Alaska Commission on Aging

Quarterly Board Meeting,

Videoconference/Teleconference

Tuesday, December 12, 2017

9:00 a.m.— 5:00 p.m.

The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation.

ACoA Commissioner Roster

Ethics Disclosures

December 12, 2017 ACoA Board Meeting Agenda

Alaska Commission on Aging Roster, FY2017

David Blacketer, Chair (Public Member)
1949 Mission Road #9
Kodiak, AK 99615
Phone: (907) 486-2598
Email: david.a.blacketer@gmail.com
Term Expires: 9/1/2019

Marie Darlin, Vice Chair (Public Member)
415 Willoughby, #506
Juneau, AK 99801
Phone: (907) 586-3637 Fax: (907) 463-3580
Term Expires: 9/1/2019

Mary Shields, Public Member
3941 East 7th Ave.
Anchorage, AK 99508
Phone: (907) 333-9336 / (907) 306-9061
Email: marys@ak.net
Term Expires: 9/1/2020

Gordon Glaser, Public Member
1029 Potlatch Circle
Anchorage, AK 99503
Phone: (907) 240-0177 (cell)
Phone: (907) 276-3416 (home)
Email: mensch@acsalaska.net
Term Expires: 10/1/2017

Duane Mayes, Department of Health & Social Services Designated Seat
Division of Senior & Disabilities Services
Division Director
550 W. 8th Avenue
Anchorage, AK 99501
Phone: (907) 269-2083
Email: duane.mayes@alaska.gov

Linda Combs, Public Member
1150 S. Colony PMB 361
Palmer, AK 99645
Phone: (907) 746-0367 (business) /(907) 746-0367
Email: lcombs@mtaonline.net
Term Expires: 9/1/2020

Banarsi Lal, Public Member
4532 Dartmouth Drive
Fairbanks, Alaska 99709
Phone: (907) 479-4781
Email: blal@gci.net
Term Expires: 9/1/2020

Katie Abbott, Department of Commerce, Community & Economic Development, Designated Seat
Serve Alaska, Executive Director
550 W. 7th Avenue, Suite 1560
Anchorage, Alaska 99501-3501
Phone: (907) 269-6720 Fax: (907) 269-5666
Email: katie.abbott@alaska.gov

Bob Sivertsen, Pioneer Home Advisory Chair
3817 Alaska Ave.
Ketchikan, AK 99901
Phone: (907) 225-3691
Email: rwsivertsen@gmail.com
Term: Serves on ACoA Board in the designated seat for the Pioneer Home Advisory Board Chair

Anna Frank, Public Member
1578 Bridgewater Drive
Fairbanks, AK 99709
Phone: (907) 456-5781 Fax: (907) 456-6552
Term Expires: 9/1/2020

Rachel Greenberg, Senior Service Provider
Palmer Senior Center, Inc. d.b.a. MAT-SU Senior Services
1132 S. Chugach
Palmer, AK 99645
Phone: (907) 745-5454
Email: pscc@mtaonline.net
Term Expires: 9/1/2017

ALL 11 SEATS VOTE (6 members attending establishes a QUORUM)

ACoA Staff
Denise Daniello, Executive Director
denise.daniello@alaska.gov / (907) 465-4879

Lesley Thompson, Planner
(907) 465-4793
lesley.thompson@alaska.gov

Alaska Commission on Aging
Department of Health and Social Services
240 Main Street, Suite 100
P.O. Box 110693
Juneau, AK 99811-0693
www.alaskaaging.org
907-465-3250 (Phone) / 907-465-1398 (Fax)

Policy

The guidelines for ethical conduct are expressed in State of Alaska *Ethics Information for Members of Boards and Commissions* (AS 39.52). The Ethics Act prohibits substantial and material conflicts of interest. Each member should review the Ethics Act and disclose any conflict of interest that occurs during their service on the commission.

Each commission member who becomes aware of a conflict of interest before a meeting or in the course of their personal activities should promptly notify the chair of the commission. Furthermore, the chair shall disclose the potential conflict of interest to the other members of the commission before any vote on the matter, and the disclosure shall be recorded in the commission minutes at the meeting at which it is made. In such cases, a written disclosure statement containing all the material facts should be submitted. The material facts include the identification of any outside employment or consulting work, any membership, affiliation, or relationship that could constitute a conflict.

A board member will refrain from deliberating, voting, or participating on the matter in which a conflict or potential conflict of interest occurs. However, a disclosed conflict of interest shall not bar a commission member from participation in commission activities unrelated to the conflict of interest.

Where doubt arises whether a conflict exists or appears to exist, a written disclosure containing the material facts of the situation should be provided to the chair of the commission. The commissioners, excluding the interested commissioner, will determine if the situation constitutes a conflict of interest and shall determine the required action.

Dissemination

Each commission member will be given a copy of this policy and AS 39.52 and asked at each commission meeting to disclose any conflicts and sign the attached acknowledgement concerning the report of potential conflicts of interest.

Disclosure and Acknowledgment

Please describe below any relationships or circumstances in which you are involved that you believe can contribute to a conflict of interest (as defined in AS 39.52).

☐ **Check if no conflict of interest exists.**

I hereby certify that I have read and understand the commission's ethics policy and AS 39.52. I agree to report promptly any such conflicts that arise in my duties as commissioner and, in other respects, to comply with the policy.

Signature: _____ ***Date:*** _____

ALASKA COMMISSION ON AGING
Winter Board Meeting, December 12, 2017
Teleconference & Videoconference
DRAFT Agenda

Tuesday, December 12, 2017

The Alaska Commission on Aging December board meeting will be accessible by videoconference and teleconference. We thank senior centers, the Ketchikan Pioneer Home, Alaska Public Libraries, and the Division of Senior and Disabilities Services for hosting the group meeting sites.

Videoconference Sites
Anchorage: Senior and Disabilities Services, 550 West 8th Ave., Room 143 (907-269-3666)
Fairbanks: Senior and Disabilities Services, 751 Old Richardson Highway, Suite 100A (907-451-5045)
Juneau: Senior and Disabilities Services, 240 Main Street, 6th Floor Conference Room (907-465-3372)
Kodiak: Kodiak Public Library, 612 Egan Way (907-486-8688)

Group Teleconference Sites
- **Anchorage Senior Activities Center, 1300 East 19th Ave. (907-758-7823)**
- **Fairbanks, North Star Council on Aging Senior Center, 1424 Moore Street (907-452-1735)**
- **Ketchikan, Pioneer Home, 141 Bryant Street (907-225-4111)**
- **Mat-Su Senior Services, 1132 South Chugach, Palmer (907-745-5454)**
- **Soldotna Senior Center, 197 W. Park Ave Phone (907-262-2322)**
- **Chugiak-Eagle River Senior Center, 22424 N Birchwood Loop (907-688-2674)**

For public members living outside of these communities, please call in using the toll-free number 1-800-315-6338, pass code 53250#. PUBLIC COMMENT is scheduled from 1:30 p.m. to 1:45 p.m.

9:00 a.m.	**Good Morning & Welcome All!** **Call to order. Roll Call, Announcements, & Introductions** **ACTION: Adoption of the Agenda (pp 2-6)** **ACTION: Adoption of Minutes, September 14, 2017 (pp 8-22)**	**TAB 1**
	Ethics Disclosures **"A Technical Moment:" Lesley Thompson, ACoA Planner**	
9:10 a.m.	**Chair Report: David Blacketer** **Vice Chair Report: Marie Darlin**	
9:20 a.m.	**Executive Director, Staff, & Budget Report** **Denise Daniello, ACoA Executive Director (pp 47-79)**	**TAB 2**

ALASKA COMMISSION ON AGING
Winter Board Meeting, December 12, 2017
Teleconference & Videoconference
DRAFT Agenda

9:40 a.m.	**ACoA Committee & Representational Reports** • **Executive Committee: David Blacketer, Chair (Approved ACoA Executive Committee minutes, pp 23-24)** • **Legislative Advocacy Committee: Marie Darlin, Committee Chair Overview of pending legislation and ACoA's legislative advocacy priorities (Final Watch List, 11.14.2017, pp. 25-28)** • **Medicare Ad Hoc Committee, Rachel Greenberg, Committee Chair (Draft meeting notes, pp 34-40; and Meeting packet, pp 41 - 46)** • **Planning Committee: Mary Shields and Rachel Greenberg, Committee Co-Chairs** • **Pioneer Home Advisory Board Report (PHAB): Bob Sivertsen, PHAB Chair** • **Governor's Council on Disabilities and Special Education: Banarsi Lal** • **Trustee Nominations Committee Report: Banarsi Lal** • **Planning for pending February 2018 rural outreach site visits**
10:30 a.m.	**Break**
10:45 a.m.	**Division of Senior and Disabilities Services** **Duane Mayes, Director**
11:15 a.m.	**Alaska Housing Finance Corporation** **Jim McCall, Senior Housing Program Officer**
11:45 a.m.	**Commissioner Discussion of Quotes for the ACoA Annual Report**
12:00 p.m.	**Lunch on your own**
1:00 p.m.	**Alaska Mental Health Trust Authority** **Mike Abbott, Chief Executive Officer, and Katie Baldwin-Johnson, Senior Program Officer**
1:30 p.m.	**PUBLIC COMMENT** **Please call 1-800-315-6338, enter code 53250# or provide comment in person at one of the videoconference locations**
1:45 p.m.	**Behavioral Risk Factor Surveillance Survey, Perceived Cognitive Impairment Module 2016 Findings: Denise Daniello**

ALASKA COMMISSION ON AGING
Winter Board Meeting, December 12, 2017
Teleconference & Videoconference
DRAFT Agenda

2:15 p.m.	**Statewide Independent Living Council of Alaska** **Heidi Frost, Executive Director**
2:45 p.m.	**Break**
3:00 p.m.	**Office of the Long-Term Care (LTC) Ombudsman** **Teresa Holt, LTC Ombudsman**
3:30 p.m.	**ACoA Commissioner Discussion of Local Issues Affecting Seniors:** ***What are you hearing from seniors in your community?***
4:00 p.m.	**Harbor House Assisted Living Facility, Wrangell AK** **Shannon Bosdell, Owner**
4:20 p.m.	**Partner Updates: Senior Advocacy** • **AARP: Ken Helander, Advocacy Director** • **AgeNet: Rachel Greenberg, President**
4:45 p.m.	**Commissioner Closing Comments**
5:00 p.m.	**Adjourn**

Governor Executive Proclamations **TAB 3 (pp 80-91)**
Correspondence from Senator Lisa Murkowski
Charter of the AMHTA Board of Trustees
Partner Reports

Upcoming Meetings

- **February 5-9, 2018: Legislative and Rural Outreach Meeting, Face-to-Face in Juneau**
- **Older Americans Month in Alaska, May 2018 (TBD date): Teleconference/Videoconference**

(6)

TAB 1

ACoA Board DRAFT Meeting Minutes
September 14, 2017

Executive Committee Meeting Approved Minutes
August 9, 2017

Legislative Advocacy Committee Watchlist
11.14.2017

Medicare Ad Hoc Committee Packet and Draft Meeting Notes
October 17, 2017

ALASKA COMMISSION ON AGING
Quarterly Board Meeting, September 14, 2017
Teleconference & Videoconference
DRAFT Minutes

Thursday, September 14, 2017

Call to order: Meeting was called to order by Chair David Blacketer at 9:00 a.m.

Roll Call: ACoA Commissioners present were Chair David Blacketer, Vice Chair Marie Darlin, Mary Shields, Duane Mayes, Rachel Greenberg, Marie Darlin, Gordon Glaser, Banarsi Lal, Linda Combs and Bob Sivertsen. Katie Abbott was excused.

ACoA Staff Present: Denise Daniello and Lesley Thompson

ACTION: Adoption of the meeting agenda.

ACoA Commissioner Bob Sivertsen moved to approve the draft agenda as presented, which was seconded by ACoA Commissioner Linda Combs. Adoption approved.

ACTION: Adoption of the May 9, 2017 draft meeting minutes.

ACoA Commissioner Mary Shields moved to approve adoption of the May 9, 2017 draft meeting minutes, which was seconded by ACoA Commissioner Marie Darlin. Minutes were approved as written.

Ethics Disclosures – David reminded Commissioners to please note any ethics disclosures, sign and date the form, and send the completed form to Denise.

Chair Report: David Blacketer

David was pleased to report that both Rachel Greenberg and Gordon Glaser were reappointed by the Governor to the Commission for four more years.

Executive Director & Staff Report
Denise Daniello, ACoA Executive Director

Denise reported that two long-time executive directors recently retired after more than 20 years of service to seniors. Jan Fena with Soldotna Senior Center and Rachel Craig with the Kenai Senior Center have both retired. They accomplished much for seniors during their career and we thank them both for their dedicated service!

Denise noted the bills that were passed and signed by Governor Walker over the summer. They include SB 83, Protect Vulnerable Adults/Long Term-Care; HB 16, Driver's License Requirement, Disability; and HB 108, Fiduciary Access to Digital Assets. We thank ACoA Commissioners Gordon Glaser and Duane Mayes for attend the signing ceremonies for SB 83 and HB 108. Denise noted that Legislative Advocacy Committee will provide a review of pending bills of interest.

Denise provided a report on the operating budget items that were approved by the Legislature at the end of session affecting senior services including Senior Community Based Grants; Senior Benefits; Medicaid services; Medicaid Adult Dental; Office of Long-Term Care Ombudsman; and ACoA's budget in addition to the capital budget for AHFC's Senior Citizen Housing Development Fund and Public and Community Transportation Fund.

Denise provided an update on ACoA's federal advocacy efforts that include budget and health care reform measures and the possible impacts for seniors. ACoA wrote three letters to Alaska's Congressional delegation concerning the American Health Care Act and the Better Care Reconciliation Act. Denise noted that both bills failed to pass and that there was new bipartisan discussion about health care reform. Alaska's new reinsurance program, established with state and federal funding using Section 1332 state innovation waiver (established by the Affordable Care Act), is gaining national attention that will provide additional insurance for low-income people with high cost medical expenses. This program is scheduled to begin in January 2018. Denise also reviewed the proposed federal budgets for many senior programs as proposed by the Administration and Congress that include reductions or elimination of funding for critical programs.

Finally, Denise presented a quick review of the Commission's interagency collaboration work with the Trust (September presentation), State Public Libraries (presentation about on-line resources for seniors), senior fall prevention presentation (Sitka providers), and the invitation to do a presentation at the Southern Peninsula Senior Summit in October. Also, the Commission published its Summer/Fall newsletter. Copies were distributed to senior centers and other senior programs statewide.

ACoA Committee & Representational Reports

- **Executive Committee: David Blacketer, Chair**
  David reported that the Executive Committee met in August to plan the September meeting. The Executive Committee also discussed planning activities for the interim Senior Benefits Listening Session, the first meeting of the Medicare Ad Hoc Committee, and continuation of the Commission's FY2017 legislative advocacy priorities for purposes of the Trust September 2017 presentation.

- **Legislative Advocacy Committee: Marie Darlin, Committee Chair**
  Marie reported that we are still using the same ACoA Watch List from earlier this year as we are in the same legislative session. Marie further explained that many of the bills being followed by the Legislative Advocacy Committee did not pass this session and we will continue to monitor them. One of the main bills, Extension of the Senior Benefits Program (HB 236), is an ongoing priority for ACoA. The Senior Benefits Program will sunset on June 30, 2018 if legislation is not passed to continue the program. The House Health and Social

Services Committee is sponsoring a Listening Session for Senior Benefits on Thursday, September 28th from 2 – 5 pm. Seniors and other public members are encouraged to share their opinions about Senior Benefits and any stories of how the program has helped them or seniors they know.

- **Medicare Ad Hoc Committee: Rachel Greenberg, Committee Chair**
  Rachel reported that she has been working with Denise to set up the new Medicare Ad Hoc Committee. They have been working to recruit policymakers (at the federal and state levels), health care providers, and other stakeholders to serve on this Committee and attend the first meeting scheduled for October 17th. Rachel noted that most people contacted have agreed to serve on the Committee. Access to primary health care for Medicare beneficiaries has been an ongoing challenge particularly for seniors living in the Railbelt for many years due to low reimbursement rates and administrative requirements for health care providers.

- **Pioneer Home Advisory Board Report (PHAB): Bob Sivertsen, PHAB Chair**
  Bob reported several new board members are now serving on the Pioneer Home Advisory Board. The Board is working to bring all board members up to speed. Amanda Lofgren has been hired as the new Director for the Pioneer Home taking over from Vickie Wilson, who retired in June. Amanda has worked with the Commission in her previous employment with the Alaska Mental Health Trust Authority as a Program Officer.

Alaska Pioneer Home, Amanda Lofgren, Division Director
Amanda reported that since her appointment, she has spent time in all of the Pioneer Homes. The Pioneer Home Advisory Board will be meeting on October 15 & 16 in Palmer. Currently, she is working with the Homes' leadership group to develop and implement a strategic plan that includes both short and long term goals that will affect pharmacy, the waitlists, and increasing revenues for the Homes. The Homes will also update the annual reports of each of the six Homes and make changes as needed.

Amanda also reported that the Homes are working to improve internal processes to insure that they are consistent across the Homes with respect to billing and collections, waitlists, and utilizing the Homes to the greatest capacity to meet resident needs.

Amanda reviewed the plan to increase the Pioneer Homes' capacity. The Homes are working to increase their revenues and decrease the number of unlicensed beds by enhancing management of staff utilization. The Pioneer Homes' budget is mostly related to personal costs (81%) with the remainder being for food services, utilities, and other services. Some of the unlicensed beds are attributed to staff layoffs from budget reductions. Laying-off staff affects the number of residents that the Homes can serve. In the past, the Homes would hold beds open and lay-off staff in order

to address budget deficits. The new plan is to increase the number of residents in Levels I and II, which require lower resident to staff ratio, in order to increase overall revenues for the Homes and allow hiring of more staff to serve residents in Level III (which is the highest level of care, requires the highest resident to staff ratio, and is in most demand).

The Homes are also planning to purchase a new phone system when funding becomes available.

Mercedes Colbert, Chief of Staff, for Representative Scott Kawasaki
HB 236 Extend Senior Benefits Payment Program, Interim Update
Mercedes Colbert reported that Representative Ivy Spohnholz, Chair for the House Health and Social Services Committee, will convene an interim Listening Session on September 28th to hear testimony on HB 236. Recipients and other public members are encouraged to share their opinions/stories of how Senior Benefits has affected them or people they know in addition to any changes to the program they may want to see. Senior centers will serve as host sites for seniors and other public members to participate in the Listening Session. Mercedes said that Rep Kawasaki's office has been working with Denise on who has been extremely helpful. A call-in line will be available for people who are not able to leave their homes. There will be a 3 minute limit for testimony. Mercedes will send out a flyer to everyone once the meeting date is officially scheduled through legislative channels.

Rachel asked if the Listening Session will be a bi-partisan meeting. Mercedes answered "yes" as House HSS Committee includes majority and minority members. Other legislators are welcome to the meeting as well. Rachel thanked Representative Kawasaki for taking on this legislation.

Mercedes noted that Representative Kawasaki is optimistic about passage of this legislation to continue Senior Benefits however, is concerned about the $20 million from General Funds to administer the program, particularly during these challenging fiscal times. Mercedes noted that strong advocacy will be required for this bill to pass.

PUBLIC COMMENT
Mike McKinley introduced himself as the new Executive Director for the Soldotna Senior Center taking over from Jan Fena who recently retired. Before taking this position, Mike worked at the Sterling Senior Center.

Senior and Disabilities Services Report
Duane Mayes, Director
Duane reported that SDS has implemented a new data management system called "Harmony," which is part of the Mediware system. The current software system, "DS3," no longer works well. SDS decided to update its software data management system seven years ago. The Centers for Medicare and Medicaid (CMS) provided federal grant funding to cover 90% of the cost for the new

software system with the remainder being paid using capital funds appropriated from the Legislature. The total cost for the project is approximately $13 million. Earlier this year, Harmony Phase 1 was implemented to track elder abuse. This program is planned to go live in January 2018.

