

**Alaska Commission on Aging
Quarterly Board Meeting
Anchorage Senior Activities Center
Anchorage, Alaska
December 10-11, 2014
Approved Meeting Minutes**

Wednesday December 10, 2014

Call to order: Meeting called to order by Chair, Mary Shields, at 9:00 a.m.

Roll Call: ACoA Commissioners present: Mary Shields-ACoA Chair, Anna Frank, David Blacketer, Rachel Greenberg, Bob Sivertsen, Duane Mayes, and Paula Pawlowski. Edna DeVries attended the meeting but was delayed in coming. Via Teleconference: Marie Darlin

ACoA Commissioners Excused: Rolf Numme-ACoA Vice-Chair and Eleanor Dementi

ACoA Staff Present: Denise Daniello, Lesley Thompson, and Sherice Cole.

Adoption of Meeting Agenda: Board training was changed to Medicaid issues, presented by Nancy Burke, Alaska Mental Health Trust Authority, Senior Program Officer. David Blacketer moved to approve meeting agenda as changed, Bob Sivertsen seconded motion, meeting agenda approved.

ACoA Meeting Minutes for September 2014 Quarterly Meeting: Rachel moved to approve the meeting minutes as written for the September 2014 meeting. Bob Sivertsen seconded and the motion was approved.

Chair Report, Mary Shields

Mary remarked that the Commission meetings, two listening forums and the rural outreach in Fairbanks were outstanding. The Commission is working to get as much information as possible regarding the needs of older Alaskans. Mary said that the better information we have, the better we can report to the Governor, our Commissioner and to make sure we meet the needs of our seniors properly.

Vice Chair Report, Rolf Numme, Mary Shields read Rolf's report in his absence.

Through his report, Rolf noted that he has become involved with a group of individuals who have helped those facing difficult life circumstances. Rolf said he has spoken to this group about challenges facing older members of a church in his community.

In the course of his conversations, he discovered that quietly and without recognition, there are kind-hearted individuals who care about our community's seniors. They take time to visit with seniors and get into their world.

They have shared their homes with the homeless, provided meals, contacted service providers, taken seniors shopping and to appointments, and offered friendship. While some seniors have family members who care and sacrifice their time, energy, and finances to care for them, there are others who are not so fortunate. Rolf said he has seen how even the smallest acts of kindness can make a significant difference in the lives of seniors living in our communities. A common thread in each of these acts has been a desire to alleviate the difficulties that Alaska's seniors face in their daily lives.

These acts of love and compassion serve to help integrate our seniors into our communities while affirming their value and worth as people.

ACoA Executive Director Report, Denise Daniello

Denise provided the updates below to her written report and talked briefly about the organizational changes in the Department of Health and Social Services resulting from a new administration.

Denise reported that the Governor's capital budget is down by 63%. The Commission made a budget recommendation to the Trust for \$175,000 for the Aging and Disability Resource Centers (ADRCs) using MTAAR funds which was approved by the Trust. The Commission also made recommendations to the Trust for the National Family Caregiver Grant program and the Senior-In-Home Services Grant program to be included in their recommendation for the Mental Health bill. These items were not included in the FY16 Governor's Budget.

ACoA Legislative Advocacy Priorities

Operating Budget Items

Priority #1, National Family Caregiver Support Grant Program, Senior and Disabilities Services, Senior Grants Component.

Priority #2, Senior In-Home Services, Senior and Disabilities Services, Senior Grants Component.

Policy Recommendations

- Increase the availability of appropriate and affordable senior housing across the continuum of care using a variety of funding mechanisms that include public/private and public/public partnerships.
- Improve capacity to serve persons with Alzheimer's disease and related dementias (ADRD).
- Support policies that promote protection of older Alaskans from financial exploitation and other forms of abuse.
- Improve supports and training for unpaid caregivers to enable them to care for their aging loved ones at home for as long as possible to prevent/delay higher cost skilled facility care.

Update on the process of the Alaska State Plan for Senior Services FY2016 - FY2019

Denise said the current Alaska State Plan FY2012 –FY2015 is a four year plan which expires June 30, 2015. The Commission has been conducting needs assessment activities the new Alaska State Plan for Senior Services that include the senior survey, Elder-Senior Listening Sessions, and a provider survey to learn about senior needs.

The Commission has collected senior surveys until November 30th. Over 2,250 surveys have been received. Lesley Thompson, ACoA Planner I, is in charge of this project and is overseeing one Mature Alaskan Seeking Skills Training (MASST) Program Participant, Charles Carran, who is helping to input the survey responses into Survey Monkey. We have also sent out a provider survey which is the third part of the needs assessment.

The Commission has held five Elder Listening Sessions in Juneau, Fairbanks, Glennallen, Valdez, Homer, and will be having the last one in Anchorage on December 11, 2014.

