages.
- Invite Mt. Sanford inter-tribal consortium. They likely will want to talk with MCAC.
- Meet with consumer groups. Karen suggested gathering a list of consumer groups to see who that is there would be good to meet with.
- Westmark Hotel and restaurants are available in Tok

Transportation from Anchorage:

- drive 328 miles (approximately 7 hour drive) or
- fly to Fairbanks; fly to Tok (40 Mile Air)

Transportation from Fairbanks:

- Drive 206 miles (approximately 3 ½ - 4 hour drive) or
- Fly to Tok (40 Mile Air)

Transportation from Juneau/Wrangel/Petersburg:

- Ferry to Haines
  - Drive 448 miles (approximately 9 hour drive) or
- Fly to Anchorage/Fairbanks; fly to Tok (40 Mile Air)

Tracy & Sally will do the planning via email & teleconference. Tracy has planned a teleconference with Victor Joseph and has sent email to Jerry Isaac & Ted Charles to let them know that MCAC is planning the visit.

Public Comment
Opened at 9:30 am. None was given. Public comment closed @ 10:00 am.

Review Current/impending MCAC vacant positions & present potential applicants for the position (Renee Stoll, RPh and Roger Penrod, RPh)

Members reviewed the applicant letters and favorable remarks were made on behalf of both being very strong candidates; thus a vote was taken. After a majority vote, it was decided that Renee Stoll's application should be sent to the Commissioner with a request to appoint Ms. Stohl to the MCAC. Letter to state we had two strong candidates; either of whom would have been excellent candidates.

Members were encouraged to continue to recruit for the dentist position.

MCAC website:
Members noted they reviewed the web site. Comments included:

- A request was made for a "public participation link" that would include the 800# and tell more about the Committee's role. Perhaps this would enhance public comment & participation. Members are interested in doing anything that will enhance public participation.
- Would it be advantageous to have a "members only" link; remains a question.
- Need a link for persons interested to sign up for email messages that would notify them of meeting dates & public comment period; associations/organizations could also sign up to learn about meeting dates.
- Could there be a link to give the public an opportunity to send electronic comment – do you have an issue that you want the committee to know about or send a letter.

HCS website – Members also mentioned that it would be beneficial to have a link on the HCS home page for providers to send questions and report problems/concerns to Medicaid; a big "red easy button" that providers or consumers can quickly go to send a message to Commissioner Hogan or Deputy Commissioner Streur.

Purpose of the MCAC
There was a brief discussion about the dramatic change in meeting format from quarterly 2-day meetings (8 full days/yr) versus four 3-hour teleconferences and how members can maintain an effective Committee. A notation was made in the letter to the Commissioner with the recommendations; however, members are interested in meeting personally with the Commissioner to learn about his goals and objectives for the Committee and determine if the current format of communication and meetings with email and teleconferences is sufficient to support the committee in doing the work they need to do.

Tracy requested NP Kiley to resend the letter that she had sent to the Commissioner

Action Item:

- NP Kiley will start an email with a request for members to add their points regarding the functioning/format of the MCAC; benefits of face to face meetings; and any other information members may want to send to the Commissioner. A letter with the information will be drafted to be sent to the Commissioner. It was noted that face to face meetings may give the members an opportunity to act on issues in a preventive manner before they become more significant problems.

- NP Kiley will re-send her letter previously sent to the Commissioner to request reconsideration of the meeting format. Thomas Chard suggested the committee consider adding his name to the letter in support of returning to face to face meetings to be held in various parts of the state.

- Sally will invite Commissioner Hogan to meet with members at the October 31st meeting.

Finalize 2008 Calendar and Schedule for 2009 schedule

- October 31st – presentation from Erin Kinavey on the Infant Learning Program/Early Prevention Programs

- First meeting for 2009 is scheduled for February 13th @ 9 AM -12 Noon Teleconference
- Tracy and Sally will initiate planning for Tok site visit Friday, May 15th – Saturday, May16th.