Duane reviewed SB 74 initiatives that are being addressed by Senior and Disabilities Services and related to development of the Community First Choice (1915k) option, which will increase federal match for Personal Care Supports, in addition to development of the Individual Supports Waiver (ISW) that will provide services for people with intellectual and developmental disabilities. The ISW waiver will replace the Community Developmental Disabilities grant program, which is 100% funded by General Funds in the amount of $12 million. Through the ISW waiver, the state will recoup 50% of the funds for the program however, recipients must qualify for the waiver by meeting income and level of care requirements. SDS plans to have the ISW waiver go live in January 2018. ISW services will be capped at $17,500 per individual for services.

In addition, SDS will replace the current CAT (Consumer Assessment Tool) with the InterRAI (International Resident Assessment Instrument). The InterRAI is planned to be implemented in fall 2019. SDS has engaged a contractor, using federal and Trust funding, to implement the InterRAI. InterRai is housed at the University of Michigan.

Duane reported that SDS is seeking a $200,000 grant from the Trust to do a pilot project using assistive technology to help seniors and persons with intellectual and developmental disabilities live more independently. This project is the result of the assistive technology workgroup in which SDS, ACoA, the Governor's Council and other agencies have collaborated in order to enhance personal independence, improve safety, and produce cost savings. Duane will present this request to the Trust at their Finance Committee meeting on October 26. With Trust funding, the plan is to encourage the Mat-Su Foundation to invest $200,000 to the assistive technology project to pilot a similar project for seniors and persons with disabilities living in the Mat-Su. Going forward, the plan is to generate $1 million to finance other assistive technology demonstration projects in order to showcase the cost savings from assistive technology. The goal is to include assistive technology as a waiver service in the future.

Duane noted that Lance Robinson is the new Associate Director for the Department of Health and Human Services. Lance understands services for seniors and persons with disabilities as he served on the board for the National Association of States United for Aging and Disabilities (NASUAD) for many years.

Duane also noted that Lisa McGuire, SDS Chief of Staff, has asked to be more engaged with ACoA. Duane will continue to work with ACoA along with Deb Etheridge, SDS Deputy Director.

Duane talked about a meeting he plans to attend in San Diego on November 29 along with Representative Spohnholz, Senator Micciche, and Dr. Jay Butler to discuss strategies of how to improve the continuum of care for seniors and disabled persons, which includes the role of natural caregiver supports, among other initiatives. This meeting is being sponsored by the Millbank Memorial Fund, which is a bi-partisan group dedicated to improving health care. Duane previously presented information about Alaska's efforts to implement the 1915(k) to the meeting sponsors. Duane asked Denise to help him prepare for his upcoming meeting by developing a white paper about family caregiver supports.

Medicaid Redesign Project Update
Monique Martin, Deputy Director, Department of Health and Social Services

Monique provided an update on the ongoing Medicaid Redesign efforts as well as an overview of the DHSS budget and programs. She noted that Alaska is celebrating the second anniversary of Medicaid Expansion. She reported one in four Alaskans is on Medicaid Expansion or 189,996 Alaskans. The second largest age group of Medicaid Expansion enrollees is people age 55-64. In total, there are approximately 36,000 people on Medicaid Expansion of which 25% are age 50 to 64 or 8,108 Alaskans. The increase of people on Medicaid is partially due to the state's economic recession.

Monique also reported that about 63% of people who sign up for Medicaid are eligible. There exists a significant backlog of applicants for Medicaid programs by the Division of Public Assistance (DPA). The Trust contributed funding to hire non-permanent positions to help Public Assistance address the backlog. Last session, the Legislature cut DPA's budget by $3.2 million.

Monique noted that there are seniors who are dually eligible for both Medicaid and Medicare, close to 4% of Medicaid enrollment or 10,394 persons. Monique noted that the State's budget has been cut 44% by approximately $250 million over the last two years. As a result, there are now 2,500 fewer state employees than there were in 2015. Looking forward to next year, the Legislature may cut an additional 400 employees to address the deficit. The DHSS budget is $2.6 billion with 3,400 employees. The price of oil is $52 per barrel. The Legislature added approximately $3.2 million to the budget for the Office of Children's Services (OCS) which has been used to hire 31 new social workers for OCS. Monique also reviewed the status of Behavioral Health reform efforts, being conducted by the Division of Behavioral Health, including development of the 1115 waiver and opportunity to provide public comment.

Monique also shared information about the proposed health care authority, as one of the initiatives identified by SB 74, and the Department of Administration's work in engaging consultants to investigate new ways to improve health outcomes and save money for the state. She provided a quick review about health care authorities and provided the contact information

for Natasha Pineda, Deputy Health Official, with the Department of Administration to find out more information. Monique explained that the DOA is looking for public comment regarding health care authorities and suggested that the Commission may want to consider providing comment.

Gordon asked if a health care authority would cover dental, vision, medical care, and long-term care. Monique suggested that we follow-up with DOA regarding these questions. Denise offered to send the Commission's questions to the DOA along with a request for them to provide further information about the health care authority concept to enable ACoA to provide comment.

Monique also shared news about the newly released Graham-Cassidy-Keller and Johnson health care reform legislation that was just released today. As proposed, this legislation would cut Medicaid by 35% by 2026. Congress is trying to push this bill through the budget reconciliation process to expedite its passage.

ACoA Commissioner Discussion on Local Issues Affecting Seniors: What are you hearing from seniors in your community?

Linda Combs (Mat-Su Valley) – Linda reported that she testified at a certificate of need public meeting in support of increasing the number of hospital beds to treat people who need inpatient care for acute mental health problems. There were two proposals for certificate of need being considered by the Department of Health and Social Services - Alaska Regional Hospital in Anchorage and the Mat-Su Regional Medical Center in Palmer. Linda explained that both projects have private financing and do not need funding from the state. People with critical needs sometimes have to wait multiple days in the emergency room until they receive services. MatSu Regional has started construction of a 36-bed facility and has permission to add a total of 52 beds to their current facility. Linda also attended the ground breaking ceremony for a new medical office in the Mat-Su. Linda is also working to help correct some issues around hospice as a service to be delivered by the new facility.

Gordon Glaser (Anchorage) –Gordon noted the gravity of the homeless problem in Anchorage who prey on older people who come out of the hospital. There has been discussion among city officials to use a half-way house that was closed by Corrections for housing the homeless people.

Gordon also reported that the Anchorage Senior Citizens Center is planning to hold a senior fall prevention conference on September 20. Gordon will send Denise information about that event. Anchorage is also working on encouraging more medical staff to take Medicare patients. He noted that some people are experiencing more problems paying for their medications. Gordon said that we need to have greater transparency in the cost of medical care.

Mary Shields (Anchorage) – Mary reported that Tom Anderson met with the Anchorage Senior Activities board to discuss the new health center being planned on Tutor Road. The plan is to

develop a mixed use facility that will attend to the needs of tourists. Mary also noted that the Anchorage Senior Activities Center board and staff participated in trainings to improve building security.

Rachel Greenberg (Palmer) – Rachel reported on two applications for certificate of need to develop skilled nursing facilities in the Mat-Su. Both were approved by the Department of Health and Social Services but for a lower number of beds than requested. One of the proposed projects, Maple Springs, was approved for the entire number of nursing beds of which some beds will be in Palmer and others in Wasilla. The other proposal came from Spring Creek – which later sold its beds to Maple Springs. The Maple Springs project will offer skilled nursing, assisted living, and hospice services.

Rachel also reported that Palmer and Wasilla are looking to add an additional 10 cents tax on plastic bags. In addition, the Mat-Su Borough is talking about rescinding the additional senior property tax exemption because of state budget cuts to local services.

Banarsi Lal (Fairbanks) – Banarsi noted that there is strong support for HB 236 to reauthorize the Senior Benefits program in Fairbanks. Seniors are concerned that this program may be discontinued. There are concerns about the availability of primary care providers who accept Medicare and Medicaid in Fairbanks. Banarsi reported that the Fairbanks Resource Agency recently hosted a senior provider resource fair for public members to learn about the availability of senior services. Fifteen agencies participated. There were long lines at booths offering medical information and blood tests for a reasonable cost. Further, there is an ongoing concern for affordable housing for low-income seniors, which has been a concern for quite some time. There were folks who testified to the Fairbanks North Star Borough Senior Advisory Commission about the need for affordable housing for seniors. Banarsi hopes to talk to AHFC about this pressing need in Fairbanks.

Mat-Su Health Foundation Presentation
Jim Beck, Senior Program Officer and Dr. Melissa Kemberling, Director of Programs
Update on the 2016 Mat-Su Senior Environmental Scan
The Mat-Su Health Foundation is a non-profit arm of the Mat-Su Regional Medical Center. The Foundation, which formed when the local hospital was purchased by a for-profit entity, has focused on senior issues for quite some time.

Jim Beck, Senior Program Officer, and Dr. Kemberling, Director of Programs presented findings from the 2016 Mat-Su Senior Environmental Scan. They reported that seniors now represent about 10% of the region's population or about 100,000 people with increasing health care needs. The presentation provided an overview of the demographic changes in the Mat-Su related to the senior population as well as their socio-economic composition and health factors. The presentation

highlighted the number of senior volunteer hours to the region as well as the 235 grandparents raising grandchildren in the MatSu who require supports. Reportedly, about one in ten Mat-Su seniors live in poverty.

Alaska Mental Health Trust Authority, Steve Williams, Acting CEO
Governance Project

Steve reported about recent staff changes at the Trust. Greg Jones, who served as the interim Chief Executive Officer for the Trust, resigned after serving in that role for ten months. In addition, John Morrison, Executive Director for the Trust Land Office (TLO), also resigned on September 1. Wynn Menefee, former TLO chief administrative officer, is currently serving as acting TLO executive director. Sarah Morrison is now the Trust Land Office Chief Administrative Officer. She is also familiar with Trust related issues. The new Trust Chief Financial officer is Andy Stemp who has experience in working in rural Alaska and financial matters. Andy has worked for Bethel Community Services and is very interested in Trust beneficiary related issues.

Steve explained that the Trust is in the process of updating its existing Governance documents and has engaged a consultant to assist with that project. The Trust has created a draft set of bylaws as well as board and board committee charters which includes roles and responsibilities of committee membership. They are also looking at revisions to existing documents. Last week, an inclusive group met to review and provide input to the draft documents. The group included Trustees, Trust staff, the advisory boards' Chairs and executive directors, and other statutory partners. The process so far has been very positive with everyone working together. One of the most significant changes has to do with the organizational chart which brings the Trust Land Office under the Trust Administrative Office. Through the proposed reorganization, the Trust CEO will provide supervision over the Trust TLO Executive Director. Formerly, these two positions were considered separate and equal entities.

The next steps to adopting the new Governance documents will be to incorporate the revisions, ask the Department of Law to review the draft documents, in addition to requesting review from the advisory boards and any further input before the documents are presented to Trustees. The goal is to have the revised bylaws ready for review in time for a special board meeting scheduled for October 26 when Trustees can adopt the documents.

Gordon asked that ACoA and the other advisory boards have the opportunity to review the documents, particularly if there are any changes that would impact the populations we represent. Gordon advised the Trust to "go the extra mile" to make sure that all partner agencies are on board.

Steve reviewed the CEO recruitment process and noted that there are two finalists at this time. Denise and David, along with representatives from the other statutory board partners, will

participate in a "meet and greet" and interview the finalists. Then, all are invited to submit their input to Trustees who will make the final selection.

The FY 2019 Mental Health budget was reviewed last week by Trustees. This was a comprehensive review that included all of the parts of the Trust budget including recommendations by the advisory boards. The development of the Mental Health budget happened over the summer and included input from many stakeholders. The Trustees heard the budget presentations in August and approved and finalized the budget.

Steve reported that the Trust awarded $293,369 in grants to individuals with Alzheimer's disease and related dementias in FY2017 through the Trust mini grant program that was split among 189 beneficiaries with dementia.

Currently Katie Baldwin, Trust Senior Program Officer, is ACoA's contact. The Trust is in the process of hiring for the open Trust Program Officer positions that will include a new contact for ACoA.

Department of Corrections (DOC)
Karen Cann, Deputy Commissioner
Geriatric Inmate Population
Karen reported that the fastest growing prison population nationally are inmates 50 years of age and older. Part of the reason for that is the fact that there are large numbers of inmates and people are aging. Currently there are 109 offenders in the Alaska system age 50 and older. In 2014 there were 89. The challenge will be that 45% of the offenders have 10 or more years to serve and the Department of Corrections (DOC) will have to consider their health needs as this inmate population grows older. The geriatric inmate population is defined as inmates age 55 and above. Karen Cann estimates that two geriatric inmates may be eligible for early parole due to SB 91. Currently, one inmate has liver dysfunction that requires dialysis – which is very costly.

Many of the programs are not applicable to offenders age 50 and older but many of the substance abuse issues apply. There are some programs that are specific for older offenders which engage them more than puzzles and card games. These programs will provide them with vocational training when they are released. Many are cooking in the kitchen to help develop culinary skills that may be useful for getting a job.

Some of the older inmates are showing signs of developing dementia and having challenging behaviors. Even though this behavior is symptomatic of the illness, DOC still has to do a competency hearing on each person – which can take 30 to 60 days in a facility. The program managers are trying to figure out how to do things differently with the geriatric population as these inmates are serving time even though they may no longer be competent due to their disease.

Karen further explained that Corrections hires caregivers in institutions who help inmates learn skills. If geriatric inmates are not appropriate for this unit, they may send them to an infirmary bed or mental health unit. They do get the same access to re-entry services as other inmates. Geriatric inmates will be provided with a plan for their medical needs and will be working with the Department of Health and Social Services to get the care they need.

Housing is a real issue for older inmates when they return to the community. If there is no safe place for them to go, DOC will not put them into a bad living situation. They will also take input from the victims within 30 days of their release.

DOC is planning to construct a special housing unit in Anchorage for persons with dementia and/or have high medical needs. There are not enough people who meet the need for having a specific housing unit at this time but that may change as the number of geriatric inmates increase.

Rachel confirmed with Karen that the numbers in prison who are age 50 and older numbered 109. Karen confirmed this count. Karen further noted that there are probably only two geriatric inmates who meet the criteria for early release based on the amount of time they have to serve and what crime they committed.

Alaska Housing Finance Corporation
Jim McCall, Senior Housing Program Officer
The Governor signed the Capital budget and Jim mentioned that the Senior Citizen's Housing program was approved for $1 million. The remaining funds from the Rasmuson Foundation from last year are intact. The FY2018 capital budget included $1.5 million appropriation for the weatherization program. In FY2017, this program weatherized 3,562 homes.

Jim reviewed AHFC's Assistance Provider Loan Program. Jim explained that this program has been around for many years. It provides assistance to small assisted living homes – such as those which serve up to five residents. AHFC finances about twelve loans annually with this program. AHFC has a new financing program for larger assisted living homes that serve more than five residents. It requires a different down payment amount but offers the same loan rate.

Jim reviewed the public housing report and noted the following: 4,397 vouchers statewide have been awarded; 3,315 people are on the waitlist for public housing with the list being closed in Anchorage; 1,612 public housing units statewide; and a statewide waitlist of 3,413 persons for public housing units.

Jim spoke briefly about the Home Equity Conversion Mortgage (HECSM) program, a reverse mortgage program. Jim noted that HUD requires homeowners to purchase mortgage insurance because there has been increasing demand for this program and the insurance fund fell

significantly in FY2016. Of homeowners who take out reverse mortgage, 14% are at least one year or more behind in their property payments.

Marie would like a copy of the presentation that Jim made to the group at the Wasilla Chamber of Commerce in August and the group could not believe the cost of assisted living and nursing home care in Alaska.

Jim also stated that the AHFC Senior Housing Office is now 27 years old. It started in 1990. Kailey Williams is Jim's new assistant who replaced his former assistant who recently retired at the age of 75.

Office of the Long-Term Care Ombudsman (OLTCO)
Kathryn Curry, Deputy Ombudsman
Kathryn is filling in for Teresa as she is traveling out of state. Teresa wanted to ensure that people knew about the Disability and Aging Summit taking place in Anchorage on October 12 – 14, 2017. Teresa will do a presentation on person center planning for end of life care for people with disabilities.

The Long-Term Care Ombudsman Office has been very busy advocating and supporting residents living in long term care facilities. The fiscal year has started so they are making sure that they are traveling to facilities around the state. They do unannounced security visits to ensure the safety and care of the residents. They observe people with mental health and disabilities needs are getting older. The OLTCO is trying to figure how to visit mental health and disability homes because that would add 400 homes to visit. Currently they will visit homes reporting complaints but do not have the capacity to visit all of them with a staff of six.

They are working to increase the number of volunteers and targeting specific areas of the state. Kathryn asked Commissioners to please refer any potential volunteers to the OLTCO. Kathryn actively recruits volunteer ombudsmen. One must complete 14 hours of training to volunteer.

Denise asked if the OTLCO has noticed a change in the number of seniors living in assisted living homes over time. Kathryn stated that they have not seen a decrease in assistive living. Kathryn proceeded to talk about one of their most challenging cases.

Duane asked Kathryn to imagine that she had a magic wand and had the power to address the situation with people with dementia and challenging behaviors what would that be?

Kathryn answered that she would like to see homes with additional resources and training with lots of living space to accept this population.

Duane commented that they are looking for a dementia home that may have more space per person. Duane is looking for any research on the space issue.

Partner Updates: Senior Advocacy
AARP: Ken Helander, Advocacy Director
Ken shared that listening to all of the dementia issues is just heart breaking. Ken serves on the advisory board for the UA and Southcentral Foundation Alaska Guild project. Ken announced that Sheila Shin, program coordinator for the Guild Project, has become a certified dementia practitioner through the National Council of Certified Dementia Care Practitioners. Sheila will be offering a free training on October 6th and December 1st at UAA. Please call to reserve a space. Sheila's number is 907-264-6251.

AARP will be conducting a series of tele-town halls on family caregiving issues on November 2nd at 10 a.m. on "difficult conversations." The second town hall is scheduled for Thursday, December 7th about coping with many different kinds of losses. They have been able to reach hundreds of people through these tele-town halls.

AARP is also working on implementation on the Care Act, formerly SB 72 now law, that went into effect this year. Caregiver training requirements will be incorporated into hospital certification.

AARP is also working to implement the concept of "livable communities" which are age friendly communities for people of all ages and abilities. It is the intent that this philosophy will help more seniors to age in place. They are hoping that Palmer will be the first livable community in Alaska.

Linda Combs noted that she has viewed AARP's presentation twice (as presented by Terry Snyder, AARP Alaska's Chair) and that Linda has helped with the presentation. The Palmer City Council is planning to make a decision on whether to adopt this concept soon.

AgeNet: Rachel Greenberg, President
Rachel reported that Palmer is on the agenda for the City Council to examine the concept of "livable communities." Rachel also noted that she has agreed to serve as President of AgeNet for the upcoming year. Other officers include Joyanna Giesler as Vice President, Liz Bottaso as Secretary, and Pat Branson as Treasurer. AgeNet's priorities have been planned and they will be partnering with ACoA and SDS in their advocacy efforts.

AgeNet's top legislative priority:

- Protect the Senior Safety Net - Rachel explained that senior providers need additional funding to serve existing and increasing numbers of seniors over time. Funding of services have been maintained which has been great but with increasing numbers of people being served and increasing service costs many of the providers have cut as much as they can and

no more. Some are going to have to start waitlists. Even though they have been talking to elected officials over the years, explaining how important these services are to seniors and how it saves money by keeping people out of more expensive services, some legislators understand this issue but others do not. AgeNet realizes that Senior and Disabilities Services is stretched however, the only solution for providers is that they must have more funding in order to serve more seniors in need.

Rachel also outlined AgeNet's administrative priorities as follows:

- Improve waiver eligibility and timeline to complete the plan of care
- Improve access to personal care services
- Improve software compatibility between Harmony and SAMS for data entry purposes
- Improve transportation to medical services for Medicaid beneficiaries.