The Commission is looking forward to the Elder Listening Session here tomorrow in collaboration with the Anchorage Senior Advisory Commission. The Elder Listening Session will follow the same format as used in Fairbanks and we will have the Turning Point Technology in which AARP Alaska has loaned us. There will be a State Plan Advisory Committee who will guide the State Plan process and will be in charge of reviewing the data from the ACoA's needs assessment activities to draft the vision statement goal statements along with the corresponding objectives, strategies and performance measures, in addition to the intrastate funding formula that the State uses to administer funding across the nine service regions.

Update on Alaska's Road Map to Address Alzheimer's Disease and Related Dementia (ADRD)

Denise said there has been extensive collaboration in preparing Alaska's Road Map to Address ADRD among several agencies that included several divisions within DHSS, the Office of Long-Term Care Ombudsman, the Trust, Alzheimer's Resource of Alaska, and AARP Alaska. The Commission's needs assessment activities (Caregiver forums, caregiver survey, and findings from the Behavioral Health Risk Factor Surveillance Survey) were used to construct the vision and mission statements, goals and strategies. There are 95 strategies recommended of which seven strategies have been prioritized to begin the first phase of the Roadmap's implementation.

One of the strategies focuses on the importance of re-evaluating our existing Medicaid program to better serve people with dementia and other cognitive impairments who sometimes fall between the cracks in our existing continuum of care because they do not meet the level of care requirements. While a person with early to mid-stage dementia can functionally perform activities of daily living (eating, dressing, bathing, and other daily tasks) for example, they need coaching and supervision to know when to perform these tasks and how to do them. The Roadmap calls for an evaluation of two Medicaid options identified as the 1915(k) and the 1915(i) to amend the State's Medicaid Plan. Currently, Alaska

offers waiver services under the 1915(c) option. These options provide specialized support services for persons with dementia and other cognitive impairments and an enhanced federal match reimbursement through the 1915(k) option. On behalf of all the statutory advisory boards, the Commission submitted a proposal to the Trust requesting \$100,000 to conduct a cost study to examine the cost of providing services under the 1915(k) and 1915(i), determine how many people would be served by the type of cognitive impairment (ADRD, brain injury, and mental illness) and how much money could be saved by implementing the new Medicaid options. In FY2013, Trustees set aside \$100,000 for the statutory advisory boards to use for a project that would benefit all Trust Beneficiaries. The Commission requested these funds on behalf of all the statutory advisory boards for the purpose of a cost study.

ACoA's FY2014 Annual Report is almost finalized. Denise developed the narrative and Lesley is compiling the data for the Senior Snapshot. ACoA Commissioners are drafting quotes that will be placed with their photos in the annual report.

Executive Committee Report, Mary Shields, Chair

Mary reported the Executive Committee has met several times throughout the year. The Committee provides final approval on actions taken by other ACoA Committees. The Executive Committee provided approval to move forward the draft ACoA Policy and Procedures manual that was developed by ACoA's By-laws Committee. The Executive Committee will continue to be active this year, particularly with development of the new Alaska State Plan for Senior Services and the upcoming legislative session. ACoA Commissioners are encouraged to stay informed regarding ACoA's projects.

By-laws Committee - Marie Darlin, By-Laws Committee Chair

Marie reminded the Commission that new By-Laws were approved last year. Much of what was included in the By-Laws were policy and procedures which were removed and incorporated into a new document which is ACoA's Policies and Procedures. Marie presented the Policies and Procedures to Commissioners for approval.

Action Item: Rachel moved to approve the ACoA Policy and Procedure manual, which was seconded by David. The motion was approved.

Legislative Advocacy Committee: Marie Darlin, Committee Chair

Marie reviewed the 2015 Senior Legislative Advocacy Teleconference dates. The Committee is looking at reviewing bills that were left over from last year and may be introduced this year. She encouraged Commissioners to connect with their legislators before session.

Pioneer Home Advisory Board (PHAB), Bob Sivertsen, PHAB Chair

Bob reported the Pioneer Home Advisory Board (PHAB) met face-to-face on October 14, 2014. The PHAB visited the Pioneer Homes in Anchorage and Palmer. There are several maintenance issues for the

Homes and he is looking to see if funding was included in the Capital Budget. The PHAB visited with the residents, and found no complaints. The State is challenged to offer competitive wages for Pioneer Home nurses to recruit a qualified workforce.

There has been a decline in the number of residents requiring Level I care. The Pioneer Home Board is looking at ways to address the increasing needs of Level I and II residents with existing bed capacity.

Bob noted his appreciation for Mary Shields on the Pioneer Home Board Advisory Board and her input. Bob also noted that the PHAB is discussing options regarding public/private partnerships as a strategy to sustain and grow the Pioneer Homes. The PHAB is also considering a new plan to maintain the buildings.

Mary Shields said the last meeting was the first face to face meeting she was able to attend. The other PHAB meetings have been held by teleconference. The time the board takes looking at the Pioneer Homes is time well-spent as well as with visiting with the residents. For example, Mary noted that she likes to look at fire extinguishers for fire safety, for example. Mary is happy to have this opportunity to be on the Pioneer Home Advisory Board and is looking forward to the Southeast visit which follows ACoA's February board meeting.