Guest Speakers – Presentation Senior and Disabilities Services Staff

- Rebecca Hilgendorf, Acting Director of Senior and Disabilities Services;
- Marcy Rein, Health Program Manager III, Manager of Developmental Disabilities Program and two waivers (children with complex medical conditions; children and adults with mental retardation or other developmental disabilities; lead for assessment for Mental Retardation Developmental Disabilities (MRDD) waiver; inventory for client and consumer agency planning
- Leanna Rein, Health Program Manager III, Manager for Assessment Unit

Other SDS staff who work with the programs of interest to the Committee:

- Kjersti Langnes – Health Program Manager III, Manager of the Personal Care Assistance Program
- Odette Jameson– Health Program Manager III, Manager of two waivers programs- adults with physical disabilities and older Alaskans as well as nursing home authorizations

Rebecca provided an overview of the SDS programs. Waivers, a significant part of the work associated with SDS started in 1993 are provided through a state plan agreement with the Centers for Medicare & Medicaid Services (CMS). Basically under waivers, rules are waived that guide payment for Medicaid services that generally would only be provided in an institutional setting i.e. nursing home or intermediate care unit for mentally retarded to allow them to be performed in a home and community based setting. Services include respite, chore, meals, transportation, residential support etc. This is a very popular program since it allows people a choice to stay home. Also, similar services may be provided thru grants i.e. senior grants and grants for individuals who experience developmental disabilities. Through the four waivers (1.children with complex medical conditions; 2. mental retardation and developmental disabilities; 3. adults with physical disabilities and 4. older Alaskans) generally is about 5500 to 6000 Alaskans receive services. More than15 thousand Alaskans statewide are served with grants. Services are similar but limited in scope and duration due to funding limitations.

Waivers require individuals meet certain criteria; specified in regulation i.e. Medicaid eligible and in need of institutional level of care. Once deemed eligible, SDS develops and implements a plan of care. A care coordinator is picked and services are provided by various agencies.

SDS also administers personal care assistance (PCA) across the state, agency based or consumer directed. In order to receive the services, the person must be Medicaid eligible; have an assessment to determine their functional level i.e. where do they need help and how much. Assessment unit, managed by Leanna, has 25-30 nurses located statewide to work with individuals where they live. Currently nurses are in Bethel, Fairbanks, Kenai, Mat-Su Valley; Anchorage, and Nome; none in Juneau.

Nurses go through an intensive training curriculum and receive on the job support. Some of the nurses came from the contractor Arbitre thus they come with experience; however, SDS has enhanced the training. One significant change for the nurses is the nurse doing the assessment

attends the pre-hearing if the patient disagrees with the assessment. This provides a more accurate account of the assessment, since the nurse is the one who communicates with the person and the family. They use an Inventory for Client & Agency Planning (ICAP), the functional assessment for developmentally delayed.
Currently SDS does not have a flow chart to guide a person to which services they might go into but HCBS Strategies, a contractor that is doing the long term care plan is in the process of developing such a guide. The contractor is working with state staff to identify the services delivery system to make recommendations for a less complicated system, more streamlined for the client. Their recommendation is for a model that will be "one stop shop and no wrong door". People can be referred for services through any point of referral i.e. hospital, school, family etc. on to an aging & disabilities resource center (ADRC). Recently the state took over the current three ARDCs and have received a CMS grant to help expand those projects further across the state. The ARDC will provide one place to go for screening, assessment and referral to appropriate service delivery entity.

Action Item:
Sally will get the on-line HCBS draft recommendations to distribute to members.

Jerry Fuller noted the importance of keeping in mind that the draft report is one of several that will likely go before the legislators this year. It is not possible to determine the outcome at this time.

Rebecca noted that it makes sense and SDS is very interested in pursuing a program such as the "one stop shop". Also mentioned was the fact that this resembles the medical home model (concept of patient centered care) that is an issue that the committee likely will want discuss further in February.