Commissioner Closing Comments

Banarsi reported that the FNSB Senior Advisory Commission (SAC) is planning their next meeting on September 21st. They had a senior picnic in the middle of June with over 300 seniors attending. In September, the FNSB SAC will be discussing senior fall prevention and the Governor's Senior Fall Prevention Proclamation. Banarsi was able to visit the caregiver resource fair and it was well attended by public members.

Linda enjoyed the meeting as there was much good information shared. Linda remarked on the many needs of seniors and the importance of working together to get things done.

Marie talked about the Juneau assisted living facility that a group has been working on for four years to develop new and much need senior assistive living housing.

Duane noted his attendance at the NASUAD national conference which had more than 1,400 participants. Duane feels that after spending seven years in the field, he wants to give back to people who are just entering the field. He remarked that as an aging country, he is working hard to prepare the next generation of leaders.

Rachel: Commented on the coalition of 6 entities of senior centers that meet monthly in addition to the Mat-Su Council on Aging. In May, providers met and considered the results of the Anchorage survey and much of the results were similar. There are many providers who are struggling and one of the senior centers is looking at revising how they send out their meals. This senior center delivers several days of meals at once to save money on staff and gas expenses.

Duane uses Facebook to track action on public policy items at the national and local levels and also to view legislators' postings about how the state has not done enough to cut the budget. They fail to tell folks where to cut more of the budget and what the consequences could be.

Gordon thought it was a great meeting and he learned so much about being a senior. He encourages people to listen and provide input to the legislature. Gordon would also advocate for more funding for senior programs. Gordon visited Kodiak earlier in the month and was pleased to see the quality of services provided to seniors.

Mary announced that she will be out of state until November 15th. Please feel free to call her as needed. Mary also complimented David on his great job as Chair.

Adjourn
Linda moved to adjourn which was seconded by Banarsi. The meeting ended at 4:45 p.m.

Alaska Commission on Aging
APPROVED Executive Committee Meeting Minutes
August 9, 2017

Members Present: David Blacketer, Mary Shields, Rachel Greenberg, Marie Darlin, and staff D. Daniello.

I. Call to Order: The meeting was called to order at 2:05 p.m. by teleconference.

II. Review and take action on Executive Committee Draft Meeting Agenda: A motion to approve the agenda was made by Rachel and seconded by Mary without objection.

III. Review and take action on ACoA Executive Committee Draft Meeting Minutes, 4.21.2017: A motion was made to approve minutes by Mary and seconded by Marie. Minutes approved.

IV. Review, discuss & take action on the draft agenda for the ACoA September 14, 2017: Denise reviewed the draft board meeting agenda. Rachel suggested that the agenda add an update about Medicaid Redesign to keep the Commission apprised of new developments. Denise offered to check with Monique Martin, Deputy Director with the Commissioner's Office, to ask for her availability to do a report to the Commission from 11:45 to 12:15 p.m. Rachel suggested that we reschedule lunch for 12:15 to 1 p.m. Rachel also shared that she recently attended a training about the upcoming 2020 Census project presented by the Foraker Group.

Marie moved to adopt the draft September 2017 agenda with changes as discussed. Rachel seconded the motion. The draft agenda was approved.

V. Discussion and Updates:

- Medicare Ad Hoc Committee: Rachel serves as the Chair for the Medicare Ad Hoc Committee. Rachel reviewed the list of policymakers, health care providers and public members who have confirmed their attendance at the first meeting on October 17. Rachel also reviewed the purpose of this Committee which is to identify what steps we can take as a state to improve access to care for Medicare beneficiaries. For example, the Commission has learned that some states require primary care providers to serve a certain percentage of their patients as Medicare beneficiaries in order to be licensed to practice in that state. Denise said she will do some research and get back to our Committee with any findings.
- Update on Senior Benefits legislative interim plan: Denise has been working with Rep Kawasaki's office to schedule a date for the Senior Benefits Listening Session to be hosted by House Health and Social Services Committee. The purpose of the Listening Session is to raise public awareness about the merits of the Senior Benefits program for policymakers and public members as part of the advocacy efforts for HB 236. The Commission has offered to help Rep Kawasaki's office with promotion about the Listening Session and encouraging people to testify.
- ACoA Proposed Advocacy Priorities for Trust September 2017 Presentation: Mary recommended that ACoA maintain the same advocacy priorities from last year as this is the second year of a two-year legislative session. Rachel also noted that ACoA is getting more involved with advocacy on federal issues that has been prompted by the federal government pushing for more changes at the state level, as in the example of health care reform.
- September 2017 is Senior Fall Prevention Awareness: Theme "10 Years Standing Together to Prevent Falls." Denise informed the Committee that ACoA has been working with the Sitka Hospital providing them with information about senior falls in AK and prevention activities. ACoA staff Lesley Thompson will present a power point about senior fall prevention to the Sitka providers during that

week. The Commission also sent a request to the Governor's office for a Senior Fall Prevention Executive Proclamation and provided draft language.

- Staff Projects: Denise shared with the Committee that ACoA staff made a presentation about state senior program resources to the Alaska State Libraries, at their invitation, as librarians are receiving more questions and requests for information about the State's senior programs from seniors, families and other public members.

VI. Other discussion and updates: The Committee discussed the extensive support from Senator Murkowski's office on federal health care reform legislation and ways to provide appropriate thanks. Marie suggested that we send a note of thanks.

Adjourn: The meeting adjourned at 3:30 p.m. with a motion by Marie and seconded by Rachel.

Alaska Commission on Aging
30th Legislative Session Watchlist Legislation

Budget bills highlighted in green
House bills highlighted in blue
Senate bills Highlighted in tan
Resolutions highlighted in yellow

Bill No.	Status	ACoA	Bill Title	Sponsor	Explanation
House Bills					
HB 1	Passed House now STA, then JUD	Ltr of support sent	Election Registration and Voting	Tuck	Makes changes designed to increase voter participation including; providing same day voter registration, electronic signature, option for permanent absentee voting by mail every year.
HB 43 & SB 19	Passed House now Senate HSS then JUD	Ltr of support sent	New Drugs for the Terminally Ill	Grenn	Relating to prescribing, dispensing, and administering an investigational drug, biological product, or device by physicians for patients who are terminally ill; providing immunity related to manufacturing, distributing, or providing investigational drugs, biological products, or devices; and relating to licensed health care facility requirements.
HB 54	HSS then JUD Heard and held		Voluntary Termination of Life	Drummond	Allows a terminally ill individual to terminate his/her life with assistance.
HB 67	HSS then JUD		Food Stamps Work Requirements	Eastman	Prohibits HSS from requesting, accepting, or attempting to renew or extend a waiver of work requirements of time limits for an able-bodied adult, without dependents, in the food stamp program.
HB 74 SB 34	Passed House now Senate FIN		Driver's License and ID Cards & Real ID Act	Governor	Allows DMV to offer Alaskans a choice between a Real ID compliant Driver's license or ID for an additional charge of $20. Changes the duration of a driver's license or state identification card to eight years instead of five.
HB 83 SB 62	L&C then STA and FIN		Teachers and Public Employee Retirement Plans	Kito	Allows for a new defined benefit tiers in the public employees' retirement system and the teacher's retirement system to choose between the defined benefit and defined contribution plans.
HB 84 SB 52	CRA		Municipal Property Tax Exemptions	Kreiss-Tomkins	The goal of HB 84 is to give municipalities more tools at the local level to help Alaskans maintain housing they can afford, while incentivizing homeowners and year round residency. Currently, municipalities can exempt up to $50,000 of an Alaskan's residence from taxation.
HB 106	Passed House, Senate JUD now FIN	Ltr of support sent	Civil Legal Services Fund	Fansler	Appropriates a percentage of court filing fees to the civil legal services fund.
HB 123	Passed House now Senate HSS then JUD	Ltr of support sent	Disclosures of Health Costs	Spohnholz	HB 123 empowers consumers to make informed decisions about their health care options by ensuring accessible information on medical pricing. The bill requires health care providers to publish health care price information.

Alaska Commission on Aging
30th Legislative Session Watchlist Legislation

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Bill No.	Status	ACoA	Bill Title	Sponsor	Explanation
HB 153 SB 62	HSS than FIN		Repeal Certificate of Need Program	Eastman	A medical facility issued a certificate of need by virtue of being in existence or under construction before JULY 1, 1976, must fully meet the requirements of AS 18.07 (the Certificate of Need Program statutes) in order to be eligible for funding.
HB 186	Passed House now Senate rules		Food Donations	Talerico	A donor of food for free distribution by a food bank or charitable organization is not subject to civil or criminal liability arising from an injury or death attributable to the condition of the donated food if the injury or death in not a result of the gross negligence, recklessness, or intention misconduct of the donor.
HB 208 SB 94	Passed House now Senate L&C then JUD		Trusts; Comm Prop Trusts; Powers of App	Johnson	House Bill 208 provides expansion and clarification to our existing statutes. House Bill 208 focusses on expanding and clarifying four key areas of our State Statutes surrounding irrevocable trusts.
HB 215	Passed HSS now FIN		Public Health Fees	House FIN	This bill would amend AS 44.29.022(a) to grant the Alaska Department of Health and Social Services the authority to collect fees to support the administration of public health programs. This bill will give the Division of Public Health the opportunity to collect reasonable fees to support essential public health services consistent with its duties and authority under state law; services that protect Alaskans from preventable illness, injury and death.
HB 234	HSS then FIN		Extend Alaska Health Care Commission	Guttenberg	Extends the sunset date of Senior Benefits from June 30, 2018 to June 30, 2022.
HB 236	Heard and held HSS then FIN	Ltr of support sent	Extend Senior Benefits Payment Program	Kawasaki	Extends the sunset date of Senior Benefits from June 30, 2018 to June 30, 2022.
SB 19 HB 43	HSS then L&C, JUD	Ltr of support sent	New Drugs for the Terminally Ill	Wielechowski	Relating to prescribing, dispensing, and administering an investigational drug, biological product, or device by physicians for patients who are terminally ill; providing immunity related to manufacturing, distributing, or providing investigational drugs, biological products, or devices; and relating to licensed health care facility requirements.
SB 32	Passed Senate, House HSS now FIN	Ltr of support sent	Prescriptions for Biological Products	Hughes	The board shall post and maintain a link to the United States Food and 6 Drug Administration's list of all currently approved interchangeable biological 7 products on the board's Internet website.

Alaska Commission on Aging
30th Legislative Session Watchlist Legislation

Budget bills highlighted in green
House bills highlighted in blue
Senate bills Highlighted in tan
Resolutions highlighted in yellow

Bill No.	Status	ACoA	Bill Title	Sponsor	Explanation
SB 34 HB 74	Passed STA, FIN now rules		Driver's License and ID Cards & Real ID Act	Governor	Allows DMV to offer Alaskans a choice between a Real ID compliant Driver's license or ID for an additional charge of $20. Changes the duration of a driver's license or state identification card to eight years instead of five.
SB 63	Passed Senate, House CRA now JUD		Regulation of Smoking	Micciche	Prohibits smoking in enclosed areas in certain public places that include health care facilities, a place of employment or health care facility that has declared the entire campus or outside grounds or property to be smoke-free among many.
SB 94 HB 208	L&C then JUD		Trusts; Comm Prop Trusts; Powers of App	Johnson	House Bill 208 provides expansion and clarification to our existing statutes. House Bill 208 focusses on expanding and clarifying four key areas of our State Statutes surrounding irrevocable trusts.
Resolutions highlighted in yellow					
HJR 14	Passed House, Senate HSS now rules		14	Edgmon	Urges the Federal Communications Commission to increase the Rural Health Care Program budget sufficiently to adjust for inflation, advances in technology and the services available with increased broadband, and the increase in demand for broadband-based services and provide for any unused funds to be carried forward to future funding years, ensuring that rural communities in the state continue to have access to affordable broadband telehealth services.
Budget bills highlighted in green					

	House		Senate	Senate	Totals	
	Intro	Passed Both	Intro	Passed both	Intro	Passed Both
Bills	254	18	120	13	376	31

Alaska Commission on Aging
30th Legislative Session Watchlist Legislation

Budget bills highlighted in green
House bills highlighted in blue
Senate bills Highlighted in tan
Resolutions highlighted in yellow

Bill No.	Status	ACoA	Bill Title	Sponsor	Explanation
Legislation Passed during the first half of the session					
HB 108 SB 16	Now Law	Ltr of support sent	Access to digital Assets	Claman	This would allow someone to designate a person(s) in their will, trust or power of attorney on what to do with the user's digital assets.
SB 54	Passed House and Senate		Crimes, Sentencing, Probation, Parole	Coghill and Micciche	This bill makes substantive revisions to the criminal justice reform package passed by the legislature in 2016, pursuant to recommendations made by the Alaska Criminal Justice Commission.
SB 83 HB 164	Now Law	Ltr of support sent	Protect: Vulnerable adults/Long Term Care	Governor	If a mandatory reported has reasonable cause to believe that a vulnerable adult suffers from abuse, within 24 hours must report the belief to Adult Protective Service. If the abuse is alleged to have been committed by or to have resulted from the negligence of the staff or a volunteer of an out-of-home care facility, the department may forward the report to the long term ombudsman.
HB 58 SB 23	Passed		Capital budget	Approp: mental health budget	Proposes FY 18 capital spending.
HB 57 SB 22	Passed	Ltr of support sent	Operating budget/loans/funds	Governor	Proposes FY 18 operating and loan appropriations.
HB 59 SB 24	Passed	Ltr of support sent	Approp: Mental Health Budget	Governor	Proposes FY 18 operating and capital appropriations for the state's comprehensive mental health programs.

HOUSE BILL NO. 236

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES KAWASAKI, Spohnholz, Fansler, Tuck, Ortiz

Introduced: 4/17/17
Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

"An Act extending the Alaska senior benefits payment program."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** Section 4, ch. 1, FSSLA 2007, as amended by sec. 5, ch. 6, SLA 2011, as amended by sec. 1, ch. 113, SLA 2014, is amended to read:

Sec. 4. AS 09.38.015(a)(11); AS 47.45.301, 47.45.302, 47.45.304, 47.45.306, 47.45.308, and 47.45.309 are repealed June 30, **2022** [2018].

Senior BENEFITS PROGRAM

Information & Fact Sheet
Updated August 25, 2017

Overview

The Alaska Senior Benefits Payment Program pays monthly cash benefits to Alaskans who are age 65 or older and have low to moderate income. Payment levels depend on available state funding and how many people apply and qualify for the program. If the state budget cannot support the original amounts of $125, $175 and $250, regulations allow for changes to be made for all eligible program participants. Cuts come from the highest income tier first, then the second, then the third.

The monthly payment for the highest income level was reduced to $47 from $125 on March 1, 2016 due to the state's limited budget for state fiscal year 2016.* The budget for state fiscal year 2017 (July 1, 2016 through June 30, 2017) allowed full monthly payments of $175 and $250 to recipients with the lowest income. Those income payment levels continued through the end of that fiscal year. Funding reductions in this program must be applied to individuals in the highest income bracket. They received $47 for July because the budget was not finalized in time to make changes for July benefits. Beginning August 1, 2016, individuals in that highest income bracket received $76 per month based on available funding at that income bracket. These income payment levels continued for state fiscal year 2018 (July 1, 2017 through June 30, 2018).

** Due to a technical difficulty changing the benefit amount for the highest income tier, some seniors who were due to receive $47 per month in April received $125. To compensate, those that received the incorrect amount received $8 per month in May and June.*

Eligibility and Payment

- Eligibility and payment amount is based on gross annual income (before any deductions are taken for taxes, Medicare premiums, etc.).
- Assets, such as savings, are not counted.
- Income limits may change yearly along with Alaska's federal poverty level. The $250, $175, and $76 monthly payments correspond to 75 percent, 100 percent, and 175 percent of the federal poverty level for Alaska, respectively.
- Payments are not available to seniors living in the following institutions:
  - ✓ Prison or jail
  - ✓ Alaska Pioneers' Home or Alaska Veterans' Home
  - ✓ A nursing home
  - ✓ Public or private institution for mental disease

Senior Household Size	Senior Benefits Program Gross Annual Income Limit Effective 4/1/2017 The income limit changed April 1, 2017 due to a change in the Federal Poverty Limit		
	$250 monthly payment	**$175 monthly payment**	**$76 monthly payment**
Individual	$11,295 ($942 per month)	$15,060 ($1,255 per month)	$26,355 ($2,197 per month)
Married Couple	$15,218 ($1,269 per month)	$20,290 ($1,691 per month)	$35,508 ($2,959 per month)

Senior Household Size	Senior Benefits Program Gross Annual Income Limit Effective 8/1/2016 *Benefit change effective August 1, 2016 due to final state budget		
	$250 monthly payment	**$175 monthly payment**	***$76 monthly payment**
Individual	$11,130 ($928 per month)	$14,840 ($1,237 per month)	$25,970 ($2,165 per month)
Married Couple	$15,015 ($1,252 per month)	$20,020 ($1,669 per month)	$35,035 ($2,920 per month)

Senior Household Size	Senior Benefits Program Gross Annual Income Limit Effective 4/1/2016 The income limit changed April 1, 2016 due to a change in the Federal Poverty Limit		
	$250 monthly payment	**$175 monthly payment**	**$47 monthly payment**
Individual	$11,130 ($928 per month)	$14,840 ($1,237 per month)	$25,970 ($2,165 per month)
Married Couple	$15,015 ($1,252 per month)	$20,020 ($1,669 per month)	$35,035 ($2,920 per month)

Senior Household Size	Senior Benefits Program Gross Annual Income Limit Effective 3/1/2016 *Benefit change effective March 1, 2016 due to budget shortfall, caseload increase		
	$250 monthly payment	**$175 monthly payment**	***$47 monthly payment**
Individual	$11,040 ($920 per month)	$14,720 ($1,227 per month)	$25,760 ($2,146 per month)
Married Couple	$14,940 ($1,245 per month)	$19,920 ($1,660 per month)	$34,860 ($2,905 per month)

Senior Benefits recipients as of April 2017

- 11,412 recipients. Number and percent of seniors at each payment level:
  - ✓ $250 – 1,655 (14.5%)
  - ✓ $175 – 4,935 (43.2%)
  - ✓ $76 – 4,822 (42.3%)
- As of April 2017, the average age of recipients is 75 and the maximum age is 103.
- The number of Senior Benefits cases have been increasing each year until 2017. All figures are for April:
  - ✓ 2017 – 11,412
  - ✓ 2016 – 11,855
  - ✓ 2015 – 11,366
  - ✓ 2014 – 11,119
  - ✓ 2013 – 10,896
  - ✓ 2012 – 10,651

Recipients statewide as of April 2017:

Census Area	Number of Recipients	Census Area	Number of Recipients
Aleutians East	24	Lake and Peninsula	36
Aleutians West	30	Mat-Su	1,583
Anchorage	4,231	Nome	237
Bethel	526	North Slope	33
Bristol Bay	10	NW Arctic	158
Denali	16	Petersburg	89
Dillingham	116	Prince of Wales	206
Fairbanks N Star	872	SE Fairbanks	206
Haines	84	Sitka	98
Hoonah-Angoon	76	Skagway	8
Juneau	349	Valez / Cordova	156
Kenai	1,177	Wrangell	87
Ketchikan Gateway	269	Yakutat	16
Kodiak	236	Yukon / Koyukuk	252
Kusilvak	231	GRAND TOTAL	11,412

History of the Senior Benefits Program	
1972 - 2003	**Alaska Longevity Bonus Program**. Established in 1972. Alaska residents became eligible at age 65. $250/month was issued to seniors who applied before 1994, $200 to those applying in 1994, $150 to those applying in 1995, and $100 to those applying in 1996. Payments were not available to seniors who applied after 1996. The program was subsequently defunded in 2003, and final benefits were issued for the month of August 2003.
2003 - 2004	**Senior Assistance Program**. Beginning September 2003, the Governor's office used its executive authority to establish the needs-based Senior Assistance program in response to the needs of low-income Alaskans aged 65 and older who were financially impacted by the elimination of the Alaska Longevity Bonus. Payments were limited to $120/month. The program ended March 2004.
2004 - 2007	**SeniorCare Program**. Beginning April 2004, the SeniorCare Program was established to replace the former Senior Assistance Program. The new program was expanded to include a prescription drug benefit. Low-income seniors that passed the program's income and resource limits could choose to receive either a $120/month payment or a prescription drug benefit. The program ended July 2007.
2007 - Present	**Senior Benefits Program**. Established to replace the SeniorCare Program. Began August 2007; up for reauthorization in June 2018. Provides three payment levels based on the senior's gross annual income. Income limits are tied to the Federal Poverty Guidelines for Alaska and change each year as the poverty level changes. There is no asset test. Regulation change finalized January 2016 described how benefits would be reduced by appropriation shortfall. Due to caseload increase, the highest income level that normally receives a $125 benefit had the benefit reduced to $47 effective March 1, 2016. The budgets for state fiscal years 2017 and 2018 allowed for a monthly payment of $76 to recipients in the highest income level.