Mary Shields introduced Carmen Montoya, the Wellness Coordinator for the Anchorage Senior Citizen Activity Center. Carmen said she tries to keep updated on everything going on at the center.

Denise recognized Karl Garber, the Director for the Alzheimer's Resource Agency, in the audience at the meeting.

Commissioner Discussion/Public Comment

Marie suggested updating the Economic Well-being of Alaska Seniors Publication published in 2007.

David Blacketer said there may need to be updates to the ADRD Road Map Publication and other documents, as Marie suggested.

Denise noted that the "Economic Well-being of Alaska Seniors" publication laid out the foundation for the economic value of how much seniors bring to the Alaska economy. Originally, the data showed retirees contribute approximately \$1.5 billion from their retirements and health care spending to the state's economy in addition to thousands of hours in community volunteer work and family caregiving. ACoA has updated this amount over the years with support from UAA's Institute of Social and Economic Research. This contribution compares well to other industries of the State including tourism, retail, and mining. Senior's economic contribution is important to highlight because public policy often focuses on the potential service costs of seniors and neglects to consider the economic benefits of a retired senior population. Denise also said that the ADRD Road Map is a living document that will be updated as strategies are implemented and new data becomes available. Stakeholders were asked to help the Core Team to prioritize the 95 strategies in the Roadmap. The Core Team used stakeholders' input to identify the seven prioritized strategies.

Bob said that seniors with ADRD use adult day programs and they are important to the community. He asked how adult day programs will be funded in the future. Denise said it is a difficult budget year and that ACoA and our partners will have to advocate and protect the funding we have for senior programs.

Ken Helander, AARP's Advocacy Director, said he is going to address the recommendation to increase training on Alzheimer's disease and related dementias and resources available for stress, care, and fatigue. Ken is hopeful to address this through legislation. Marie said it is important to provide support to caregivers, and that, maybe, stakeholders can address this.

Duane said the Division of Senior & Disabilities Services re-wrote Adult Day Waiver Regulations and it was a massive effort, with years of re-writing and getting input from public. There were lessons learned and they are hoping to put out the revised regulations shortly. Duane went over some of the changes in the regulations.

Judy Warren from Soldotna said she is working with the family caregiver support program and hopes that there might be an increase in funding. Judy said the need is growing, especially in the area of respite. On Monday they received seven calls she could not help- it is hard to say no. Judy said she wanted to inform the Commission that the need for caregiver respite is great. Denise asked Judy about their waitlist and how many people for what services. Judy said there are 15 on the waitlist for respite.

Anna Frank suggested that a study be done for the rural areas to show the need for senior assisted living homes. She also noted that if more health care services were available in the villages, people would stay in their homes longer.

Rachel said as a provider, her priorities for the MatSu Council on Aging and AgeNet are: Increased funding for the Family Caregiver Support Grant Program (\$325,000), Senior In-Home Services grant program (\$350,000), Aging & Disabilities Resource Centers (ADRCs in the amount of \$300,000), and a capital budget increase in the amount of \$10 million for AHFC's Senior Citizen Housing Development Grant Fund to meet the huge need for senior housing in Alaska. Rachel said she sits on the Commission on Health Care Coalition and AgeNet. She appreciates the support from Senior & Disabilities Services.

Duane said SDS has been working with the Rural Long-Term Care Subcommittee of the Elders Committee through the Alaska Native Tribal Health Consortium. A top priority for SDS is Rural Long-Term Care Services. SDS has been working with the Rural Long-Term Care Subcommittee of the Elders Committee and Tanana Chiefs to develop a rate that is sustainable and would enable us to hire people as universal workers for the rural areas. The Centers for Medicare and Medicaid (CMS) will provide 100% federal match for tribal providers. This is a pilot project that would be expanded to other rural areas if proven successful.

Amanda Lofgren, Trust Program Officer, noted the following comments in follow up to Anna's remarks regarding the need for assisted living in rural areas. Amanda said that the ADRD Road Map includes a strategy to implement 1915 (i) Medicaid option which will have an impact on rural areas in terms of sustainability of the assisted living homes that we currently have in Galena, Tanana, and Dillingham. There is an assisted living home being planned in Unalakleet. There are significant operational subsidies and resources that need to be in place for these projects to be sustainable. There are a lot of elders who

have dementia in rural areas and may be at risk to be moved to urban centers for 24 hour care. The Trust is working with Tanana Chiefs Conference on a feasibility study to look at a home in Fairbanks and is considering Denakkanaaga's Resolution for an assisted living home in Fairbanks for Native Elders.

Anna invites ACoA to the Denakkanaaga meeting in June in Anvik to do education about what is going on at the state level for seniors and elders as there are many people in the rural areas who need to know what is happening.

Nancy Burke, Trust Senior Program Officer

Nancy Burke gave an overview of the Medicaid program in Alaska. The power point is attached to the minutes.