Rebecca explained: the client is given a list of care coordinators to choose from which includes: agency based; independent; or state. Feedback has been received regarding a potential conflict of interest when an agency coordinator offers a client only the variety of services provided by their agency. Criticism has been received about independent coordinators who sometimes "collect recipients" and end up with a very large clientele who are poorly managed. State care coordinators have become popular because they have a lot of supervision and support; no conflict of interest; they receive a straight salary; and the state limits their client loads.

Care coordinator credentials only require a HS degree and some certifications, but there is a wide spectrum of level of education among the coordinators from high school education to higher degree level professionals. Currently there is not a limit to the number of clients an independent coordinator can have, but SDS will be trying to get that in regulation.

Rebecca noted Sandy Sandusky with the Operations and Integrity Unit of SDS is collecting some data on two waiver programs (children with complex medical conditions and MRDD). He is expanding his unit to gather data on the other two waivers. Data in the first year indicated that the plan of care developed by the state care coordinators was less costly than the agency or independent; however, over time that distinction has been less noticeable.

A brief discussion came after a question was raised if the state is gathering data regarding a noticeable decrease in nursing home usage. The point was made that perhaps the home & community based waivers actually keep the pressure off the need for nursing home beds; so there is not the need to build new homes, add more beds. Approximately 80-85% of Alaska's nursing home beds are being paid by Medicaid; although in some states the private market does pay a significant portion of those beds.

Other SDS services include:

- Adult protective services unit - staff are primarily trained social workers who respond to complaints of adult abuse or neglect. If they find that someone is in the situation of abuse or neglect, they will remove them from the situation and place them in a safe environment.
- Senior information office-funded by 2 federal grants: (1.) senior health information program and (2.) senior Medicare fraud control that provides information on Medicare coverage to seniors.
- Quality assurance unit-responds to complaints of a different nature i.e. fraud. The unit works closely with the Medicaid Fraud Control Unit (MFCU) and the assistant attorney general in the Department of Law (outside the DHSS). If there is proven fraud, it may result in a provider losing their license.
- Research & analysis team-managed by Chris Hamilton, who has been instrumental in getting a contract for programmers to put together the current data base (DS3). They have gone from a system of over 40 data bases that did not communicate to one system to track all their data. SDS is interested in learning what kind of data should they be tracking & monitoring.

John Bringhurst noted that his patient registration staff often voice concerns that they don't have the knowledge of what is available for clients; where to send them for services; how do they qualify for services that might augment those available locally and help clients know where they can go to get services.

Rebecca noted that although this is not the primary role of the senior information office, either Judith Bendersky or Ginny Larson should be able to help offer direction to get to the right place for services. Typically, the role of the senior information office is to help figure out Medicare; help with Medicare Part D; understand fraud scams that they track; help people through the Medicare application process.

It was noted that it would be very helpful if there could be the same thing from Medicaid services. Resources were noted:

- United Way - 211 number a statewide referral service, may be an option; http://www.211.org/ or http://www.liveunited.org/211/
- Network of Care (internet access http://networkofcare.org/home.cfm) – a wide variety of information used by the ARDCs.
- Can call SDS for Medicaid and Medicare service information- 907-269-3666 or 1-800-478-9996 (Catherine Sharp, receptionist can help to refer to the right place)
  - ✓ Medicare question will be referred to Judith Bendersky or Ginny Larson

- ✓ If it is a Medicaid service, she would do a quick screen to determine what program to refer to – Waivers to Marcy Rein or Odette Jamieson or if personal care questions Kjersti Langnes
- ✓ Rebecca Hilgendorf's direct line 269-2083

➢ First Health Services Corporation
- ✓ Recipient Help line 1-800-780-9972
- ✓ Enhanced Dental 1-800-994-7934
- ✓ To report suspected fraud, abuse or any complaints about Medicaid 1-800-256-0930

Leanna Rein presented information on the assessment process which the state took over from the contractor, Arbitre about 11 months ago. They use a tool called the Consumer Assessment tool/Personal Care Assessment tool (CAT/ PCAT) to assess older Alaskans; adults with physical disabilities and PCA program. Requests are based on a priority system. They also look at who is the client; location and what nurse is assigned to that region.