Senior Benefits Program
Statewide Listening Session

Do you or someone you know receive assistance from Alaska's Senior Benefits Program?

Without legislative action, this program will end in June 2018. House Bill 236 extends the Senior Benefits Program to 2022. But we need to hear from you!

Mark Your Calendar

Thursday, Sept. 28

2 pm to 5 pm

The Alaska House Health and Social Services Committee is hosting a

Listening Session

so Alaskans can share their views on the Senior Benefits Program

Make Your Voice Heard

Do you or do you know someone who receives assistance from the Senior Benefits Program?

How important is it that you continue to receive this assistance?

We need to hear from you!

How To Participate:

On 9/28 at 2 pm, call:
Anchorage: **563-9085**
Juneau: **586-9085**
All other locations:
Toll free (844) 586-9085

You can also submit written comments via email to:
SeniorBenefits@akleg.gov

Call (907) 456-7423 for more information

ALASKA COMMISSION ON AGING (ACoA)
Medicare Ad Hoc Committee Meeting
Teleconference & Videoconference
October 17, 2017
2:00pm - 4:00pm

Purpose: Medicare recipients have timely access to appropriate health care services and options

Reason: The Alaska Commission on Aging is very concerned about the comments we receive from seniors insured by Medicare regarding their challenges finding primary care providers who provide medical and behavioral health care services for Medicare patients in their communities. The Commission has heard about this issue for many years through senior surveys and public comment. We have also heard concerns expressed by the Alaska State Medical Association and the Alaska State Hospital and Nursing Home Association about Medicare administration requirements and low reimbursement rates as barriers to the provision of care.

Attendees: Rachel Greenberg, ACoA Commissioner and Medicare Committee Chair; Margaret Sharpe, staff to Senator Sullivan; Senator Giessel; Representative Spohnholz; Dr. Barbara Doty, Primary Care Physician; Dana Barnett and Jeanne Larson, Medicare Information Office; Heidi Hedberg, Division of Public Health; Tom Chard, Alaska Behavioral Health Association; Joan Fisher, previous Executive Director for the Anchorage Community Health Center and now retired; Nancy Merriman, Alaska Primary Care Association; Linda Combs, ACoA Commissioner and Palmer City Council Member; Gordon Glaser, ACoA Commissioner; Sandra Heffern, Effective Health Design; Jerry Spencer for Rep. Eastman; Denise Daniello, ACoA Executive Director; and Lesley Thompson, ACoA Planner.

Welcome/Check-In: Rachel called the meeting to order at 2:15 pm and welcomed everyone in attendance. She asked each member to introduce themselves and talk about their experience with Medicare. During the sharing session it was evident that the group as a whole varied from having some experience to those having significant experience with Medicare. It was agreed that everyone was excited to increase their knowledge about Medicare as the committee process continues.

Review of Medicare Basics: Jeanne Larson and Dana Barnett, Medicare Information Office
Jeanne Larson offered a comprehensive overview of the Medicare program and how it works both at the federal and state levels. The Alaska Medicare Information office has a staff of three and is funded by the federal government through two programs: State Health Insurance Assistance Programs (SHIP) and the Senior Medicare Patrol (SMP). SHIP and SMP grants are programs administered by the U.S Administration for Community Living (ACL). SHIP funds personalized counseling, education, and outreach to Medicare beneficiaries and their families to promote better

understanding and utilization of Medicare benefits. The SMP funds are used to identify and prevent Medicare fraud, waste, and abuse. The Medicare Information Office is housed in the Division of Senior and Disabilities Services.

The Medicare Information Office (MIO) answers questions about all aspects of Medicare. To promote its mission, the MIO recruits, trains, and supports volunteers across the state and in each of their three offices around the state. Many people who qualify for is on the basis of age being 65 or older, while 15% of the people in Alaska qualify because of a disability. Currently, 92,430 Alaskans are insured by Medicare. Of those, 79,334 are age 65+ and 13,096 are younger than 65.

Jeanne explained that there are four parts to Medicare. They include:

- Part A, Hospital Insurance covers inpatient hospital care, inpatient care in a Skilled Nursing Facility (up to 60 days), hospice care, and some home health services.
- Part B, Outpatient care including physician services, other outpatient care services, durable medical equipment, home health services, and many preventive services.
- Part C, Medicare Advantage Plan which is provided by private insurance companies that have been approved by Medicare to administer all Part A and Part B services in addition to prescription drug coverage and other supplemental benefits such as vision, hearing, and dental coverage. Although Medicare Advantage Plan is not available for purchase by individuals in Alaska, this Plan is offered by Wells Fargo and BP doing business in Alaska for their employees.
- Part D, Prescription Drug coverage that is administered by private insurance companies to cover the cost of prescriptions. Medicare beneficiaries who meet income and resource limits may qualify for the "Extra Help Program" which helps pay for monthly premiums, annual deductibles, and co-payments.

Jeanne noted that there are Medigap insurance policies that supplement Medicare and pay health care costs not covered by Medicare for Part A and Part B such as co-payments, co-insurance, and deductibles. In Alaska, Medigap insurance policies are regulated by the Division of Insurance. There are ten different options to choose from.

Jeanne also explained that although people are encouraged to enroll in Medicare when they become of age, that enrollment can be deferred for those who are still working. This fact was not known by many of the Committee members.

The Social Security Disability Insurance program (SSDI) is the federal insurance program that provides benefits to qualified workers who are no longer able to work. Medicare complements this program by providing Part A and Part B benefits.

Jeanne summarized the responsibilities of the Medicare Information Office by stating that the program helps people to understand and navigate Medicare. There are different times that people

can sign up for Medicare and there is an initial enrollment period. The times to enroll vary and are dependent on (1) when a person turns 65; (2) has received 25 months of disability payments for younger persons; (3) remains employed after age 65 and has health insurance through their employer and may choose to defer Medicare until they stop working. Every year Part B enrollment takes place in the fall. Medicare is very complicated and so there is a SHIP in every state for people to understand all parts of the program.

Tom Chard, Alaska Behavioral Health Association, asked Jeanne for packaged materials assistance and supports for behavioral health providers who may want to become Medicare enrolled providers. He promised to follow-up with the Medicare Information Office.

Rachel thanked Jeanne Larson for the informative presentation about Medicare.

Problem Solving: Rachel then moved the discussion to the next topic on the agenda encouraging the group to share their thoughts about barriers and solutions to Medicare. She noted that although Medicare is a federal program, we do have state problems. Such barriers include:

- Alaska's low population/ population density
- Lack of providers who accept Medicare
- Medicare beneficiaries have more complex medical conditions
- Low reimbursement rates relative to private pay and private insurance
- Administration requirements
- Others such as workforce and provider retirement; the high cost of care for dual eligibles (persons who are insured by both Medicare and Medicaid); and pending federal legislation related to Medicare.

Sandra asked a couple of questions regarding the dual eligible population: (1) Which payer pays first, Medicare or Medicaid; and (2) How many Alaskans are dual eligible?

In response to the questions it was noted that Medicaid is always payer of last resort. Also there is a problem with the fact that Medicare reimbursement rates will only pay up to what Medicare pays. Since 1980, Jeanne clarified, the rule has been that Medicare pays first and Medicaid, being the payer of last resort, pays the remainder. However, in certain situations, such as in the case of an Indian Health Service (IHS) beneficiary, IHS is the payer of last resort, following Medicaid.

The dual eligible population includes people who are low income with complex medical conditions. The paperwork for both programs is very time consuming and not all of the staff time is reimbursed. Audits are always a concern.

Denise described the dual eligible population as being small, but a very expensive population to serve because people are low-income, have complex medical conditions, with many being older. They are eligible for both Medicare and Medicaid coverage. Denise has some information on the number of dual eligibles that she promised to share at the next meeting. (Follow-up note: In June

2016, there were a total of 17,240 persons dually eligible with 8,492 being younger than 65 and 8,748 being age 65+.)

Joan Fischer further explained that primary care providers, who work for federally qualified community health centers, are reimbursed at a flat rate when they bill based on a per-encounter rate, regardless of what was done during the visit and the pay is minimal. She noted that the paperwork to request reimbursement takes a lot of time for each visit and it is not reimbursed to the center. In contrast, a payment to a private primary care provider is based on what was done during the visit. There is a fear of audits if the paperwork is not completed correctly. Reimbursement does not cover the time spent completing the paperwork. All of these factors add to the complexity and financial burden for a community health center that serves Medicare beneficiaries, as no patient can be turned away due to type of insurance coverage or inability to pay.

Gordon Glaser proposed a solution to partially lower the cost of health care by using nurse practitioners and physicians' assistants. These health care professionals are very appropriate for older people who have chronic conditions. They can really save money and serve Alaskans even better. Urgent Care facilities, clinics, and hospitals need to know that nurse practitioners and physicians' assistants accept Medicare patients. It can be very difficult for seniors to find a Medicare provider.

Tom agreed with Gordon and he added licensed professional counselors as one of the leading providers of mental health in Alaska but are not eligible as practitioners with Medicare payments.

There was some discussion about Medicaid expansion and the impact on the Medicare population. Jeanne explained that Medicaid expansion did not affect the Medicare population, age 65+ because people who qualify for Medicaid expansion are between the ages of 19 to 64. They cannot be on regular Medicare because when they are eligible for Medicare they go into a different category which is age-disabled Medicare. They, however, are considered dual eligible and make up about 21% of the 93,000 of Medicare program.

Denise brought forward other pending federal actions that could affect Medicare. For example, the recent Congressional health care reform debates threatened to change Medicaid and eliminate the enhanced funding for Medicaid enhancement in addition to increasing the cost of health care insurance premiums for persons age 50 to 64. Although the Affordable Care Act remains law, changes to Medicaid and health care insurance for older people could affect a person's ability to access primary care if they cannot afford to pay for this care out of pocket. If people younger than 65 are not able to access primary care, they often enter Medicare less healthy which means they will probably need higher cost care that will be paid by Medicare. Increased demand on Medicare could impact Medicare's solvency. In addition, Congress is discussing the FFY2019 budget. There is a proposed reduction for SHIP funding which, if passed, will impact Alaska's Medicare Information Office which relies solely on federal funding. Finally, there is pending federal legislation known as the "Improving Access to Medicare Coverage Act of 2017." This bi-partisan legislation would address the practice of hospitals not counting "observation status" toward the three-day required inpatient designation to qualify for Medicare covered care in a skilled care facility, even though the patient

may spend multiple nights receiving medical care and meals in the hospital. In that situation, the patient has to choose whether to pay the bill out of pocket or opt not to have the procedure. This legislation addresses this issue by counting the days spent in outpatient, observation status towards the three-day mandatory requirement for Medicare reimbursement.

Dr. Debbie Doty noted that someone from the Alaska State Hospital and Nursing Home Administration (ASHNHA) should be actively participating in this committee. When someone goes into the hospital with conditions like pneumonia, they are not allowed to be admitted to the hospital based on the fact that they should be well within that time frame of three days. The patient must pay 20% of the care. All of the hospitals must comply with this issue. That is a federal requirement. Also, the pharmaceutical industry does not let Medicare negotiate bulk discounts in the price it pays for prescriptions drugs so the prices remain high.

Jeanne stated that patients who are in "observation status," and not formally admitted to the hospital as an inpatient by their physician, faces a bigger complication later when they try to transition into a skilled nursing facility. In order to meet Medicare's definition of covered skilled nursing facility, you must spend at least three days qualifying as an inpatient in the hospital. After you meet the qualified hospital stay requirement, then you can move into a skilled nursing facility to have additional treatment related to that hospital stay and Medicare will cover that care. It gets confusing because people think since they were in a hospital overnight, that Medicare should pay for the rehab in the nursing home however, their stay may only qualify as "observation status" and not count towards the three-day qualifying in-patient hospital stay. Medicare does not pay for nursing home stays unless the patient meets the three-day qualifying in-patient hospital stay. Hospital facilities are now required to provide each patient with a "MOON" tool kit (Medicare Outpatient Observation Notice). This information is intended to help incoming hospital patients understand this requirement.

In follow-up to Dr. Doty, Rachel asked who else is missing at the table for this Committee.

The group suggested that we have someone representing the Veterans, the Native health care community, the Division of Insurance, and AARP.

Rachel also noted that this committee should discuss the proposed Health Care Authority. The Commission is concerned how the proposed Health Care Authority could impact health care in Alaska as well as for Alaska seniors. The Health Care Authority is one of the 18 requirements from SB74, the Medicaid and Health Care Reform legislation that passed in 2016, directing the Department of Administration to examine the feasibility of a Health Care Authority for Alaska. Representative Spohnholz remarked that there is an element being proposed in the Health Care Authority related to implementing Medicare budgeting and the state is proceeding forward with that recommendation which would cover retirees. Implementing a Health Care Authority is not required by SB74, only to explore its feasibility. Rep Spohnholz agreed that it would be a good idea to have someone from the Division of Insurance come and talk to us about the proposed Health Care Authority.

Tom suggested that we could improve access to care by doing a better job of tracking which providers accept Medicare in Alaska. This information would be of considerable help to Medicare beneficiaries who are looking for health care providers that accept Medicare across communities.

Dana Barnett, Medicare Information Office, stated that she would be willing to steer people in the right direction who accepts Medicare patients however, it always remains the doctor's choice whether or not to accept these patients. In the past, the Older Person's Action Group tried to do a list but it was out of date as quickly as it was completed.

Rachel said she would be happy to gather recommendations from the provider network and send a list on to the Centers for Medicare and Medicaid services to maintain their Medicare.gov provider list. CMS, however, does not like to post doctors who practice with ambulatory surgical centers or urgent care centers, for example, on their Medicare.gov provider website. Hospitals are required to accept Medicare patients who have an emergency medical need. They bill Medicare for that person's care.

Dr. Doty would like to see this group focus on primary care rather than the entire gamut of Medicare services. Many times clinicians who do not practice hospital based care do not have to meet the same requirements for Medicare and Medicaid. Dr. Doty recommends that we focus on the primary care piece and explore the possibility of talking to our Congressional delegation about a special waiver or implementing the Medicare Advantage model in Alaska which she believes will help our state to develop a medical home capacity that provides coordinated and integrated care for primary care and behavioral health care needs. She noted that Medicare Advantage would bring the "best bang for our buck."

Linda Combs talked about her experience with finding a Medicare provider to care for her mom and that it took a long time to educate herself regarding the different issues. Based on her experience, she noted that there is no clear pathway to help people find answers.

Rachel started wrapping up the meeting with the observation that there are so many Medicare capacity issues plus the administrative burden of needing to complete so much paperwork. She asked whether there are any ways to help reduce the administrative burden so that doctors will accept more Medicare patients.

Closing Comments: Committee members offered the following closing comments at the end of the meeting.

- Improving access to care is very important for many reasons.
- Learned quite a bit at the meeting about Medicare.
- Thankful for including the Medicare Information Office for their information
- Looking forward to seeing how things progress.
- So glad that the meeting process has started and believes that the committee will accomplish great things.
- Looking forward with what ideas that we come up with during the committee going forward.

- We have work to do to help Alaskans navigate the Medicare program.
- This conversation is the tip of the iceberg to navigating the health care system
- We have made the health care system too complicated.
- Thanked everyone for their participation.
- Recognition that the group is "high-powered" and can make inroads into the barriers of access to care.
- Investigate strategies used by other frontier states to determine how they encourage doctors to accept Medicare patients.
- Access to care for Medicare patients has been an ongoing issue for at least ten years. Time to take action!
- Improving access to health care falls within Goal 1 of the Alaska State Plan for Senior Services.
- Thank you ACoA for getting this committee together.
- Pleased to have the behavioral health community represented on this Committee.

Rachel closed the meeting by saying that she is excited that this is a multi-level committee and that she and Denise will discuss some possible dates for the next meeting.

The meeting adjourned at 4:00 p.m.

ALASKA COMMISSION ON AGING (ACoA)
Medicare Ad Hoc Committee Meeting
Teleconference & Videoconference
October 17, 2017
2:00pm –4:00pm

Purpose: Medicare Recipients have timely access to appropriate Health Care Services and Options

Invitees: Gerri Sumpter, staff to Senator Murkowski, Margaret Sharpe, staff to Senator Sullivan; Senator Giessel (or designated staff); Representative Spohnholz (or designated staff); Dennis Murray, Alaska State Hospital and Nursing Home Association; Dr. Barbara Doty, Primary Care Physician; Dana Barnett and Jeanne Larson, Medicare Information Office; Heidi Hedberg, Division of Public Health; Tom Chard, Alaska Behavioral Health Association; Joan Fisher, Retired Previous Executive Director Anchorage Community Health Center; Nancy Merriman, Alaska Primary Care Association; Linda Combs, ACoA Commissioner and Palmer City Council Member; Sandra Heffern, Effective Health Design; Lesley Thompson, ACoA Planner; Rachel Greenberg, ACoA Commissioner and Medicare Committee Chair; and Denise Daniello, ACoA Executive Director

Reason: The Alaska Commission on Aging is very concerned about the comments we receive from seniors insured by Medicare regarding their challenges finding primary care providers who provide medical and behavioral health care services for Medicare patients in their communities. The Commission has heard about this issue for many years through senior surveys and public comment. We have also heard concerns expressed by the Alaska State Medical Association and the Alaska State Hospital and Nursing Home Association about Medicare requirements and low reimbursement rates as barriers to the provision of care.

Long Term Objectives:

- Better Access to Health Care for Medicare Beneficiaries
- Patients receive information on all options, including, but not limited to, the option of "no more treatment"
- Ensure Medicare is available in the long-term
- Decrease of Emergency Department utilization for preventable diseases (ex: UTI) by improving access to primary care.
- Reduce the need for premature or unnecessary placement in higher levels of care by providing timely and appropriate treatment in the primary care setting.
- Other?

Meeting Objectives:

- Introductions
- Identify barriers and possible solutions
- Identify and discuss next steps

ACoA Medicare Ad Hoc Committee

Proposed Agenda
Tuesday, October 17, 2017
2:00 to 4:00 p.m.

Teleconference: 1-800-315-6338, pass code 53250#
Videoconference Sites

- **Anchorage: Senior and Disabilities Services, 550 West 8th Ave., Room 201**
- **Juneau: Senior and Disabilities Services, 240 Main Street 6th Floor Conference Room**
- **Palmer: Palmer Public Library, 655 South Valley Way**

2:00 Welcome/Check-in

- Purpose and Objectives
- Introductions – Please state your name, organization, experience with Medicare, and the top hope you have for this Committee's work.

2:15 Review of Medicare Basics
Jeanne Larson, Medicare Information Office

2:30 Problem Solving

- Discuss common barriers that Medicare beneficiaries and providers encounter and brainstorm solutions
    - Alaska's low population / population density
    - Lack of providers who accept Medicare
    - Medicare beneficiaries have more complex medical conditions
    - Low reimbursement rates
    - Administration requirements
    - Other

3:15 Identify Next Steps

- Other possible invitees – Are we missing anyone at the table?
- Action Plan
- Plans for future meetings

3:45 Closing Comments

4:00 Adjourn

Call us

Alaska's Medicare Information Office answers your questions about all aspects of Medicare.

In Alaska: **800-478-6065**

In Anchorage: **907-269-3680**

Call us any time.

If we can't take your call right away, leave us a message and we'll call you back.