Duane Mayes, Director of Division of Senior & Disabilities Services

Duane reported that he met with the Department's new Commissioner Valerie Davidson and is impressed with her depth of understanding and knowledge. SDS priorities have been presented to the ACoA and other boards. Rural Alaska and Rural Long-Term Care Services has been and will continue to be a priority. SDS has been working with the Rural Long-Term Care Subcommittee of the Elders Committee and Tanana Chiefs, to come up with a rate that is sustainable and would enable us to hire people as universal workers for the rural areas.

Funding for senior services has always been a priority, because of the advocacy of this board, and we have done well to avoid incremental cuts to services and have managed to get incremental increases. This is important to have sufficient service capacity to meet the growing senior population.

Assisted technology is a huge need and by utilizing this technology can help serve more people at a reduced cost, particularly those who live in rural areas. SDS has a new automated service plan and is in the process of installing it into the existing data management system. This will make the process of reporting more efficient for care coordinators. They have been in the process of getting federal funding at a 90% match from the Centers of Medicaid Services (CMS). Harmony is the contractor for the new automated service plan.

Duane reported that SDS tested and retested the automated system many times to make sure they don't have the same problems as they did with the Enterprise System.

The Personal Care Attendant Program (PCA): Senior & Disabilities Services felt the PCA program was broken and the division believes they have taken the right steps to fix it. Allison Lee, the PCA Program Representative, and him, have discussed the issues to get the system right. The volume of PCA waivers growth is 67% per year, but they don't see growth for staff. This is where the automation comes in- they have been working on extending reassessments and have been working with the PCA Association on reassessments every 3 years instead of every year.

Duane said the division worked on re-writing some of the PCA Policy and worked with the PCA Association and they provided considerable feedback that SDS took under consideration. The revised PCA policy went out on an e-alert.

On the waiver side, there is a back log for assessments because of a law suit that was ongoing for 7 years on PCA. There wasn't an effective due process- if PCA hours are lowered, individuals can sue. The suit was resolved and they have rewritten some of the PCA Regulations. Annually, reassessments have to continue to be done to show the person meets the level of care in order to continue receiving services. Duane said it is the right care for the right people at the right time.

There have been a lot of hearings on the issue of hours being cut. If it is decided that the patient no longer meets the level of care, they have to defend their reason for the hours. This is part of the reason that there is a back log. They have streamlined the reassessments to be a truncated shorter version of a reassessment. Duane attended the PCA Association Conference with Nancy, they checked with other states and the average reassessment is an hour and half to 3 hours, the new truncated assessment is 30 to 50 minutes. Duane said SDS can keep up with the volume and believes that within one year they will be caught up.

Another piece that is always a challenge is the ability to do rural reassessments. It is a reality that it is hard to get to those assessments, due to it sometimes taking 5 to 7 attempts to get to villages. If assessments can't be done, CMS and providers hold them to that. Tele-health helps- they are working with tribal partners to work with tribal clinics to conduct the re-assessments using tele-health. This is a priority for the division.

Alaska Mental Health Trust Authority

Jeff Jessee, CEO & Trustees Paula Easley, Russ Webb, John McClellan and Mary Jane Michael, Nancy Burke, Senior Program Officer & Amanda Lofgren, Program Officer

Nancy Burke, Trust Senior Program Officer

Nancy Burke said the new Governor has been talking about Medicaid expansion and the Trust has been talking about what it means to the Trust beneficiaries. Jeff Jessee has been talking to the Governor's staff about the topic of Medicaid Expansion.

Jeff Jessee, Trust CEO

Jeff Jessee gave a general Trust update. The Trust is going through a nomination process for recruiting two new Trustees. There are two Trustees who are up for reappointment. Changes in the Administration, the dramatic drop in oil prices and the impact on the budget, and Medicaid expansion are significant changes that will impact Trust Beneficiaries. There are functional issues with enrollment and payment technology using MMIS that are limiting factors for Medicaid expansion. The Trust will use this time to understand how expansion will affect beneficiaries. The current Medicaid program is not sustainable. Jeff said we do know that we want to be more creative and the three factors in controlling Medicaid are criteria for eligibility, covered services, and reimbursement rates. What the Trust is looking for is reformation that increases access to outcomes for the Trust beneficiaries. There is an incentive to keep the cost of the services to a minimum. The Trust is working with all of its partners to try and look at what that means. It was a challenge last year to get increments for the senior services -advocacy strategies are going to be challenging for the area of senior services again this year.

Jeff talked about some of the current staffing appointments for the DHSS to conduct the Medicaid expansion work.

Elder Task Force

Jeff said he went to his first Elder Task Force meeting.

Duane Mayes said they have had two meetings- there is some planning to visit the memorandum of agreement in place. This task force's priority are elders who are exposed to harm coming out of corrections or are having problems with medication. The program came about to make sure these elders are protected. Jeff said one issue they are working on is guardianship- the agenda will be broadened as time goes on.

Duane said he was told that there will be subcommittees within the Elder Task Force. Two committees are Resource Development Training for Guardianship and the Monitoring/Elder Fraud Committee.

Jeff said the corrections piece needs work because people with dementia should be dealt with outside of corrections.