- ➢ an expedite (urgent, life or death situation);
- ➢ an initial application; or
- ➢ reassessment

Recently, they initiated regional assignments. Regions have a nurse & back up nurse. About 20 nurses are currently available. Once the nurse gets assignment, they make an appointment and send an electronic notice to the coordinator to encourage the coordinator to be with client. The nurse advises the client they need to get a doctor's order/prescription before the nurse visit.

The nurses make a good faith effort to do the assessment in a timely fashion. In some unusual circumstances and depending on weather, there may be delays, but they try to see the client within 5-7 days. The actual assessment can take 2-3 hours (sometimes longer) due to the fragile & sick nature of the population. There is a time limit of 90 days to make a decision after the assessment.

Generally, the nurse reviews the assessment findings with the client to go over questions and take input from the coordinator. She writes up the detail & submits to DS3. A quality and regulatory review is performed. If they receive a request for an expedite process, they try to get to them in 2 days; depending on the area; hopefully not more than 5-7 days. They try to start care in not more than 5 days dependent on whether they have all the information they need. Currently the scheduler person reviews a list that the client will need/want at the assessment to be sure it is a comprehensive assessment i.e. a prescription, medical records, documentation that the client feels may be useful to the assessment. Also, providers such as the PCA, care coordinator are encouraged to participate at the visit.

For consideration:

- ➢ Could there be something for providers to make them aware of what they need to do to help with the process of getting clients assessed and care initiated?
- ➢ 10 days is a long time to wait for services. SDS feels the need to equip the nurse with the tools she needs to make the decisions. Their goal is to be able to assess and determine client's eligibility within 10 working days for initial applicants. For clients with a more urgent need, the goal is to assess within 2 working days.

- A checklist could be important tool to let the clients know what they need in case they have a provider who is not proactive in ensuring the client has what they need. This would allow the clients to advocate for themselves.
- Nurses are taught to make a thorough, fair and accurate assessment of the functional abilities for that day.
- The SDS website http://www.hss.state.ak.us/dsds/ provides excellent information on all their programs with links to the individual programs such as Personal Care Attendant (PCA) http://www.hss.state.ak.us/dsds/pca/default.htm .
- The PCAT tool, developed in Maine, is on the SDS website http://www.hss.state.ak.us/dsds/docs/PCAT.doc .

One of the big concerns voiced during the Homer meeting were complaints about "abuses" taking place in the pre-hearing process (pre-hearing rep/SDS nurse being rude, abrupt, coming across as threatening on the phone and clients were not afforded that opportunity to provide information that would have been helpful in the pre-hearing).

Both Rebecca and Leanna noted that any behavior that comes across as being inappropriate is not acceptable and they want it brought to the attention of the SDS and they would deal with it on a case by case basis. Nurses have a script, reviewed by the state attorney that needs to be followed for the pre-hearing. Based on the script, there may be some decisions that can be made on the phone at that time. If they are not able to make the decision they go on to the fair hearing that is a more formal process where a hearing officer presides.

Because of complaints being heard by SDS i.e.nurses feeling threatened, they are working towards a system of tape recording all pre-hearings. All fair hearings are currently recorded. Staff have been trained to use the script and present in a non-judgmental, professional manner. With the implementation of the pre-hearing tape recorded sessions complaints either from clients or the nurses, SDS will be able to follow up appropriately.

Rebecca noted that complaints heard at the Homer meeting were difficult to follow up since they were old and many staff who may have been associated with those complaints were no longer with SDS. With the changes being implemented, there should be less concern for incidents to occur but should there be an issue, it should immediately be brought to the attention of SDS staff.