Either the Anchorage office staff will help you, or there may be a counselor in your community who can help you in person.

VOLUNTEER

Can you help out during weekdays?

Are you interested in helping your fellow Alaskans?

The Medicare Information Office can train you to help people:

- **Find the best Medicare plans**
- **Understand billing statements**
- **Protect Medicare benefits by preventing fraud, waste and abuse**

Help with costs

You may be eligible for programs to help pay for prescriptions and for the monthly Part B premium. For people with limited incomes, Medicare can cover up to 75 percent of medication costs.

It doesn't hurt to ask – call us and we'll help you apply or go online to:

www.benefitscheckup.org/alaska

Our services are free.
Donations are welcome at the Anchorage Senior Activity Center for its Medicare Counseling site.

Medicare Information Office

800-478-6065 in Alaska
907-269-3680 in Anchorage
hss.medicare@alaska.gov

State of Alaska
Department of Health & Social Services
Division of
Senior and Disabilities Services
Anchorage, Alaska

www.medicare.alaska.gov

Medicare.gov

The official U.S. government site for Medicare:

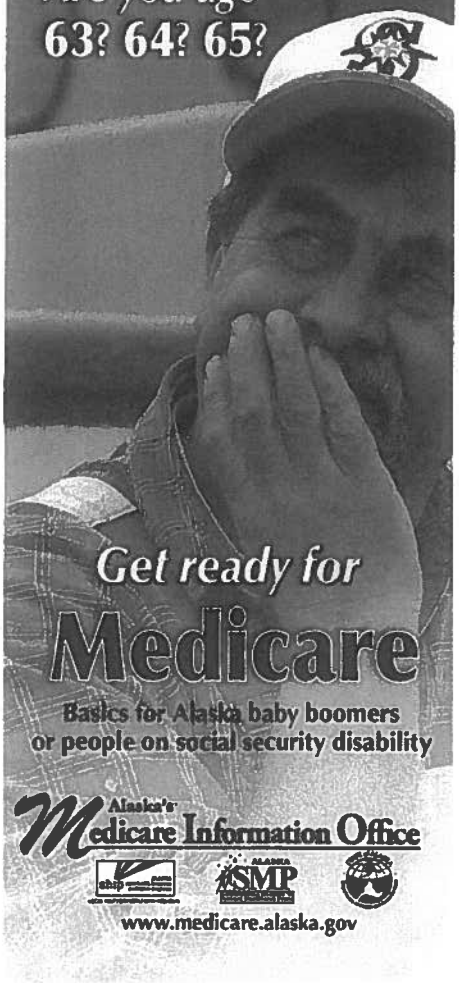
- find out what benefits Medicare covers
- get the latest ***Medicare & You*** handbook
- find dozens of Medicare-specific publications
- compare drug plans and health plans
- find Medicare-approved doctors and suppliers

... and much, much more.

07/01r4

MEDICARE

Are you age
63? 64? 65?



Get ready for
Medicare

Basics for Alaska baby boomers or people on social security disability

Alaska's **Medicare Information Office**

ship SMP

www.medicare.alaska.gov

What is Medicare?

Medicare is health insurance for people who are age 65 and older, under age 65 with disabilities, or any age with end-stage renal disease or Lou Gehrig's disease.

Medicare has several parts:

Part A (Hospital Insurance) covers hospital stays, some care in skilled nursing facilities, some home care and hospice.

Part B (Medical Insurance) covers medically necessary services like doctors' visits, preventive services, and medical equipment.

Part C (Medicare Advantage) fee-for-service, HMO/PPOs providing Parts A, B and D. None available in Alaska in 2014.

Part D (Medicare Prescription Drug Plan) offers prescription drug coverage to everyone with Medicare.

Medicare Supplement Insurance (Medigap) is private insurance with policies that help cover some of the costs for Part A and B services after Medicare pays.

When to sign up

Initial Enrollment Period (IEP)

Parts A & B & D: When you turn 65, you have a seven-month initial enrollment period: the three months before your birthday month, your birthday month, and the three months after *(not everyone needs Part D).*

Special Enrollment Period (SEP)

If you or your spouse work past age 65 and have insurance through that employment, you can delay enrolling in part A and/or B. You can sign up while still working or during the 8-month period that begins the month after the employment or the group health plan coverage ends, whichever is first.

General Enrollment Period (GEP)

If you miss your initial enrollment period and don't have a special enrollment period, your next chance to enroll in Medicare Part A & B is between January 1-March 31. ***(Coverage begins July 1 and you may be penalized)***

Do I *have* to sign up for Medicare?

Most retiree plans such as ***TRICARE for Life*** or ***AlaskaCare*** require Medicare A & B enrollment at 65 because Medicare becomes the primary payer.

Federal retirees, veterans and tribal beneficiaries may have options. Check your benefits booklet or office.

How to sign up

Medicare Parts A & B, apply through Social Security

- **online at www.ssa.gov**

OR

- **by national phone line**

Speak to a Social Security representative **7 a.m - 7 p.m.** Monday through Friday.

800-772-1213 toll-free
TTY users call 800-325-0778

OR

- **at your local office:**

Social Security Anchorage Office
222 W. Eighth Ave.
Anchorage, AK 99513
(Corner of Eighth and C St. in the Federal Building Annex)

Social Security Fairbanks Office
800-478-0391 toll-free

Social Security Juneau Office
800-478-7124 toll-free

Medicare Part D or other plans

We can help you find the most cost effective prescription drug coverage.

Call us! 269-3680 or **800-478-6065**
OR use the drug plan comparison tool. at **www.medicare.gov**

You will need your red, white and blue Medicare card handy and a list of your medications with dosage and quantity.

Mental health care (inpatient) 2017

How often is it covered?

Medicare Part A (Hospital Insurance) covers mental health care services you get in a hospital that require you to be admitted as an inpatient. You can get these services either in a general hospital or a psychiatric hospital that only cares for people with mental health conditions.

If you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

Who's eligible?

All people with Part A are covered.

Your costs in Original Medicare

- $1,316 deductible for each benefit period.
- Days 1–60: $0 coinsurance per day of each benefit period.
- Days 61–90: $329 coinsurance per day of each benefit period.
- Days 91 and beyond: $658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond lifetime reserve days: all costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.

Mental health care (outpatient) 2017

How often is it covered?

Medicare Part B (Medical Insurance) covers mental health services and visits with these types of health professionals:

- Psychiatrist or other doctor
- Clinical psychologist
- Clinical social worker
- Clinical nurse specialist
- Nurse practitioner
- Physician assistant

Medicare only covers these visits, often called counseling or therapy, when they're provided by a health care provider who accepts assignment.

Part B covers outpatient mental health services, including services that are usually provided outside a hospital, like in these settings:

- A doctor's or other health care provider's office
- A hospital outpatient department
- A community mental health center

Part B also covers outpatient mental health services for treatment of inappropriate alcohol and drug use.

Part B helps pay for these covered outpatient services:

- One depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals.
- Individual and group psychotherapy with doctors or certain other licensed professionals allowed by the state where you get the services.
- Family counseling, if the main purpose is to help with your treatment.
- Testing to find out if you're getting the services you need and if your current treatment is helping you.
- Psychiatric evaluation.
- Medication management.
- Certain prescription drugs that aren't usually "self-administered" (drugs you would normally take on your own), like some injections.
- Diagnostic tests.
- Partial hospitalization.
- A one-time "Welcome to Medicare" preventive visit. This visit includes a review of your potential risk factors for depression.
- A yearly "Wellness" visit. This is a good time to talk to your doctor or other health care provider about changes in your mental health so they can evaluate your changes year to year.

Who's eligible?

All people with Part B are covered.

Your costs in Original Medicare

- You pay nothing for your yearly depression screening if your doctor or health care provider accepts assignment.
- 20% of the Medicare-approved amount for visits to a doctor or other health care provider to diagnose or treat your condition. The Part B deductible applies.
- If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.

TAB 2

ACoA Executive Director Report & Staff Reports

Public Comment to Congressional Delegation on Health Care Reform and Budget Items

ACoA Letter of Support, SB 54

Public Comment to Department of Administration on Health Care Authority

ACoA Presentation to the Southern Kenai Peninsula Senior Summit

ACoA FY2019 Budget Summary for Governor's Budget

Briefing on Family and other Natural Caregivers

Alaska Commission on Aging
Executive Director's Report
December 12, 2017

Welcome Larry Johnson, New MASST Participant!
Larry Johnson recently joined the ACoA team and is providing us with much needed office support. Larry is participating in the MASST (Mature Alaskans Seeking Skills Training program) and has formerly worked for the State in an administrative support capacity as well as with the Juneau Police Department. We are very pleased to have Larry onboard!

PLANNING ACTIVITIES
Alaska State Plan for Senior Services, FY2020-2023
Staff is beginning preparations for development of the next State Senior Plan. We submitted a proposal to the Alaska Mental Health Trust Authority requesting a dedicated consultant to work with the Commission and the State Plan Advisory Council on this project (A copy of our proposal is under Tab 2). We are in the process of updating the senior survey that will be shared with the Planning Committee before it is sent out to senior public members. We are aiming for January or February (at the latest) for distributing the senior survey.

Behavioral Risk Factor Surveillance Survey (BRFSS), Perceived Cognitive Impairment (PCI) Module 2016 Findings
With funding support from the Alaska Mental Health Trust Authority and the national Alzheimer's Association, the Division of Public Health included the BRFSS PCI module in the 2016 BRFSS survey. Recently, we received the findings and will present them to the Commission during the December meeting. Currently, the Division of Public Health is administering the BRFSS Caregiver Survey module that will gather first-time information about caregiver needs in our state. The Commission successfully requested funding for both projects from the Trust and the Alzheimer's Association. We greatly appreciate support from the Trust and the Alzheimer's Association for both projects!

ADVOCACY ACTIVITIES
Federal Efforts: Since our last meeting in September, the Commission sent letters to Alaska's Congressional delegation requesting continued operating funding for core programs serving seniors that have been identified for reductions including the Older American Act programs (Title III funds that provide senior meals, transportation, homemaker services, and family caregiver support in addition to Title VII for elder protection); the State Health Insurance Assistance Program (funds the Medicare Information Office); the Senior Community Service Employment Program (funds the Mature Alaskans Seeking Skills Training program); Low-Income Home Energy Assistance Program; Corporation for National and Community Service programs (Foster Grandparents, Senior Companion, and the Retired Senior Volunteer Program); the Supplemental Nutrition Assistance Program; HUD's Section 202 Supportive Housing for the Elderly and the Senior 811 Housing for Persons with Disabilities; and to preserve increased base funding for Alzheimer's research in the budget for the National Institutes of Health. The FFY2018 budget remains in deliberation by Congress at the time of this writing.

The Commission also submitted public comment to Alaska's Congressional delegation on the proposed Graham-Cassidy-Heller-Johnson legislation (H.R. 1628) that described our concerns about this legislation and its impact on Alaska's Medicaid budget and ability to serve approximately 190,000 Alaskans on Medicaid including more than 25,000 enrollees age 55 years and older. Although this legislation failed to pass, measures having to do with health care reform were inserted in the new tax reform bill that are being considered by Congress and has support from the Administration. (Please see pp 53-55*** for copies of ACoA's letters.)

State Legislature Overview

Since the regular legislative session ended on May 17, the Governor has called the legislature back for four special sessions. The state's Operating and Mental Health budgets (HB 57 and HB 59) were signed by Governor Walker on June 30, with no vetoes. The Capital budget (SB 23) was signed on July 31. The Governor's Office will release the FY2019 budget by December 15. Currently, the budget deficit is estimated at $2.7 billion. The Legislature has been in session for a total of 211 days, counting the regular session and four special sessions, breaking the previous record set in 2006. Despite that record, lawmakers passed the fewest bills in any year since statehood for a total of 32 bills.

On October 23rd, Governor Walker called the Legislature back into the fourth special session to consider crime and taxes: SB 54, "Crime and Sentencing," as well as to consider the Governor's proposal to "enact a tax on wages and net earnings from self-employment" as a strategy to address the budget deficit. The House and Senate passed SB 54 with several amendments to address growing concern about the increase in crime across Alaska believed to be related to SB 91, although proponents assert that not all of the provisions from SB91 have been implemented and rather, the budget deficit and opioid crisis are to blame for increased crime. Moreover, there was little discussion about the fiscal implications from SB 54 for the Department of Corrections and the court system budgets (related to increased costs from longer jail time and stiffer penalties). In addition, SB 54 included an amendment to increase sentences for Class C felony crimes to the same level as Class B felony crimes, which according to the Alaska Department of Law, violates constitutional protections for due process that may be contested in court. Governor Walker signed SB 54 on November 27. The Commission submitted a letter of support for SB 54 (prior to all the amendments) which focused on the needs of older inmates for supports and re-entry back into the community. The fourth special session ended on November 21. No other special sessions are expected this year. (Please see p 56 for a copy of ACoA's SB 54 letter.)

On November 15, Commissioner Val Davidson released the annual report from the Department of Health and Social Services to the Legislature that describes the status and results of Medicaid reform activities conducted this year as required by SB 74, the Medical Assistance Reform Program that passed two years ago and is now law. This report details several implementation activities going forward such as telehealth, fraud prevention, enhancement of home and community-based waivers (including development of the new Community First Choice (1915k) option as well as the new "Individualized Supports Waiver (ISW)" to replace the Community Developmental Disabilities Grant program, which will end on June 30, 2018, that will serve persons with intellectual and developmental disabilities- both initiatives are being facilitated by SDS), pharmacy initiatives, behavioral health system reform (including development of the new 1115 Behavioral Health Medicaid Demonstration Waiver by the Division of Behavioral Health to serve Alaskans age 64 and younger as well as implementation of a Administrative Services Organization to manage the reformed behavioral system of care), and other efforts.

HB 236, Senior Benefits Extension

Representative Kawasaki introduced HB 236 last legislative session to extend the sunset date for the Senior Benefits program. Without passage of legislation, the Senior Benefits program will end on June 30, 2018. On the House side, the bill has two committee referrals in Health and Social Services (HSS) and Finance Committee. Currently, HB 236 is being considered by House HSS. (Please see pp 29-33 HB 236 related documents.)

In preparation for committee hearings, the House HSS Committee sponsored a special Listening Session on September 28. The Commission helped to get the word out about this listening session, especially to rural communities, and encouraged public members to provide testimony for the program.

The Listening Session heard from more than 50 seniors and other public members speaking in strong support of Senior Benefits and continuation of the program statewide. Testifiers spoke from Anchorage, Fairbanks, Juneau, and the MatSu in addition to several rural locations including Bethel, Haines, Tok, Ketchikan, Kotlik, Homer, and Sitka. Many seniors testified from senior centers and explained how the benefits are used by seniors to purchase fresh fruits and vegetables, afford medication, cover transportation costs, and offset their heating expenses. Testifiers from Tok and Bethel, in particular, emphasized the high cost of living in their communities with respect to housing, food, and heat. They also talked about grandparents raising their grandchildren in those areas and that Senior Benefits helps them afford the essentials for their families. No one spoke against Senior Benefits or HB 236. ACoA Commissioner Gordon Glaser offered testimony in addition to Denise, both representing the Commission. Thank you Gordon!

ACoA's Legislative Advocacy Priorities

The Commission's Legislative Advocacy Committee identified three legislative advocacy priorities last year. They included: (1) Protect the Senior Safety Net; (2) Provide appropriate supports for family and other natural caregivers serving older Alaskans; and (3) Improve capacity to serve persons with Alzheimer's disease and related dementias. We may want to add a new priority and position paper focused on HB 236, extension of the Senior Benefits program.

INTERAGENCY COLLABORATION

Department of Health and Social Services (DHSS)

The Commission submitted ACoA's budget summary to Senior and Disabilities Services (SDS) for submission to the DHSS for inclusion in the FY2019 Governor's budget. The summary provides an overview of the Commission's core services (planning, advocacy, outreach/education, and collaboration), highlights of activities accomplished with respect to ACoA's core services, anticipated challenges, and major outcomes planned for FY2019. (Please see pp 69-72 for ACoA's budget summary.)

The Commission continues to participate in the SB91/SB74 Criminal Justice and Health Care workgroup. For now, efforts related to other SB 74 workgroups have been postponed. The Commission also participates in the ongoing Internal Community Choices Council (ICC), a community stakeholder group facilitated by SDS that is working to implement the Community First Choice program and the new ISW waiver. Commissioner Banarsi Lal serves on the ICC representing the needs of seniors in addition to former ACoA Commissioner Pat Branson and Ken Helander, AARP Advocacy Director. Denise also participates in these meetings.

Division of Senior and Disabilities Services (SDS): The Commission developed a policy paper about the value of Natural Caregiver Supports for the senior population in response to the request from ACoA Commissioner Duane Mayes at the September board meeting. Duane asked for this information in preparation for a national meeting being sponsored by the Millbank Memorial Fund in which Senator Micciche, Representative Spohnholz, Dr. Jay Butler (Alaska's Chief Medical Officer and Director for Public Health), and Duane Mayes, Director of Senior and Disabilities Services are planning to attend. One of the three meeting topics will address the role of natural caregivers and seniors in the continuum of care. (Please see pp73-79 for a copy of this briefing.)

Alaska Mental Health Trust Authority (AMHTA)
Mike Abbott, the new AMHTA Chief Executive Officer (CEO), began his position on November 1. He was formerly employed by the Anchorage Municipality as the City Manager, and has extensive experience working for the Legislature. Commissioners will have a chance to meet Mike at the Commission's December board meeting. Mike will provide us with an update related to hiring of new program staff in addition to legislation being sought by the Trust regarding statute changes and use of lands managed by the Trust Land Office.
The Commission and the statutory advisory boards made presentations to Trustees at their board meeting on November 18 that included updates describing our respective board activities. ACoA's presentation focused on the findings from the 2016 BRFSS Perceived Cognitive Impairment module and advocacy efforts. The Trust also sponsored a joint advocacy discussion on November 19 involving Trustees, Trust staff, and the statutory advisory boards. ACoA Commissioner Mary Shields and Denise participated in that meeting. Discussion topics addressed Safety Net Services (that includes reauthorization of the Senior Benefits program), criminal justice reform, Medicaid reform, community behavioral health provider rate re-basing, and other items. Trust staff will work with the statutory advisory boards to develop a maximum list of five joint advocacy items to share with legislators and the Governor's Office during the upcoming session. (Please see pp 85-91 for the new Charter of the Trust Board of Trustees.)

Department of Administration
The Commission submitted comments regarding the proposed Health Care Authority being developed by the Department of Administration that was one of the 16 initiatives included in Health Care Reform (SB 74) to improve health outcomes and reduce costs. ACoA received an overview about the proposed Health Care Authority by Emily Ricci, Chief Health Policy Administrator, Division of Retirement and Benefits which was very helpful for writing our comments. The Commission's comments addressed findings from the three feasibility studies and highlighted benefits from consolidated purchasing and administration; implementation of a comprehensive health and wellness program; as well as the need to explore options that will modernize the state's long-term care insurance plan. (Please see pp 57-59 for ACoA's comment letter.)

ACoA INTERNAL AFFAIRS
Executive Committee: This Committee met on November 20 to review and discuss several items that included the draft December board meeting agenda, activities for the next State Plan for Senior Services, plans for the rural outreach to southeast communities during the February meeting, budget, and the annual report. As part of the annual report, Commissioners are asked to provide statements that will accompany their photos in the annual report. (Please see pp 23-24 for the approved minutes from the August 9 meeting.)

Planning Committee: This Committee will meet soon to review and finalize the draft senior survey. ACoA Commissioners Mary Shields and Rachel Greenberg serve as Co-Chairs for the Planning Committee.

Legislative Advocacy Committee: This Committee will review the outcomes from legislative session including signed bills and those pending this session during ACoA's December board meeting. ACoA Commissioner Marie Darlin chairs the Legislative Advocacy Committee. (Please see pp 25-28 for the final Watchlist.)