Amanda Lofgren, Trust Program Officer

Amanda said, during public comment, she talked about the assisted living homes in rural areas. There is a leadership team within the Department of Health & Social Services (DHSS) including ACoA (Denise) and Kate Burkhart, Executive Director for the Alaska Mental Health Board/Advisory Board on Alcohol and Drug Abuse. The leadership team deals with seniors with behavioral health issues in the Alaska Psychiatric Institute (API) and assisted living homes. The goal is conflict free case management. The Community Care Coalition and other partner agencies have been meeting with the Division of Behavioral Health (DBH) on strategies to create conflict free case management as required by the Centers for Medicare and Medicaid (CMS). The new ruling requires that direct care coordinators have to be separate from the care providers in order to prevent a conflict of interest. When the Medicaid Reform Advisory Group met, one of the recommendations was that when care coordination happens, the less people involved would enable less duplication of services.

Thursday December 11, 2014

ANCHORAGE ELDER-SENIOR LISTENING SESSION

Hosted by: Anchorage Senior Advisory Commission and the Alaska Commission on Aging

Call to order: Meeting called to order at 1:00 p.m.

Commissioner Discussion

Topics Discussed: (1) What was learned from the Elder-Senior Listening Session and (2) Observations on Local Senior Issues:

Anna Frank said we all have the same problems and sometimes the things that are changing for the better are so small it is hard to notice the change. Anna said she is still learning.

David Blacketer said this meeting was his third Elder-Senior Listening Session. He came on board in September. David said it seems that the Commission is making progress, when hearing from the agencies at the senior listening sessions. Now the Commission is looking to advocacy with the Legislature in January. David noted that we need to move people into the 21st Century so that policymakers know what is available and what is needed for senior services.

Edna DeVries said throughout the state we are dealing with the same thing, we need to help bring issues to the forefront. We need to try and get people into the loop and this will give more info to the legislature. This is one of the challenges we need to look at. This next legislative session, we need to try and hold on to what we have, and not too many recommendations for new funding.

Paula said more of us need to assume greater personal responsibility. Paula said her family has done things at home to prepare for their future. It would be good for people to ask themselves 'what am I doing to help someone else.' It is up to everyone to make sure they help themselves for their future.

Mary Shields said her and Denise will be writing a letter to the Governor and need to know how much mature Alaskans spend in the state, what they do in this state, and what they bring to this state. We have to make it clear, simple, and clean. We don't want our word to get lost in the legislature.

Mary said the agenda for February should have discussion of grandparents raising grandchildren, and great grandchildren. The problem we have is universal regardless of our cultural background as we need all of the information collected so that the legislature is informed.

Denise Daniello reflected on the issues being identified by seniors and other public members through ACoA's needs assessment activities. These issues include access to health care, financial security (having enough to afford the essentials like food and heating expenses), transportation as well as emerging issues to address the needs of Alaskans impacted by ADRD and those with behavioral health needs.

Anchorage Senior Advisory Commission (ASAC)
Joan Fischer, Anchorage SAC Chair, & Anchorage SAC Members
Marie Lavigne, Senior Services Program Coordinator
Anchorage Department of Health & Human Services

Marie said 2014 has been a great year! May Older American's Month in Alaska Celebration on May 2nd was memorable as well as celebrating the Ron Hammond Award. This is a privilege for the Anchorage Senior Advisory Commission (ASAC) to honor a leader in the community.

Marie said the ASAC is working on a senior needs assessment. The Anchorage Senior Advisory Commission has heard there is more of an understanding from providers that we need an area agency on aging. The Anchorage Development Corporation conducted a study to see what it is that we need to "live healthier and longer." The study concluded that "Live to Work and Live to Play" is the best way to achieve a longer, healthier life. Marie noted that this strategy will be the title for an initiative that will involve a senior work group. The senior work group is looking at a transportation grant as transportation is an important issue for seniors. The Anchorage Transit Department offers free rides for seniors on Wednesdays and the ASAC would like to keep this in place. When the transit rates went up, seniors started to panic. Lower income riders will stay off the bus even if it is a 20 to 50 cent increase. Transportation is an issue to keep same day appointments and also non-medical appointments.

The Anchorage Senior Advisory Commission (ASAC) is looking at the fact that the emergency room visit costs are going up for things such as Diabetes assessments.

ASAC has had conversations with family care providers in which some are challenged to stay employed while they are caregiving for family members.

ASAC has held two forums on housing, homelessness, and senior nutrition to gather data. The ASAC also held a Health Care Seminar with an 8-member panel. More than 80 individuals attended. The panel answered questions. Housing was a big issue and there were a lot of different questions other than Medicare. Marie said there is a benefit of reducing social isolation by having congregate meal sites.

ASAC had two graduate interns this year and they worked at the listening session this morning and will report back. In the spring, the ASAC plans to conduct a senior needs assessment and will report the findings to the assembly. There will be some advocacy changes on the board. Currently, we have 9 active members.

Marie said she will be leaving the Anchorage Muni and will be going to work with Palliative Care and Survivorship in Oncology. Marie said healthy aging is empowerment in choice. We have to teach providers, our family, and ourselves how to do that.