Recent changes to improve the SDS programs, including regionalization of the nurses, are helping to decrease the need for appeals, pre-hearings and fair hearings. Training, the script and now the recorded hearings are all helping to improve consistency and make the process work more efficiently. Although the number of fair hearings taking place was not available, Leanna noted a significant decrease as reflected in the one page list from about a 4-5 page list.

It was noted that the pre-hearing process is not comfortable, can be intimidating, and emotional. Clients are encouraged to invite their family, care coordinator and PCA to be there. In some cases, clients who are not successful in the pre-hearing are too intimidated to go on to the fair hearing which is more formal and can be even more stressful on the client. Clients choose to just give up for fear that they could suffer additional loss of Medicaid benefits. Pre-hearings are done by state staff. Most are currently done by the nurses; state staff could include Gerry

Johnson with HCS. Most do not go to fair hearing. In preparation for the pre-hearing, SDS may request additional information; they simply need the documentation to give the client the most services possible.

It was mentioned that since pre-hearings are done on the phone, tone of voice may be an issue and misconstrued. SDS continues to train their staff regarding both phone and email etiquette.

One other concern voiced was the lack of quality assurance monitoring of qualifications of PCAs. Concerns have been voiced in some communities that clients were warned to ensure they don't leave medications around because the PCA will take things to perhaps support their drug habit. Unfortunately, under the consumer directed program, clients can hire anyone who has gone thru background check. The individuals go through a minimum certification process. Clients are reluctant to complain because they may not be able to get help. Knowing this, SDS is working toward stronger system for PCA monitoring and accountability. They encourage clients and others to report any concerns or issues to their main number (907) 269-3666 or to the **Message Hotline to Report Medicaid Fraud 1-907-269-6279**

Medicaid Director's Report – Jerry Fuller

Federal Issues

- Congress passed the bailout 255 to167. Although everything in the plan is not known at this time, one thing in the plan is mental health parity for group plans. The impact for this is not known yet.
- Both houses of Congress have a stimulus bill but they likely are dead and will not be acted on before Congress dismisses. Alaska is fortunate that it has not felt the economic impact that many other states have. Some state budgets are significantly impacted and they are forced to look at budget cuts, including Medicaid.
- New congress will be coming in. One item remaining from last year is the regulation moratorium that expires 3/31/09. Repercussions will occur if Congress does not deal with it.
- The current extension of the SCHIP/Denali Kid Care expires 3/31/09. This needs to be extended or reauthorized and is a significant federal issue. If they choose not to fund it, there could potentially be general fund issues of about $20 million. More likely, it will be extended again with some supplemental funding.
- CMS has promised that they will be sending out many new regulations before end of this administration. Some were proposed years ago but nothing was ever acted upon.
- Congress passed a Medicare bill specific to Alaska that will raise practitioner Medicare rate in Alaska, fairly comparable to Medicaid, effective January 1, 2009. Liz, the staff person for Senator Stevens was instrumental and did much of the work on her own. The increase is a permanent 36%. TriCare reimbursement is dependent on Medicare but they are not sure if they will see the increase since they were already on a demonstration project that increased there rates to 40% above Medicare in Alaska.

State issues

- Budget is being developed. This FY we went in with about a $25 million reduction in general fund for Health Care Services. Currently not anticipating a significant budget increase.