Medicare Ad Hoc Committee: ACoA Commissioner Rachel Greenberg chairs this committee which met on October 17. She will review the meeting outcomes at our board meeting. We had a good turnout for the meeting which included representation from Alaska's Congressional office, Senator Cathy Giessel, Representative Ivy Spohnholz, the Alaska Primary Care Association, the Alaska Behavioral Health Association, a primary health care provider, the Alaska Medicare Information Office, ACoA Commissioners Linda Combs and Gordon Glaser, and other stakeholders. (Please see pp 34-40 for the draft meeting notes and pp 41-46 for the meeting packet.)

The Committee reviewed the challenges for Medicare beneficiaries to access primary health care, particularly for persons living in the Railbelt, and proposed strategies to improve access such as increasing public awareness about use of nurse practitioners and physician assistants for primary health care as they accept Medicare insurance; advocating at the federal level to add licensed mental health clinicians and family/marriage therapists to the list of approved Medicare providers to improve access to behavioral health care; and exploring strategies used by other frontier states to find out how they encourage primary care doctors to accept Medicare patients. This Committee's work is ongoing with future meetings planned.

Annual Report: Staff is working on the 2017 ACoA annual report. Most of the data for the Senior Snapshot has been gathered. ACoA Commissioners have been asked to submit their personal statements by December 12 that will accompany their photos.

PUBLIC AWARENESS/EDUCATION

Governor Proclamations: At the Commission's request, Governor Walker officially recognized November 2017 as "Alzheimer's Disease Awareness" and "Family Caregivers Month" with two Executive Proclamations. The purpose of the Alzheimer's Awareness Proclamation is to promote awareness about Alzheimer's disease and how changes in lifestyle can minimize risk. The Family Caregivers Month Proclamation recognizes the hard work and dedication of family and other natural caregivers who care for their loved ones at home as well as to spotlight resources that provide assistance and supports for persons and families serving in this role. (Please see pages 81-82 for copies of the Proclamations.)

Senior Fall Prevention: The Commission was invited to make a presentation about senior fall prevention awareness for Sitka's health care professionals and community providers. ACoA staff Lesley Thompson made that presentation remotely which was well-received. Sitka organized senior fall prevention activities for the week of September 22.

Southern Kenai Peninsula Senior Summit: The Commission was invited by the Homer Senior Center to make a presentation at the annual Southern Peninsula Senior Summit held on October 13. Our presentation focused on budget and policy items affecting Alaska's seniors and plans for advocacy in the coming year. The Homer Senior Center graciously covered my travel costs to present in person. (Please see pp 60-68 for ACoA's presentation.)

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

September 21, 2017

The Honorable Senator Lisa Murkowski
United States Senate
709 Hart Senate Office Building
Washington D.C. 20510

Regarding: Public Comment on the Proposed Graham-Cassidy-Heller-Johnson Legislation, H.R. 1628 (version LYN17708 released 9.13.2017)

Dear Senator Murkowski:

On behalf of the Alaska Commission on Aging ("ACoA" and "the Commission"), we are writing to you in regards to the health care reform policies proposed by the Graham-Cassidy legislation. The ACoA is a Governor-appointed board within the Department of Health and Social Services that is responsible for planning services for seniors, educating Alaskans about senior issues, and making recommendations directly to elected officials regarding policy and budget items that affect older Alaskans. Alaska's senior population is growing faster than any other state in the nation. We have also surpassed other states with having the highest projected number of persons over the age of 85 (135% by 2030 according to an analysis conducted by the Kaiser Family Foundation 2017) as well as holding the highest projected increase in percentage change of 54.9% for the number of seniors, age 65 and older with Alzheimer's disease, comparing 2017 and 2025 (Alzheimer's Disease Facts and Figures, 2017). Alaska seniors number 126,000 people age 60 and older who represent 17% of the state's total population (Alaska Department of Labor Research and Analysis). As people age, their resources and health decline increasing their need for quality and affordable health care and long-term care services.

Decisions affecting health care reform are critically important for older Alaskans. In fact, access to health care was identified as the #1 concern by Alaskans age 55 years and older who participated in the Alaska Senior Survey conducted in 2015 of which almost 2,300 seniors responded. Nearly 94% of the senior survey respondents identified access to health care as "very important" because seniors know that access to quality and affordable health care is critical for successful aging. Being able to afford both premiums and out-of-pocket costs are essential to senior health and well-being.

We write to express our concerns with the proposed Graham-Cassidy legislation and its possible impacts to Alaska's Medicaid program for the 189,996 Alaskans who currently receive Medicaid services, including more than 25,000 senior enrollees age 55 years and older (based on estimates provided by the Alaska Department of Health and Social Services, September 2017). The Commission has submitted previous letters of concern to you regarding health care reform proposed by the Better Care Reconciliation Act and the American Health Care Act. The Graham-Cassidy proposal includes many of

the same provisions of the former bills of which we have continuing concerns in addition to a significant reduction of federal funding for Alaska that is expected to diminish health care and long-term care support services for seniors and other vulnerable Alaskans. Based on our understanding, the Graham-Cassidy bill will:

- Allow states to waive the current requirement that prohibits insurance companies from charging more than three times the cost on premiums based solely on age. This age tax provision allows insurers to charge premiums up to five times higher for older adults, between the ages of 50 to 64 years, than those charged to younger persons. Many older people living on modest incomes are not able to afford higher cost health care and may forego having annual exams and other routine preventative health care that save money over the long-term and protect senior health. These individuals may delay care for as long as possible, sometimes ending up in the emergency room for conditions that could have been treated at significantly less cost in the primary care setting. They may also enter Medicare less healthy and require higher cost services.

- Transform Medicaid into block grant funding based on a per-capita cap financing structure that will result in a significant federal funding cut to Alaska estimated to be $255 million each year between 2020 and 2026 and $844 million annually after that when the federal guarantee for continued block grant funding goes away (Center on Budget and Policy Priorities 2017). Loss of federal funding on this scale will endanger coverage for seniors and people with disabilities who depend on Medicaid-funded home- and community-based long-term support services that provide assistance with activities of daily living such as meal preparation, dressing, bathing, and other tasks. The block grant approach does not fully take into account rising costs of health care, growing aging demographics, new breakthroughs in medical treatments, public health emergencies, additional costs related to compliance with setting rules, and other unforeseen events. Significant cuts to Medicaid will result in loss of benefits and services for our most vulnerable citizens thereby increasing the need for higher cost care and possible institutional placement.

- Remove current prohibitions on insurers that prevent them from charging higher premiums based on a person's health status and pre-existing conditions by allowing states to waive this requirement. As a result, older Alaskans could see soaring premiums based on age and certain pre-existing conditions, as well as lifetime caps on coverage and less access to health care services that they need.

- Eliminate Medicaid expansion that has now extended coverage to more than 36,000 Alaskans, including an estimated 6,300 Alaskans age 50 to 64. Since Alaska's Medicaid expansion in 2015, more than $590 million of new federal money has come to our state. This economic boost has had a direct economic benefit on communities, which is very important during these difficult fiscal times.

Other Graham-Cassidy provisions that may have unintended consequences for seniors and other vulnerable Alaskans include elimination of the requirement for Essential Health Benefits that include emergency services, hospitalization, mental health and substance use disorder services, and other vital services; the 6% enhanced FMAP for the 1915(k) Community First Choice option for home and community-based services; and the Prevention Health Fund that supports chronic disease self-management programs, falls prevention, Alzheimer's education and research, and vaccines that has provided more than $31.4 million to Alaska since 2010.

The Alaska Commission on Aging fully supports an open, bipartisan approach to craft solutions for health care reform that includes a Congressional Budget Analysis to fully understand the costs and benefits of this proposed legislation as well as public hearings conducted through the regular legislative process with opportunities for public input from State and other appropriate health partners. Health care reform is complicated and affects the lives of every citizen in the U.S. As a nation, we need a responsive and adequately-funded health care system that promotes and supports the health, welfare, and abilities of people to live full, productive lives in the community.

Thank you for your important work to improve health care for Alaska and for your support of older Alaskans and the programs serving them. As always, please feel free to contact our office for further information by email (denise.daniello@alaska.gov) or phone (907-465-4879).

Sincerely,

David A. Blacketer

David Blacketer
Chair, Alaska Commission on Aging

Sincerely,

Denise Daniello
ACoA Executive Director
denise.daniello@alaska.gov
907-465-4879

Cc: Val Davidson, Commissioner
Alaska Department of Health and Social Services

Jon Sherwood, Deputy Commissioner
Department of Health and Social Services

Duane Mayes, Director
DHSS Division of Senior and Disabilities Services

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

October 23, 2017

The Honorable Senator Dan Sullivan
United States Senate
702 Hart Senate Office Building
Washington D.C. 20510

Regarding: Support for Federal Funding of Programs Serving Older Alaskans

Dear Senator Sullivan:

The Alaska Commission on Aging (ACoA and "the Commission) is writing in response to the FFY2018 federal funding budget bills for Older Americans Act and other programs serving seniors that passed the full House and Senate Appropriations Committee. Based on our understanding, the Senate and the House differ in their proposed funding recommendations for selected programs. The Commission encourages Alaska's Congressional delegation to work toward achieving a bipartisan, full-year funding bill compromise by the time the current continuing resolution expires on December 8 at levels that meet at minimum the FFY2017 appropriation amounts in order to ensure access to appropriate services that promote health and safety for the growing numbers of older adults in Alaska and nationwide.

Alaska and the U.S. have witnessed unprecedented growth in our older adult populations. Alaska's population of people age 60 and older, who number 125,886, represent 17% of our State's total population and is projected to increase at an annual rate between 5% to 6% before leveling off in 2035. In addition, the population of elderly Alaskans age 85 and older is projected to grow 135% over the next twenty years. Elderly adults are most at risk for developing chronic health conditions, physical disabilities, and cognitive impairments such as Alzheimer's disease and related dementias. At a time when the older adult population is booming, the Commission believes that we should protect funding for programs that assist older people to live safely and comfortably in their homes and communities for as long as possible, which is where most seniors prefer to be, and decrease the need for spending on higher cost care. We are concerned that reduced funding for the State Health Insurance Assistance Program (SHIP), the Senior Community Service Employment Program (SCSEP), the Low Income Home Energy Assistance Program (LIHEAP), the Supplemental Nutrition Assistance Program (SNAP), the Corporation for National and Community Service Programs, and the HUD 202 Supportive Housing for the Elderly/HUD Section 811 Housing for Persons with Disabilities will negatively impact the health and well-being of vulnerable older adults.

Respectfully, we ask for your support of the following recommendations in the final FFY2018 funding bill for programs that serve older Alaskans and older Americans:

- Work to incorporate additional funding for all Older American Act (OAA) Title III programs (senior meals, transportation, disease prevention and health promotion activities, and family caregiver support services) to meet the funding levels approved unanimously in the 2016 Older Americans Act reauthorization bill. In addition, please support increased funding for OAA Title VI programs that provide comparable nutrition and support services to tribal organizations that serve Alaska Natives and Native Americans as Native Elder populations are increasing as well.

- Maintain funding for OAA Title VII services at FFY2017 levels that protect the basic rights and benefits of vulnerable older people through the Office of the Long-Term Care Ombudsman, Adult Protective Services, and the legal assistance development program.
- Adopt the Senate-proposed level for the State Health Insurance Assistance Program (SHIP) at $47.1 million), the Senior Community Service Employment Program (SCSEP) at $400 million, the Supplemental Nutrition Assistance Program (SNAP) at $73,612 million, and the Corporation for National and Community Service programs (Foster Grandparents, Senior Companion, and the Retired Senior Volunteer Program) at $202.1 million as all of these programs were subject to cuts or elimination in the House-passed funding bill.
- Protect funding for the Low-Income Home Energy Assistance Program (LIHEAP) ($3,390 million) at least at the FFY17 levels as this program is invaluable to older people and other low-income Alaskans for heating assistance, which is especially important during Alaska's long and cold winters. Proposed funding for this critical program was eliminated in the Administration's FFY2018 budget. State funding for the Alaska Heating Assistance Program was removed in FY2016. In FY2016, 3,060 Alaskan households with an elderly member received heating assistance through LIHEAP.
- Maintain funding for the HUD Section 202 Supportive Housing for the Elderly and the Section 811 Housing for Persons with Disabilities at current proposed levels by the House and Senate ($573 million and $147 million, respectively). These are important programs to meet the pressing demand for senior and accessible housing in Alaska and nationwide.
- Preserve the increase in base funding of $414 million for Alzheimer's research in the National Institutes of Health budget. This funding is needed in order to prevent and effectively treat Alzheimer's disease.

The Alaska Commission on Aging is committed to ensuring the dignity and independence of all older Alaskans. In Alaska, the federally funded programs described above help seniors to live independently and safely at home and in the community, obtain personalized assistance to navigate Medicare and other benefits, find jobs to make ends meet, volunteer in the community, and avoid abuse and exploitation. Below are a few examples that illustrate the importance of these programs for Alaska seniors:

- Senior community based grant-funded services, many of which rely on OAA federal funding served 27,091 seniors at an annual cost of $435 per senior. These core programs are administered by the Division of Senior and Disabilities Services, Department of Health and Social Services.
- Alaska Medicare Information Office (AMIO), which provides one-on-one education and outreach/education to assist Alaska's Medicare beneficiaries navigate prescription drug plans, Medigap supplemental insurance plans, and other assistance served a total of 15,033 Medicare beneficiaries in FY2017 through client counseling and outreach/education events (possible duplicated count). Of the 7,956 client contacts who received individualized counseling, AMIO reports 31% have incomes below 150% federal poverty level; 11% are disabled; and 10% speak English as a second language. The AMIO is supported 100% with SHIP federal funding and utilizes volunteers to extend their one-on-one efforts and training events. The AMIO is administered by the Division of Senior and Disabilities Services.
- Mature Alaskans Seeking Skills Training Program (MASST), a program within the Department of Labor and Workforce Development, utilizes SCSEP funding to provide vocational training and part-time paid placement for low-income seniors age 55 and older who experience two or more barriers to employment and have a desire to re-enter the workforce. In FY2017, the MASST program provided job training and placement to 234 seniors at 107 community host sites of which 20% are veterans, 31% are homeless or at risk of being homeless, 37% have disabilities, and 25% are age 65 and older. Of those served, almost 65% were able to secure an unsubsidized job after completing the program and 68% remained on the job one year after exiting the program.

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The Commission greatly appreciates your leadership and support of appropriate funding for programs serving older Alaskans! As always, please feel free to contact our office for further information by email (denise.daniello@alaska.gov) or phone (907-465-4879).

Sincerely,

David A. Blacketer

David Blacketer
Chair, Alaska Commission on Aging

Sincerely,

Denise Daniello
ACoA Executive Director

Cc: Valerie Nurr'araaluk Davidson, Commissioner
Department of Health and Social Services

Heidi Drygas, Commissioner
Department of Labor & Workforce Development

55***

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

November 2, 2017

The Honorable Neal Foster, Co-Chair
The Honorable Paul Seaton, Co-Chair
House Finance Committee
Alaska State Capitol, Rooms 410 and 505
Juneau, AK 99801-1182

Regarding: Support of SB 54, Criminal Justice Reform Amendments

Dear Chair Seaton and Chair Foster:

The Alaska Commission on Aging (ACoA and "the Commission") is pleased to offer its support for SB 54, the Crime and Sentencing bill, sponsored by Senator John Coghill and Senator Peter Micciche. By statute, the Commission is responsible for planning services for seniors, educating Alaskans about senior issues, and making recommendations to elected officials and other policymakers concerning matters that affect Alaska's seniors and their family caregivers, including people with Alzheimer's disease and related dementias.

Alaska seniors are very concerned about public safety and the impact on the health and welfare of their families, friends, and communities where they live. Crime rates have been steadily on the rise for many years especially for violent crime and property crime, which have been increasing prior to reform efforts of Alaska's criminal justice system. Factors contributing to an increase in criminal activity may include Alaska's economic recession, rising unemployment, increasing misuse of prescription drugs and other substances, lack of affordable housing, as well as state budget reductions that limit the availability of peace officers and community treatment programs for people with substance misuse and mental health disorders.

ACoA is interested in this issue because of the growing number of older inmates in Alaska's prison system. According to the Department of Corrections, prisoners age 50 years and older represent the fastest growing inmate population. Moreover, the prisoner population of inmates age 65 years and older has increased 33% in just the last three years - from 82 senior offenders in 2014 to 109 aging inmates in 2017. Forty-five percent of these offenders have ten or more years remaining to serve out their prison sentences.

According to a recent presentation by the Department of Corrections to the Commission on Aging (September 2017), approximately one in ten inmates over age 65 display signs of dementia and other conditions related to the aging process. These individuals are often not safe living in the general inmate population as this loud and confusing setting can trigger challenging behaviors among persons with dementia. Many of the reforms in SB 91 to help people with addiction and mental health disorders access appropriate treatment could also be used to support development of a healthy aging program for older inmates that would provide activities to target memory loss, improve balance and strength, promote social involvement, and increase physical activity. This program could help to reduce recidivism rates and successful re-entry to the community for older returning citizens.

The Commission thanks you for your deliberations on SB 54 and its recommendations to improve public safety. We also appreciate your consideration of the needs of the aging inmate population and resources to improve their conditions while in prison as well as to promote a successful return to the community.

Sincerely,

David A. Blacketer

David A. Blacketer
Chair, Alaska Commission on Aging

Sincerely,

Denise Daniello
ACoA Executive Director

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

October 27, 2017

Commissioner Leslie Ridle
Alaska Department of Administration
550 West 7th Ave., Suite 1970
Anchorage, AK 99501

Regarding: Public Comment on the Proposed Health Care Authority

Dear Commissioner Ridle:

The Alaska Commission on Aging ("ACoA and "the Commission") is pleased to provide public comment concerning the findings from the contractor studies that examined the feasibility of creating a Health Care Authority (HCA) in Alaska. Alaska is the state with the highest costs of health care insurance and medical care in the nation due to our low population density, high transportation costs, and complicated health care delivery system. The aging of Alaska's population also presents unique challenges to our state's health care system as seniors, more than any other age category, are consumers of health care and their numbers are rising as well.

The ACoA is a Governor-appointed commission within the Department of Health and Social Services that is responsible for planning services for seniors, educating Alaskans about matters related to aging, and making recommendations directly to policymakers and other officials concerning policy and budget items that affect Alaska's growing senior population. Given this role, we write to express our comments with a particular focus on State of Alaska retirees.

Alaska is the state with the fastest growing senior population of persons age 65 and older. In 2016, Alaska's population of people age 60 and older numbered 125,886 representing 17% of our State's population, of which 78,980 are persons age 65 years and older. In FY2016, there were an estimated total of 22,033 Alaskan public service retirees representing PERS (16,318) and TRS (5,715) beneficiaries.

We would like to take this opportunity to share with you stakeholder input that we have received in order to provide context for our comments regarding the proposed Health Care Authority as described below. The Commission regularly requests and receives feedback from seniors during public comment periods scheduled at each of its quarterly meetings; conducts senior and provider surveys as part of needs assessment activities for the Alaska State Plan for Senior Services and other planning projects; and hosts Elder-Senior Listening Sessions/community forums for older adults, family caregivers, senior service providers, and other public members to provide opportunities for stakeholders to offer input on topics related to aging.

Access to primary health care and long-term supports are particularly critical for those who may experience, or are at risk for developing chronic health conditions, physical disabilities, and cognitive impairments such as Alzheimer's disease and related dementias. Based on senior survey findings that were reported in the current Alaska State Plan for Senior Services, *access to health care* was identified as the most pressing concern for Alaska seniors according to 48% of the 2,280 survey respondents age 55 years and older. Over the years,

seniors insured by Medicare, particularly those living in the Railbelt, have informed the Commission about their challenges in finding primary care providers who offer medical and behavioral health care services for Medicare patients in their communities. The Commission has heard about this issue repeatedly through public comment and senior survey responses in addition to similar concerns expressed by the Alaska State Medical Association and the Alaska State Hospital and Nursing Home Association concerning Medicare administration requirements and low reimbursement rates as barriers to the provision of care.