University of Alaska Geriatrics/Gerontology Work Group Sheila Soule, Assistant Vice Provost, Office of Health Programs Development

Sheila introduced Dr. Joslyn McGee, faculty member from the University of Anchorage Alaska (UAA). Sheila said she has put together a work group with Denise Daniello at the University of Anchorage to assess if they are meeting the needs of the community and the students. The University used to have an Alaskan Geriatric Center and it was defunded in 2010. That funding is coming up again. Sheila said she is looking at what UAA is currently offering in the community based trainings and academic classes. They need to do a better job at marketing. The Trust Training Cooperative was in the preliminary stages of Geriatric Training when the funding was cut from the UA Geriatric Education Center.

There are a number of classes offered by the Trust Training Cooperative. There is also the Northwest Geriatric Education Center at the University of Washington that started in 2010. They are offering an online web series. UAA has several Gerontology classes available.

Sheila said she worked with Denise on the ADRD Roadmap, so she thought it would be good to bring Dr. Joslyn McGee to the ACoA meeting. Dr. Joselyn McGee is an Assistant Professor in the Department of Psychology at the UAA and also serves as Chair of the Alzheimer's Disease Interest Group of the Gerontological Society of America.

Dr. McGee said she is new to Alaska. Dr. McGee said she attended the Gerontological Society of America's (GSA) 67th Annual Conference in November. She was a subject matter expert for the GSA Corporate Advisory Panel that was comprised of members from the Centers of Medicaid (CMS) and the Alzheimer's Association, and others. Dr. McGee said she felt privileged to be able to advocate for Alaska, especially the rural areas. Sometimes Alaska is not on the map when people develop national policy and programs.

Dr. McGee said she is also a part of the GSA Subject Matter Work Group on Cognitive Impairment Detection and Earlier Diagnosis in Alzheimer's Disease. The work group is working with CMS to provide guidance on assessments with cognitive impairment at the annual CMS visit for all Americans. They are providing information on what assessment tools to use. There are a range of assessment tools that look at cognitive screening and health. Some of her feedback was that the measures have not been normed or utilized with indigenous people. She is hoping to get information from the Alaskan Native population to bring to the annual (CMS) visit. She is currently working on cognitive measures with the Alaska Native Population at the university level.

Dr. McGee said there are pharmacological interventions that are not always the way to go and are psychosocial. A number of models have been developed, and they want to implement behavioral assessments. Education is key but consultation to effectively implement the intervention found positive effects. People with cognitive impairment have problems with wandering, anxiety, and depression.

They are also doing a caregiver needs assessment for caregivers of dementia, and other things such as cancer diseases of the aging.

Rachel Greenberg asked Dr. McGee about music therapy for individuals with cognitive impairments. Rachel said she has seen amazing results.

Dr. McGee said there is a lot of evidence of arts and music therapy being effective and helpful. Music is interesting because it helps with anxiety and depression.

Anna Frank said she is a member of the Clergy and so is called to the hospital for patients who are at the end of life. Anna said she talks to the Elders in their native language. After hearing about this music therapy, she will not hesitate to use this therapy method.

There is evidence that was found in a long-term study that showed that spirituality has an impact on the progression rate of dementia, and if they are able to continue with their spirituality, this will help ease the frustration and anxiety.

An audience member said that therapy pets really help, especially to encourage people to talk.

Dr. McGee said she is interested in getting feedback from Native Elders to see if this would be effective.

Anna said in the Native communities, we are seeing a difference in our Elders who are becoming helpless at an early age. Anna said she thinks that there is too much medication being prescribed and it is aging the people faster.

Sheila said there are educators that are looking at this issue of people being over medicated.

**Alaska Housing Finance Corporation (AHFC), Senior Housing Office
Jim McCall, Officer Housing Relations**

Jim reviewed the AHFC capital budget. The Senior Housing Revolving Loan Program has a remaining \$4.5 million for FY2016. There were a few programs that were not funded this year such as the New Records and Concept Management Program and the Housing for Domestic Violence Program. Funding for the Statewide ADA Compliance Program was decreased however, funding for several of AHFC's programs were retained at the FY2015 level including the Teacher Housing Program, Affordable Housing Program, Senior Citizen Housing Development Grant fund, and Grants for Public Housing Program. Funding for the Energy Program was reduced to \$33.5 million from the requested \$41.5 million.

Paula asked if these numbers could change. Jim answered "yes." Paula said it is disturbing to have the Domestic Violence Assistance Housing cut from the budget. Jim said it is subject to change.

Update on AHFC Energy Programs

Jim said that Bob Brian, the Director of the Energy Programs, retired, and Jon Anderson is the acting director for the Energy Department. As of 2008, \$350 million has been funded, and as of August 1st of 2014, \$280 million of that has been expended, In total, 15,000 units has been weatherized since 2008. The projection for the energy programs is that by March 2015, they will have expended \$320 million, with 15,300 units completed.