- Big issue for this session will be the continuation of adult dental that sunsets June 30, 2009. Legislators will want to look at the data but that still needs to be analyzed.
- Likely to be several bills to increase DKC above 175 % of the federal poverty level.
- At this time point, no significant issues, but the price of oil will certainly impact decisions; production is not going up.
- The home and community based waiver program draft that was mentioned by Rebecca is part of SB 61 that the department engaged to look at the long term care system. The focus is to give ideas for improvement in systems, such as the array of services; eligibility; opportunities to secure federal funds for Pioneer Homes & CAMA. The contractor went beyond expectations and has held multiple community forums around state. They are in the process of finalizing their report.
- Also in SB 61 is a significant amount of work with Alaska Native Tribal Health Consortium (ANTHC) and Yukon Kuskokwim Health Center (YKHC) looking at long term care facilities that would be tribally operated & get 100% federal funding. They are also looking at the internal structures to make them more sustainable. Federal funding for these tribal organizations has gone down in the past 3 years and there is flat funding for the next 6 months. The state hopes to make them and Medicaid sustainable long term. The reports will offer a wealth of information for legislators. An important aspect of the report and recommendations is to address substance abuse and eligibility expansion in order to get Medicaid federal funds to serve the substance abuse population. If an eligibility expansion is approved, we will need to determine the most effective treatments to be covered and the providers that will be able to provide those services. An RFP has been issued to get a contractor to look at the possibility of such an expansion.

Action Item:

- Jerry will keep Sally advised of progress being made and reports that become available.

- Jerry will be preparing a summary of the studies/reports for the legislators/Governor's office and he will make it available to the Committee as soon as it is completed. If his report is not complete for the October 31 meeting, Jerry will plan to have a rough draft for that meeting.

- Jerry provided a document that give the basis for the Medicaid Review Report Workplan; all of the associated studies and funding for SB61. Sally will scan and distribute to members.

Additional Business:

There was a brief discussion about when the MCAC Budget Recommendations to the Commissioner are available for the public and on the web. Deputy Commissioner Streur indicated that Marie Darlin could distribute the MCAC Recommendations to an upcoming AARP meeting. The document will also be posted on the MCAC website.

Members also noted they are anxious to meet with Commissioner Hogan to hear his expectations of the Committee, particularly as they relate to the limited meeting structure of teleconferencing and only one face to face meeting/year. Commissioner Hogan will be invited to present at the October 31st meeting.

Jerry noted that the Commissioner has posted on the Department website priorities that offer his direction for the department for 2009.

Action Item:
Sally will distribute the document dealing with Commissioner Hogan's priorities from the web. http://www.hss.state.ak.us/commissioner/PDF/2008_priorities.pdf .

John Bringhurst noted that after hearing the presentation today, he has some recommendation for consideration related to the SDS programs:

1. Focus on a more user friendly system. It seems like the system has grown to a very be cumbersome. The idea of "no wrong door" is a good concept to pursue so that people have one place of entry instead of having to research the right number to call. Perhaps have brochures that go out to all clients to describe the services, provide phone numbers and how to navigate the system. Ensure there are friendly, knowledgeable intake people who can steer people through the maze of the system.
2. Control over entry by the providers to avoid overuse/abuse. Perhaps providers are not having enough input and that may be a reason why there is overuse/abuse and wasteful spending of dollars that might be better used elsewhere.
3. Quality control monitoring of PCAs.

Action Item:
Committee members are encouraged to share their thoughts by email regarding new recommendations to be presented at the next meeting as a result of today's presentation.

Catriona will review the minutes from the Homer meeting and contact agencies who offered concerns about the SDS programs to let them know she is available as a local contact for MCAC. If she hears comments she will advise them to call Sally or Rebecca.

Deb will get the PCAT tool and send the link. A copy will be sent to Marie.

John Bringhurst will plan to inform the Alaska State Hospital and Nursing Home Association (ASHNHA) about the United Way 211# and encourage the spread of the use of the number.

Members agreed that the promotion of the United Way 211# is important via means other than the web since everyone; especially seniors do not have access to the web. Marie noted that AARP will be discussing the 211 # at their upcoming meeting in Anchorage next week. Of interest is how they plan to advertise it and get the message out.

Karen recommended that a laminated card with contact phone numbers for travel, recipient issues and others to be made available to recipients. This may be an idea for the Committee to offer as a recommendation.

Next meeting is scheduled for Friday, October 31st 9:00 AM to Noon via teleconference from the Frontier Building.

Meeting was adjourned at 12 Noon.