Moreover, the availability of in-home services is also "very important" for seniors. Sixty-five percent of seniors responding to the last senior survey identified the need for community-based long-term supports. These lower cost, effective services support senior health and well-being by providing in-home supports to older adults who require assistance with activities of daily living so that they may live safely and comfortably at home and in the community. Alaska's annual cost of nursing home is significant. The Genworth Cost of Care Survey 2017 reports the state annual median cost at $292,000 for nursing home care. For a Medicaid patient, the annual cost per resident is $153,009 (Division of Senior and Disabilities Services 2017). Community-based services are considerably less costly, provider caregiver support, and serve seniors at home.

The Commission recognizes the gravity of the State's fiscal situation, the increasing costs of health care, and appreciates the Division's efforts to engage stakeholders and encourage public discourse concerning the future for publicly funded health care in Alaska. The ACoA offers the following comments for consideration based on the information reviewed:

- Adopt PRM Consulting Group's consolidated purchase recommendations for the Employer Group Waiver Plan (EGWP) in the AlaskaCare Retiree Plan in order to maximize cash savings for the retiree health care trust, achieve a reduction in the actuarial liability, and lower the requirements for funding the benefits by reducing the "normal cost" for these benefits. Based on our understanding, the proposed consolidated purchasing strategies would result in no change to pooling beneficiaries except for the purchase of prescription drugs and providing travel benefits for health care services when appropriate so that beneficiaries are in a better position to recover travel expenses paid out of pocket.

- Move forward with adopting "model 2" as proposed by PRM Consulting Group to coordinate plan administration and increase purchasing power in order to maximize savings over time for three separate pools: Retirees, school district employees, and all other government employees.

- Adopt "value-based insurance design" and "reference based pricing," as recommended in the MAFA report, by providing incentive payment for primary care utilization as well as safe and efficacious treatment plans to reduce fragmentation, enhance patient health and wellness, replace fee for service models, and maximize savings to the state and individuals. Based on our understanding, many seniors use specialty care providers for the treatment of their chronic conditions as well as for primary care as specialty care providers receive a higher Medicare reimbursement and thus are more likely to accept Medicare patients. There could be some cost savings if patients needing primary care used primary care providers instead of specialists for their primary care needs, however, that may require incentives such as easier reimbursement for health care professionals (such as primary care doctors, nurse practitioners, and physician assistants) as well as behavioral health care professionals (psychologists and clinical MSWs). The Commission also recommends the inclusion of "geriatric health care" as an added specialty care for value-based insurance under the retiree plan premised on the increasing numbers of public service retirees.

- Implement a comprehensive health and wellness program as part of the proposed Health Care Authority (HCA) to lower costs and insure better health outcomes. This approach, used successfully in the City and Borough of Juneau for the last twenty years, has worked to keep premium costs and

health care expenses low and is a model worth considering for the state. Further, a comprehensive wellness program could be used to buy down premiums. ACoA also recommends that the HCA develop multiple plan options for dental, vision, prescription drugs, behavioral health, and other health care services to provide consumer options for whole person, integrated health care. Routine dental, vision, and hearing services are not covered by Medicare.

- Incorporate a phase-in approach of the proposed HCA, pending its approval, with an emphasis on limiting disruption to patients and providers. This "go-slow" approach should include education/training for providers and public members regarding the new health care delivery system and allow time for providers to adapt to a new delivery system while continuing to provide quality services during a potentially disruptive transition.

- Explore options not addressed in the HCA report findings to include an affordable, sustainable, and modernized long-term care insurance plan for public employees. This option, structured as a public-private partnership, could potentially save the state and individuals significant funds in long-term care costs. Currently, Alaska offers long-term, care insurance to public employees only on their last day of employment prior to retirement. The plan is expensive and provides limited coverage for community-based long-term supports, especially in-home care and adult day services. In comparison to assisted living and nursing home care, community-based services are significantly less expensive and serve seniors at home, where most prefer to be. Many soon-to-be retired employees may opt to purchase a long-term care insurance plan if it is affordable, provides coverage for services across the continuum of care, and is offered earlier in their employment which would fortify the plan's resource base. By increasing the number of Alaskans using long-term care insurance, the financial burden on Medicaid services could also be reduced.

In closing, we would also like to recognize and personally thank Emily Ricci, Chief Health Policy Administrator, Division of Retirements and Benefits for her proficient review of the studies' findings with ACoA members and providing follow-up to questions. We greatly appreciate the time she took to personally explain this complex subject matter with us. Thank you for this opportunity to provide comment.

Sincerely,

David A. Blacketer

David Blacketer
Chair, Alaska Commission on Aging

Sincerely,

Denise Daniello
ACoA Executive Director

Southern Peninsula Senior Summit
Senior Advocacy Update & Looking Ahead

Alaska Commission on Aging
October 13, 2017
Denise Daniello, Executive Director

"And in the end, it's not the years in your life. It's the life in your years that counts." Edward J. Stieglitz

Presentation Overview

- Senior demographic trends
- Budget allocations for core senior programs
- Key state legislation and federal policy/budget on matters affecting older people
- ACoA baseline advocacy priorities
- What is important to Southern Peninsula seniors?
- Wrap-Up with remaining questions and discussion

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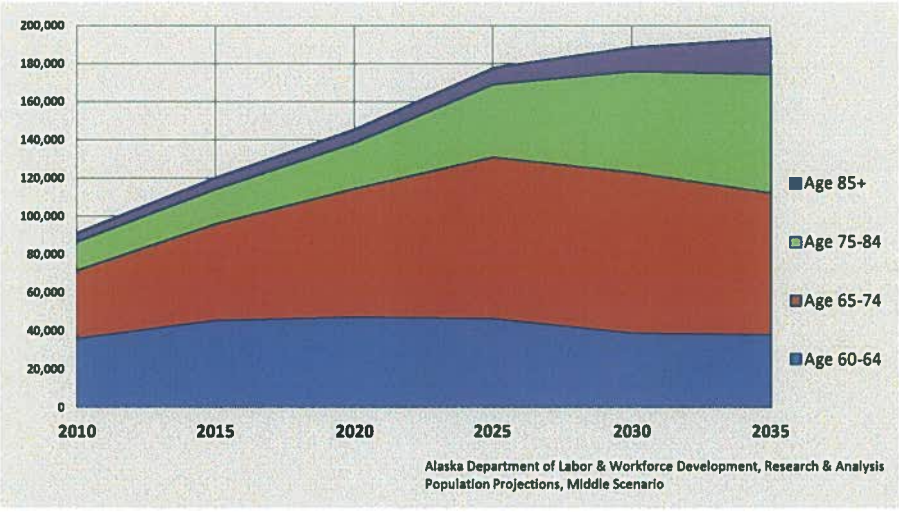
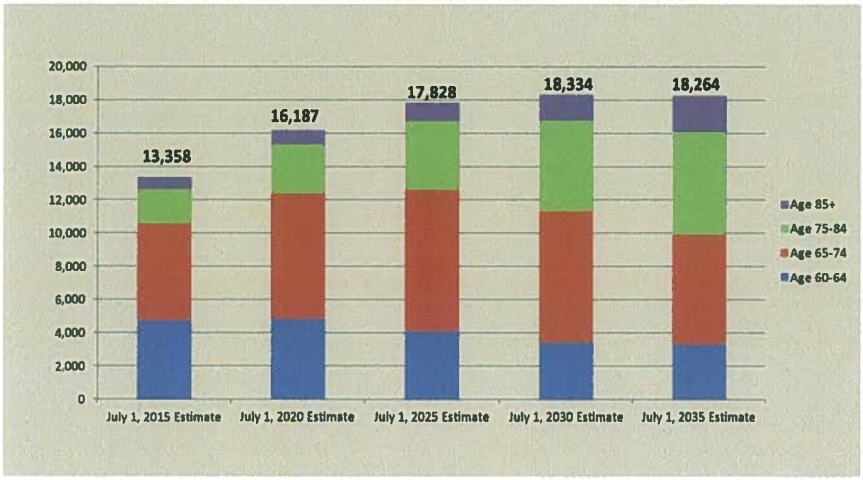
Senior Demographic Trends

Demographic projections for seniors and persons with Alzheimer's Dementia

Projected Alaska Senior Population by Age 2010-2035



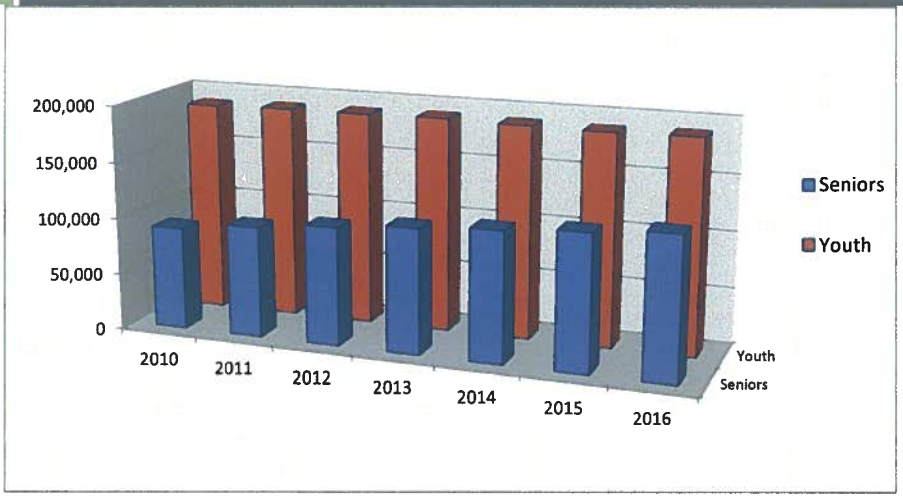
Projected Senior Population Tends for the Kenai Peninsula by Age Category, 2015 - 2035



Source: Alaska Department of Labor, Research and Analysis, Population Estimates

Growth of Alaska's Senior and Youth Populations:

Senior population increased by 39%; Youth population grew by 1%



Source: Alaska Department of Labor
Population Estimates, 2010-2016
Seniors age 60+, Youth ages 0-17 years

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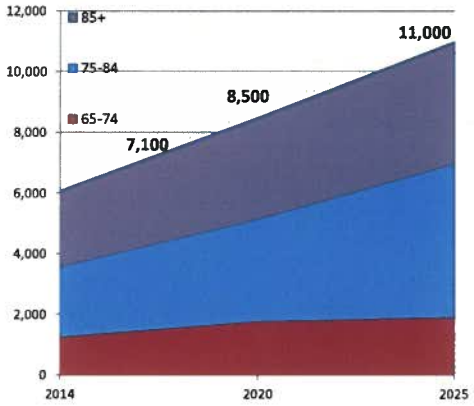
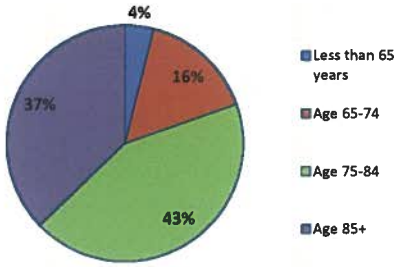
Alzheimer's Dementia in Alaska

Projected number of Alaskans with Alzheimer's Dementia



Alzheimer's by Age, based on U.S. prevalence rates



Source: 2017 Alzheimer's Facts and Figures

Core Programs Serving Alaska Seniors

Budget allocations

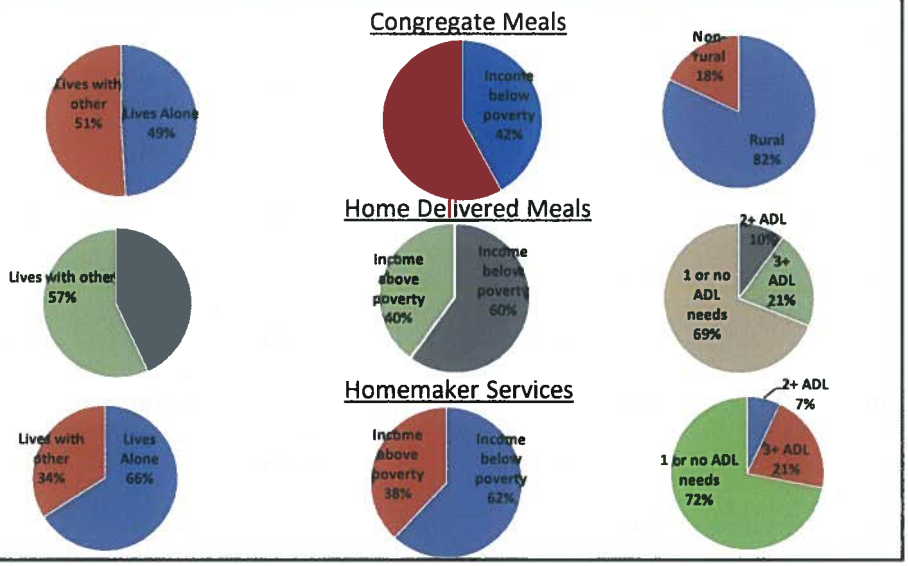
Funding for Senior Programs: FY2017 and FY2018 Enacted Budget Comparison

Program	FY2017 Budget	FY2018 Enacted Budget	$ Change FY2017-FY2018
Senior Community Based Grant Services (Senior and Disabilities Services)	$17,084.0 Total $10,077.1 UGF $300.0 MHTAAR $6,706.9 Federal	$17,057.5 Total $10,050.6 UGF $300.0 MHTAAR $6,706.9 Federal	- 26.5 Total -26.5 UGF $0 change MHTAAR $0 change Federal
Senior Benefits Payment Program (Public Assistance)	$20,029.37 Total $20,029.3 UGF $0 Federal	$19,986.1 Total $19,986.1 UGF $0 Federal	-$43.2 Total -$43.2 UGF $0 Federal
Medicaid Adult Dental (Medicaid Services)	$15,650.2 Total $2,882.6 GF/MH $12,767.6 Federal	$15,650.2 Total $2,882.6 UGF $12,767.6 Federal	$0 Total
Medicaid Services (Senior & Disabilities)	$542,263.3 Total $238,917.5 GF Match $13,050.4 GF $1,068.4 Other $289,227.0 Federal	$550,067.2 Total $238,755.3 GF Match $13,050.4 GF $1,068.4 Other $297,193.1 Federal	+$7,803.9 Total -$162.2 GF Match No change No change +$7,966.1 Federal

Office of Management & Budget, June 30, 2017 DHSS Enacted Budget Component Detail

Nutrition, Transportation, Support Services (NTS) target seniors who are socially isolated, lower income, and in poor health

Source: Senior and Disabilities Services, FFY2016 NTS data



Funding for Senior Programs: FY2017and FY2018 Enacted Budget Comparison

Program	FY2017 Budget	Enacted FY2018 Budget	$ Change FY2017-FY2018
General Relief/Temporary Assisted Living (Senior & Disabilities Services)	$7,323.9 Total $7,323.9 GF	$7,141.4 Total $7,141.4 GF	-$182.5
Pioneer Homes (Alaska Pioneer Homes)	$60,711.6 Total $32,292.3 UGF $17,380.6 DGF $10,407.7 Other $631.0 Federal	$61,101.2 Total $32,540.6 UGF $17,477.7 DGF $10,452.0 Other $631.0 Federal	+$389.6 +$248.3 UGF +$97.1 DGF +$44.3 Other $0 Change Federal
Office of Long-Term Care Ombudsman (Department of Revenue, AMHTA)	$859.2 Total $454.2 GF/MH $405.0 I/A Receipts	$873.4 Total $463.3 GF/MH $410.1 I/A Receipts	+$14.2 +$9.1 GF/MH +$5.1 I/A Receipts
Senior Citizen Housing Development Program (Alaska Housing Finance Corporation) Capital Budget	$1,750.0 Total $1,000.0 GF $750.0 (Other)	$1,750.0 Total $1,000.0 GF $750.0 (Other)	$0 Total

Office of Management & Budget, 2017 DHSS Enacted Budget Component Detail

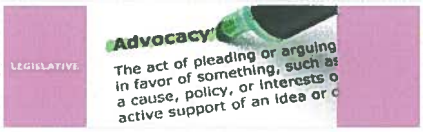
Proposed Federal Funding for Select Aging Programs (Dollars in Millions)

Program	FFY16 Final	FFY17 Final	FFY18 Administration Request	FY18 House	FY18 Senate
Administration on Community Living (ACL): Congregate Meals	$448.3	$450.3	$447.5	$450.3	$450.3
ACL: Home Delivered Meals	$226.3	$227.3	$225.9	$227.3	$227.3
ACL: National Family Caregiver Support Program	$150.5	$150.5	$150.0	$150.5	$150.5
ACL: Aging and Disability Resource Centers (ADRCs)	$6.0	$6.0	$6.0	$6.0	$6.0
ACL: State Health Insurance Assistance Program (SHIP)	$52.0	$47.1	$0	$0	$47.1
DOL: Senior Community Service Employment Program	$434.4	$400.0	$0	$300.0	$400.0
HHS: Low Income Home Energy Assistance Program	$3,390	$3,390	$0	$3,390	$3,390

Source: National Association of States United for Aging and Disabilities, September 8, 2017

Key Policy Issues Affecting Older Alaskans

Advocacy in action



Federal Health Care Reform: What's at stake for Alaska's older people?

- States may allow insurance companies to charge 5X more for younger seniors (age 50 to 64) through age grade/age tax provisions.
- Phase out of Medicaid expansion which would increase the number of uninsured younger, lower-income Alaska seniors.
- Proposed caps and deep cuts to Medicaid-funded health care and long-term supports serving older adults, disabled persons, and individuals with ADRD.
- Weakened protections for persons with pre-existing conditions.
- Elimination of mandatory essential health care benefits.
- Repeal of the 6% enhanced FMAP for *Community First Choice*.
- Elimination of funding for the Public Health Prevention Fund that provides resources for health promotion.

Legislative Update: Bills Passed, Bills Pending

Bills Signed into Law

- SB 83, "Protect Vulnerable Adults/Long-Term Care," Governor's bill.
- HB 108, "Fiduciary Access to Digital Assets," Rep Matt Claman
- HB 16, "Driver's License Requirement, Disability, ID and Training," Rep Steve Thompson

Bills Pending

- HB 236, "Extend Alaska Senior Benefits Payment Program," Rep Scott Kawasaki
- HB 123, "Disclosure of Health Care Costs," Rep Ivy Spohnholz
- HB 106, "Civil Legal Services," Rep Zach Fansler
- HB 186, "Food Donations," Rep David Talerico

ACoA Baseline Policy Recommendations FY17 and FY18

- **Protect Senior Safety Net**
  - Preserve programs that safeguard senior health, safety, and provide access to appropriate long-term support services.
  - Uphold programs that provide financial assistance to those most in need. Extend Senior Benefits, HB 236
  - Maintain funding for senior housing
- **Family Caregiver & Natural Supports**
  - Sustain funding for training, respite, counseling, and other supports
  - ✓ Implement Behavioral Risk Factor Surveillance Survey Caregiver Module in 2017
  - Move towards providing person-centered, caregiver support and training
- **Services for People with Alzheimer's Disease and Related Dementias (ADRD)**
  - Pursue new program models to serve persons with dementia in the community.
  - ✓ Move forward with implementation of the InterRAI Assessment Tool
  - Use Behavioral Risk Factor Surveillance Survey (BRFSS) data being gathered in Alaska to better understand the needs of people with dementia and their caregivers in order to inform policymakers.
  - Include cueing/supervision and assistive technology as allowable services in the proposed Community First Choice (1915k state plan option)

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What's important to Seniors of the Southern Peninsula?

Thank You. Questions?

The afternoon of life is just as full of meaning as the morning; only, its meaning and purpose are different.
Carl Jung

FY19 Budget - AK Commission on Aging -

Accomplishments

Major accomplishments for the Alaska Commission on Aging are organized under the Commission's core areas of planning, advocacy, and public awareness. All of the Commission's activities are accomplished through interagency collaboration.