Energy Rebates

Since 2008, \$252.5 million has been funded, and as of October 2014, \$186 million has been expended. Approximately, 22,000 rebates of various amounts have been paid which has completed just over 2,500 5-star home rebates. The statewide Energy Rebate waitlist currently has 176 people, and it is estimated that the energy programs have saved \$3.2 trillion British thermal units (BTUs), which equates to 550,000 barrels of oil. To put this into perspective, Jim reported that AHFC has received \$602.5 billion dollars between the two programs since 2008.

Rachel Greenberg asked if there was money that could be re-allocated from the Weatherization Program to the Senior Housing Programs. Jim said no because the funding keeps the programs alive, the money is held in a trust for the program.

Public Housing Update

The statewide public housing that AHFC has control over is 1,628 units. There are almost 2,000 people on the waitlist. The Housing Choice Voucher Program has 4,348 vouchers around the state. The program has 2,448 people on the waitlist. There are six properties within the public housing sector that has the area senior/disabled housing. Chugiak Manor in Anchorage is a part of this but Chugiak View of Anchorage is not part of this. Anchorage, Fairbanks, Juneau and Sitka have 567 people on the waitlist for this Housing Choice Voucher waitlist. Paula asked if it is the housing or the voucher that we don't have enough of for Alaskans needing housing. Jim answered that AHFC does not have the voucher to give as that process is controlled by HUD's budgeting process. Alaska receives the amount based on a formula much like the HUD 202 program.

Alaska Housing conducted a housing needs assessment and found many foreclosures in Fairbanks. These foreclosures may be tied to the cost of energy which is usually more than the homeowner's mortgage payments in Fairbanks.

Jim said the Matsu Council's priorities match AgeNet and ACoA's legislative priorities.

Anchorage Senior Activities Center Rebecca Parker, General Manager

Rebecca introduced herself as the new General Manager for the Anchorage Senior Activities Center. Rebecca said the Center has a very dedicated board and staff. She has been assessing the staff and will be doing training in support of seniors and customer service. There needs to be renovations done to the center and they are raising money. The center was inspected by prospective donors from the Rasmussen Foundation and ConocoPhillips. They found a lot of things that need to be updated. Rebecca said they hired a new Community Marketing person who will be working on reaching out to the community to try to recruit new members for the Anchorage Senior Activities Center. The marketer will be looking at updating their programs which will include looking at a lecture series regarding NASA.

Last night at the Chamber of Commerce Reception, Rebecca reported that the Anchorage Senior Activities Center was recognized as the "charity of choice."

The Center has updated the computers which will help people sign up for Medicare Part D. The Center provides counseling for Medicare and provides computer training.

They are looking at the Centers food services. The Center prepares a holiday meal service where they serve 400 to 500 meals. The Center also is in charge of the Kids Core Meal Program that prepares 485 meals daily from their kitchen. The Center sent out a wish list so they can replace kitchen equipment for safety reasons.

The Center acquired \$9,000 worth of new exercise equipment. The Center's membership fees are \$50 to have access to activities and \$30 more for access to the exercise equipment.

Senior Safety & Protection

Teresa Holt, Office of Long-Term Care Ombudsman

Brenda Mahlatini, and Barbara Dick, Adult Protective Services

Theresa Holt introduced herself as the new Long-term Care Ombudsman. Theresa said Kathryn Curry is the Deputy Long-Term Care Ombudsman. Kathryn comes from the Division of Senior & Disabilities Services, Adult Protective Services Office. Theresa said her office reviews complaints and distributes the complaints to the appropriate employees for follow-up and investigation. Theresa's duties as the Long-term Care Ombudsman include: visiting all of the long-term care facilities on a quarterly basis and investigating all complaints at assisted living homes and nursing homes. Their office does not have a lot of enforcement power, so they mediate and talk with the providers to work through complaints. Sometimes relationships between the residents and the home staff is broken to the point that they have to find a new home for the residents. Adult Protective Services looks at what is in the best interest of the client. There was a big case in MatSu where a manager was being inappropriately mean to a resident and the resident ended up leaving the home. The residents have to be protected from retaliation.

Theresa said she is working on recruiting more staff to meet the long-term care facility quarterly visit requirement. They have a volunteer program where volunteers do friendly visits.

Theresa said Heather Atkinson does intake, and data entry of the cases, and has been with the office for 7 years. The office staff is very dedicated. Theresa is having her employees keep track of their hours to make sure they don't over work.

The Trust Training Cooperative (TTC) provides training for assisted living homes. One training, for example, reviews when it's the right time to call 911. There have been several situations where assisted living homes call the manager instead of 911 to avoid paying fines charged for calling 911 too often. TTC is also planning a training on dementia care for assisted living home providers to be offered in the Fall 2015. The curriculum is being developed.

There are some changes to nursing home regulations that involve increasing the amount of nursing home coverage or Licensed Practical Nurses (LPN), and an increase in care hours for nurses up to 4 hours total per day.

The revised Long-Term Care Federal Regulations should be released by early spring.

With the new Centers for Medicare & Medicaid (CMS) Regulations, long-term care homes (assisted living and nursing homes) must provide appropriate visiting hours and access to food, to where people would have access to food just the same as in their own home. In some homes, the Long Term Care Ombudsman Office finds cupboards and refrigerators locked – which is not allowed by the CMS Regulations.

Theresa said she is working with Amanda Lofgren, Program Officer for the Trust, to reduce the number of seniors in the Alaska Psychiatric Institute (API). The OTLCO is also considering ways to improve the assisted living home regulations.

Brenda Mahlatini, and Barbara Dick, Adult Protective Services (APS)

Barbara Dick reported that her section is now fully staffed with 13 investigators across the state. Their new data base will start being used on December 15th, and the staff is being trained. Barbara reported there were 5,700 reports of harm for FY14. There were 3,100 investigations, 1,331 information referral cases, and 1,300 reports from long-term care homes. The largest allegations from reports of harm were from self-neglect (n=1,141) with reports of neglect numbering 375 of the 1,141. Financial exploitation followed as the most frequent report after self-neglect and neglect. There were 791 reports, or allegations of neglect in assisted living homes, the next were allegations of abuse at 341 of the 791. The demographics of these cases show 533 victims in which the majority was female between the ages of 61 and 70. In addition, there were 104 people between the ages of 94 to 104 with 3 people over 100 years old. White was the ethnicity most reported (n=1,091) followed by Alaska Native/American Indian (n=685).

Elder Services Case Management

As of November 2014, there have been 120 referrals to this Elder Services Case Management project. Some people passed away before referral was made, or the people were not found. Twenty-three people have completed the 9 month program; 17 people declined those services; 5 people moved out of the area; and 14 people discontinued services for whatever reason. This project, administered by SDS Adult Protective Services, is funded by a grant from the Administration on Community Living. The purpose of the project is to show that increased case management helps the abused person to improve connection with community services and health outcomes.

Currently, the project has 3 case managers with 45 people being served. A majority of the people is being referred from Adult Protective Services. Some of the clients are caregivers or family and friends while others are elders who are not engaged in the system and need benefits or assistance with long-term care services. Some don't have friends or families and have untreated illnesses. Some people have uncontrolled mental health issues, or alcohol, or drug abuse dependency. A lot of people are isolated or are not being treated for medical needs.

The case managers work to help people with housing, transportation, and long-term care support planning. They are finding that they need an emergency fund for Adult Protective Services for public guardians to help people in shelters or people who are being evicted.

Advocacy Reports

Ken Helander, AARP Advocacy Director, & Marie Darlin, AARP Capitol City Task Force

Marianne Mills, AgeNet

Ken Helander, AARP Advocacy Director

Ken reported that Representative Hughes will be reintroducing the Power of Attorney bill this year which is broader than the one introduced last year. AARP believes that the bill should be two separate bills.

Senator Giessel will be sponsoring a bill that will require hospitals to recognize designate caregivers of patients who will be discharged from the hospital and to provide them with instruction on the after-care required. This bill is a response to the growing concern that family members are doing complex care such as wound care, medications and injections with little or no training. The more a family can do, the less they have to rely on state care.

AARP is a supporter of legislation to strengthen pensions, promote smoke free work places, and supports Medicaid expansion. Ken also noted that a student at the University of Anchorage Alaska is doing their dissertation on the needs of elders that are gay, lesbian, or transgender. AARP Alaska is helping the student by passing the survey on to their members.

Marianne Mills, AgeNet

Marianne reported that AgeNet always works on trying to align its legislative priorities with the Alaska Commission on Aging. So far, AgeNet's priorities are: Increase Funding for Family Caregivers to \$325,000; Increase Senior in Home Services to \$350,000; Statewide Increase for the Aging & Disability Resource Center Grant for a total of \$300,000; and Increase Senior Citizen Housing funds to \$1 million. Tonight they finished their kickoff for planning for their legislative advocacy.

Marianne said there is a tendency of Senior & Disabilities Services to deny older Alaskans eligibility for the Medicaid Waivers, despite the fact that these Alaskans are very sick and deserving of this eligibility and care. The regulations of the personal care attendants (PCA) were changed and hours have been reduced. People have really been negatively impacted by these changes. Xerox is a problem that is affecting service providers through problems in payment reimbursement.

Another issue is the new regulations by the Centers for Medicare and Medicaid Federal Centers that require case management to be separate from service provision. In other words, the care coordinator cannot be the same entity that provides the services in order to be eligible for reimbursement under the waiver program.

The Alaska Mental Health Trust Authority has offered to engage a consultant to work with SDS to design a plan to implement the changes required. It will be challenging to implement the new regulations in rural and remote communities where few providers exist however exemptions can be requested and considered if the community has only one provider.

Marianne also said that AgeNet is excited about the ADRD Road Map to address the needs of this increasing vulnerable senior population.

Closing comments: Mary Shields said the next meeting is ACoA's Quarterly Meeting and Legislative Advocacy on February 10 -12, 2015 in Juneau.

Meeting adjourned at 4:30 p.m.