Planning Activities

- Received approval from the U.S. Administration for Community Living (ACL) for an amendment to the intrastate funding formula for the Alaska State Plan for Senior Services, SFY2016-SFY2019 on September 16, 2017. The amended funding formula included four modifications: (1) Modernized the definition of "rural" to include a "remote" classification; (2) subdivided Alaska's Region V to include the Matanuska-Susitna as Region V(a) and Kenai/Valdez/Cordova as Region V(b); (3) implemented a "base funding allocation" using federal Older American Act funds appropriated for Alaska to replace the hold harmless provision; and (4) adjusted weights for the funding formula factors that increased weighting for poverty and frail and reduced weights for the total senior population, rural population, and minority in order to increase focus on seniors with the greatest economic and social need based on input from public members and senior providers. The proposed revisions were presented to public members on two occasions (webinar and teleconference). Public comment was summarized and included as an appendix with the request to the ACL to amend the funding formula. The amended funding formula, along with the public comment appendix, are electronically attached to the funding formula section of the current State Plan for Senior Services.
- Successfully submitted a request to the Division of Public Health to include the "Caregiver Optional Module" in the 2017 Behavioral Risk Factor Surveillance Survey in collaboration with the national Alzheimer's Association and the Alaska Mental Health Trust Authority. The Caregiver module, currently being implemented, will provide the first Alaska specific data about unpaid caregiving and its impacts to the caregiver that will inform program planning and decision-making to reduce caregiver burden, improve caregiver health outcomes, and improve safety and quality of care for the care recipient.
- Hosted an implementation meeting for the Alaska State Plan for Senior Services, FY2016-FY2019 with lead agencies and key partners to share activities accomplished in FY2017 with reference to the State Plan's performance measures.
- Compiled a report of the State Plan for Senior Services implementation activities and distributed this document to the Governor's Office, the Legislature, the Administration, Congressional delegation, the U.S. Administration on Community Living, and public members (January 2017).
- Hosted the second Roadmap Stakeholder implementation meeting in collaboration with the Alaska Mental Health Trust Authority and other partners for stakeholders to share activities accomplished in FY2017 with reference to the Roadmap's priority strategies and those planned for FY2017 (December 2016).
- Compiled a report of the Roadmap's second year implementation activities and distributed this document to the Governor's Office, the Legislature, the Administration, Congressional delegation, the U.S. Administration on Community Living, and public members (January 2017).

Advocacy Activities

The Commission monitored a total of 42 bills and resolutions during the FY2017 legislative session and actively supported thirteen pieces of legislation, including the operating and capital budget bills, with committee testimony and letters of support submitted to bill sponsors and legislative committees.

- Budget: Advocated successfully with other partners to maintain FY2018 operating funding for senior community based grants, Senior Benefits, Personal Care Assistance services, Adults Living Independently waiver, the Medicaid Adult Dental program, Elder Protection Services, and

the Pioneer Homes during the FY2017 legislative session. For capital budget items, the Commission advocated collaboratively in support of Department of Health and Social Services (DHSS) Deferred Maintenance ($500.0); DHSS Home Modifications and Upgrades to Retain Housing ($1,050.0); DHSS Medical Appliance and Assistive Technology ($500.0); Alaska Housing Finance Corporation's Senior Citizen Housing Development Fund ($1 million); the Department of Transportation Public and Community Transportation State Match Funds ($1 million); and the Department of Transportation coordinated transportation services ($1,000.0 General Fund/Mental Health Authority and $300.0 Mental Health Trust Authority Authorized Receipts).

- Legislation: Advocated successfully, for the following legislation that was passed in 2017 in cooperation with other partners: SB83, Protect Vulnerable Adults/Long-Term Care; HB16, Driver's License Requirement, Disability, ID and Training; HB 108, Fiduciary Access to Digital Assets; and SB 53, Crime and Sentencing.
- Policy: Submitted public comment to the Division of Senior and Disabilities Services regarding Adult Protective Services General Relief Assisted Living Home Care Program Public Assistance focusing on the waitlist and funding availability in addition to submission of letters of support for federal funding to (1) improve Alaska's guardianship system in order to support alternatives to guardianship that includes supported decision-making for vulnerable Alaskans, a project sponsored by the Governor's Council on Special Education and Disabilities as well as (2) the Alaska Native Tribal Health Consortium's funding application for an evidence-based senior fall prevention program in rural Alaskan communities.
- Federal legislation and budget items: Advocated to Alaska's Congressional delegation in support of the following measures:
  - Public comment on the American Health Care Act (March 2017)
  - Public comment on the amended American Health Care Act (June 2017)
  - Public comment requesting restored federal base funding for the State Health Insurance Assistance Program (SHIP) which funds the Alaska Medicare Information Office, administered by the Division of Senior and Disabilities Services and for the Senior Community Service Employment Program (SCSEP) administered by the Department of Labor.

Public Awareness, Community Education, and Collaborations

- Medicaid Home and Community Based Waiver Legislative Lunch and Learn Presentation: This presentation included an overview of all four waivers, highlighted the cost savings from each program, and provided client examples describing how these waivers have helped vulnerable Alaskans live safely in the community (March 2016).
- "May 2017 is Older Americans Month in Alaska." Requested an Executive Proclamation and collaborated with the Governor's Office to recognize the volunteer contributions of Alaska seniors through senior recognition events sponsored by the Anchorage Senior Advisory Commission, the Fairbanks North Star Borough Senior Advisory Commission, and Mat-Su Senior Services.
- "*September 21 is Senior Fall Prevention Awareness*:" Requested an Executive Proclamation to raise awareness about ways to prevent falls and the impacts from falls. In collaboration with the Division of Public Health, the Commission submitted an updated profile about Alaska's senior fall prevention efforts to the National Council on Aging.
- Participation in workgroups related to implementation of SB 74, Medical Assistance Reform: Workgroup participation includes the Medicaid Key Partners Stakeholders; SB 74/SB 91 Health Care and Criminal Justice Workgroup; Telemedicine; Internal Community Choices Council; and the external stakeholder workgroups convened by Senior and Disabilities Services for "Technology" and "Soft Caps/Day Hab."
- "November 2016 is Alzheimer's Disease Awareness and Family Caregivers Month:" Requested two Executive Proclamations to promote awareness about Alzheimer's disease and healthy lifestyles to minimize risk; recognize the important work of family and other natural caregivers; and to spotlight resources that provide assistance and supports for persons and families affected by this condition. The Commission made a presentation at the Elders Caregiver Forum in Juneau

sponsored by Tlingit-Haida that focused on senior fall prevention highlighting assistive technology devices that prevent falls (November 2016).

- ACoA's 2016 Annual Report and Senior Snapshot: A resource for statistical data about the Alaska senior population that provides information about prevailing demographic and health and wellness trends, programs serving seniors, and the Commission's work on behalf of seniors.
- Serves as a statutory advisor to the Alaska Mental Health Trust Authority (AMHTA): Presents population and program data and other information to AMHTA Trustees at least quarterly as well as budget and policy recommendations to address the needs of older Alaskans living with Alzheimer's disease and related dementias and seniors with behavioral health concerns. A Commission representative serves on the Trustee Nomination Committee to submit recommendations for possible Trustees to the Governor's Office. Provided input and support for changes in direction and leadership of the AMHTA.
- Governor's Housing Summit Update: Participated in the Governor's Housing Summit Update meeting held in January 2017 as part of the Alaska Public Health Summit and presented a report from the Senior Housing Workgroup that included implementation of housing strategies identified in the Alaska State Plan for Senior Services and Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias, piloting a roommate finder service for seniors, and passage of legislation to reauthorize the Commission on Aging. A written report was provided to the Governor's Office and attendees which is posted on the Governor's website (January 2017).
- AgeNet Annual Meeting: In collaboration with Senior and Disabilities Services grant staff, presented information about evidence-based health promotion activities for seniors and provided examples of possible funding opportunities to support these efforts. The presentation was made to the statewide association of senior providers (June 2017).
- Senior Legislative Advocacy Teleconferences (January-April 2016). Conducted nine statewide senior legislative advocacy teleconferences to inform Alaska seniors and other public members of legislation and budget issues affecting seniors during legislative session.
- Quarterly Board Meetings. Conducted four meetings that included public comment sessions, speakers presenting on special topics, and action on Commission business items. Three of the four meetings were held by videoconference and teleconference (December 2016, May 2017, and September 2017) and one was held face-to-face in February 2017 that focused on legislative advocacy and rural outreach to selected communities in southeast Alaska.
- Published a Summer/Fall 2016 Newsletter: Articles included a legislative report of passed legislation and budget items, activities conducted as part of May is Older Americans Month in Alaska, ideas for fun activities for grandparents spending time with grandchildren, costs of long-term care in Alaska, and other information.

KEY COMPONENT CHALLENGES

Planning Activities

- Initiate planning efforts and convene a State Plan Advisory Council to develop the new four-year Alaska State Plan for Senior Services, FY2020-2023 to fulfill a requirement of the Older Americans Act to receive federal funding for senior programs.
- Participate as an ongoing resource to the department and to the Alaska Mental Health Authority in the development of the updated Comprehensive Integrated Mental Health Plan.

Advocacy Activities

- Preserve funding for the senior safety net programs and services for vulnerable older Alaskans and their family/informal caregivers during a challenging fiscal environment.
- Advocate in support of adopting person-centered care planning for natural caregivers that includes a comprehensive assessment of family caregiver needs and the provision of supportive services to reduce caregiver burden, improve health outcomes, and enhance safety and quality of care for the recipient.

Public Awareness

- Increase awareness and utilization of assistive technology devices to increase independence and safety for seniors living at home.
- Increase understanding of the health and economic impacts of Alzheimer's and related dementias for those living with the disease and persons who care for them.
- Increase awareness about the value of prevention and risk reduction activities to improve the public's understanding about the relationship between risky behaviors, protective factors, and overall health.
- Collaborate with the department and other partners to reform Alaska's Medicaid program to provide quality long-term support services for seniors and other vulnerable Alaskans who require assistance more efficiently in order to conserve public funding.
- Collaborate with the department, the Alaska Mental Health Trust Authority, University of Alaska, state agencies, and other stakeholders to build dementia capable communities that provide quality services, a trained workforce, and meaningful support for family and other natural caregivers.

SIGNIFICANT CHANGES IN RESULTS TO BE DELIVERED IN FY2019

- Complete a comparative analysis of findings from the Alaska 2016 Behavioral Risk Factor Surveillance Survey, Perceived Cognitive Impairment Module with those obtained in calendar year 2013, in the context of the national findings. Present this information to the Governor's Office, legislators, stakeholders, and other public members.
- Complete an analysis of findings from the Alaska 2017 Behavioral Risk Factor Surveillance Survey, Caregiver Module to increase understanding about the burden and impact of unpaid caregiving in Alaska as well as provide insights into unmet needs related to caregiving that will be used to inform planning and program decision-making of programs serving unpaid caregivers. Compile a report of this information and distribute it to the Governor's Office, the Legislature, the Administration, and public members.
- Collaborate with the administration to implement meaningful Medicaid reform, including implementation of the 1915(k) Community First Choice and utilization of assistive technology, in order to improve health outcomes and access to long-term support services for seniors and other vulnerable Alaskans and to conserve state funds.
- Convene an ad hoc Medicare Committee comprised of policymakers, providers, and public members to address the problems that Medicare beneficiaries living in the Railbelt often have with being able to access primary health care and behavioral health care services from providers who accept Medicare insurance.

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

A Briefing: The Case for Family and Other Natural Caregivers
November 2017

The Issue: Caregiving is a pressing state and national issue that will affect virtually all of us as the need for long-term services and supports increases due to the growing population of frail elderly and younger people with disabilities. Unpaid family caregiving is the essential bedrock for long-term care and a rapidly growing component of Alaska's health care system. The need for long-term care will increase substantially as baby boomers begin reaching their 80s and become at greater risk for developing chronic health conditions, disabilities, and Alzheimer's disease and related dementias (ADRD). According to AARP Alaska (2016), nearly 85,000 informal caregivers provide care for a loved one requiring assistance having an approximate value of $1.26 billion in Alaska. Of those caregivers, an estimated 33,000 Alaskan informal caregivers provide unpaid care to a loved one with ADRD. The approximate value of this unpaid care is $480 million (2017 Alzheimer's Disease Facts and Figures). Without family/informal caregivers, the cost of long-term supports would increase astronomically.

Alaska is particularly dependent on the contributions of unpaid caregivers. Our state has vast frontier areas, and as noted in *Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias (2015)*, there are barriers to assuring adequate access to home- and community-based supports as well as long-term care settings that are prepared to serve vulnerable persons with disabilities including elderly people with complex health conditions, particularly those affected by ADRD. Many older Alaskans who live with chronic health and debilitating conditions are cared for at home by unpaid caregivers for some period of time. Their ability to remain at home and in the community depends in large part on family support. An effective and comprehensive assessment of family caregiver needs is an important step for developing a person-centered/family-centered care plan to offer supports that address the caregiver's needs so that they can provide safe and quality care for their loved ones living at home.

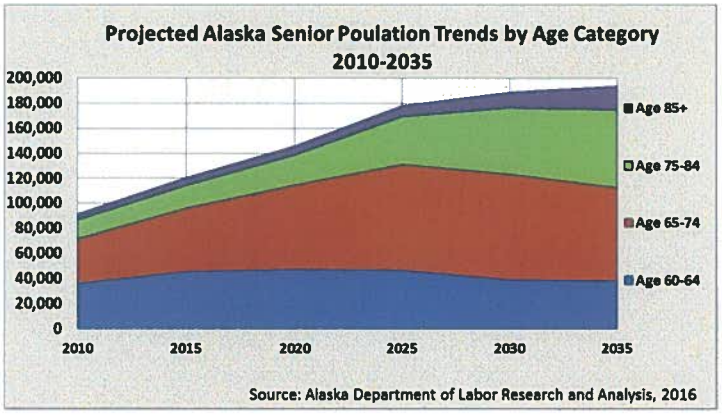
Caregiving often exerts a heavy emotional, physical, and financial toll that puts family caregivers at risk. Caregivers commonly experience mental health problems, especially depression. They also experience poorer physical health than non-caregivers and financial hardship due to caregiving demands. Dementia caregivers, in particular, face special challenges as the personality and behavior of the person with Alzheimer's changes in significant ways and often become the most challenging for family caregivers to manage. Moreover, Alzheimer's is a long and progressive disease that can span seven to ten years or longer after diagnosis.

In 2013, the Alaska Commission on Aging (ACoA) conducted an informal survey of family and other informal caregivers to identify their most difficult challenges faced. Eighteen percent said "it creates stress and makes me feel depressed." Fifteen percent responded with "it creates a financial burden" and 15 percent said caregiving "interferes with my work." Research has consistently shown that informal caregivers who receive training, consultation, and support services tailored to meet their needs are better equipped to provide quality care longer for their loved ones at home, avoiding placement in more

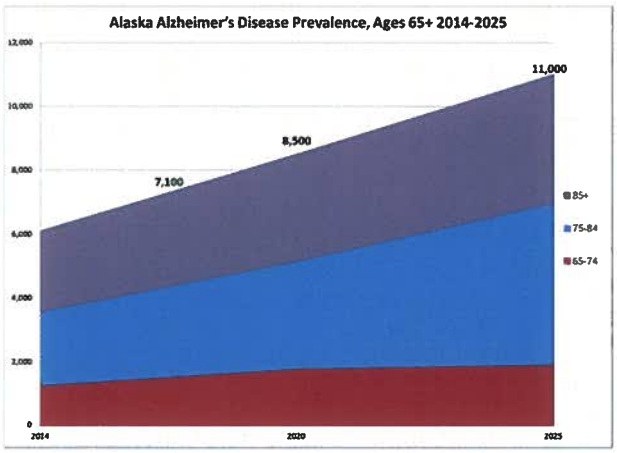
costly institutional living or residential care (Link 2016; Mittelman 2006). Due to the increasing number of seniors, including those with ADRD, being cared for at home whose overall health depends upon the family/informal caregiver, the importance of assessing caregiver needs, strengths, limitations and incorporating these factors into a personalized plan to ensure caregiver well-being is becoming increasingly recognized. According to an evaluation conducted by the Lewin Group for the Administration on Community Living's National Family Caregiver Support Group (2016), "Nearly 59% of state units on aging reported having a standardized process for assessing caregiver needs."

In 2016, ACoA partnered successfully with the Alaska Mental Health Trust Authority and the national Alzheimer's Association to include the Caregiver Module in Alaska's 2017 Behavioral Risk Factor Surveillance Survey (BRFSS) currently being administered by the Division of Public Health. Findings are expected to increase our understanding of the burden and impact of caregiving, provide insights into the unmet needs of caregiving, and support analyses regarding associations of caregiving with health factors in order to inform planning and policy decisions. The BRFSS Caregiver Module underway is inclusive of caregiving for persons who have a variety of disabilities and serious health conditions, and is not limited to caregiving of elderly people. Presently, little population-based data exists on caregiving in Alaska.

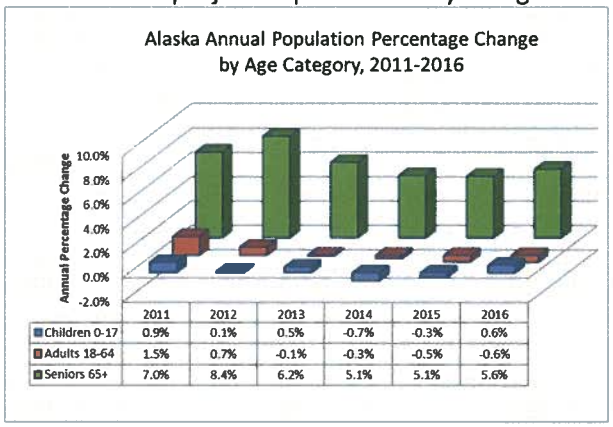
Senior Demographics: For the seventh consecutive year, Alaska is the state with the fastest growing population of people age 65 and older that is projected to grow very rapidly over the next 15 years before leveling off in 2035. Alaska's increasing senior population is largely attributed to our state having the greatest proportion of baby boomers (22%) in the nation (U.S. Administration on Community Living, Older American Profile 2016). In 2016, there were 125,886 Alaskans age 60 and older representing 17% of the state's total population, with 78,980 persons being age 65+. In addition, Alaska's oldest old population, persons age 85 and older who number 6,281 in 2016, is projected to increase 135 percent between 2015 and 2030. This increase is the largest surge in the nation, according to an analysis conducted by the Kaiser Family Foundation (2017).



An estimated 9 percent of Alaskans age 65+ have Alzheimer's disease. Using national indicators, the projected number of Alaskans with Alzheimer's age 65 and over will grow from 7,100 in 2017 to an estimated 11,000 by 2025 (Alzheimer's Disease Facts and Figures 2017). These projections do not include the number of persons with related dementias (such as vascular dementia, Parkinson's disease, Lewy-Body dementia, among others) and those with younger-onset Alzheimer's under the age of 65. While Alaska's senior population boom is driving much of this increase, risk factors for dementia such as stroke, chronic disease survivorship, mental health problems, and head injuries are also increasing.



While family caregivers provide the majority of long-term supports in the home, the supply of family caregivers is not expected to keep up with demand. The "caregiver support ratio" is defined as the number of potential family caregivers (mostly adult children) for each person age 80 years and older. Baby boomers will age into their 80s beginning in 2026. Nationally, this ratio is expected to drop dramatically in the coming years from 7 potential family caregivers for every person age 80 years and older to 4 potential family caregivers by 2030 due to changing demographics caused by a fast growing senior population relative to other age categories (AARP Public Policy Institute 2013). In Alaska, according to population estimates from the Department of Labor Workforce and Development (2016), the annual percentage growth of the senior population (age 65+) is currently increasing faster than all other age categories in the state, far outpacing the percentage growth of youth (0 to 17 years) and adult age categories (18 to 64 years) that will impact our state's caregiver support ratio. From 2011 to 2016, the 65+ population increased nearly 44% however youth grew about 1.1% while adults increased less than 1% (.76%). Unlike previous generations who had large families, baby boomers are the first generation that failed to have enough children to replace themselves with many having two children or less. Their offspring have also followed in their parents' footsteps with small families. A falling birth rate, the large cohort of aging baby boomers, and increased life expectancy are the primary demographic factors responsible for the decline in the projected pool of family caregivers in Alaska and nationwide.



	2011	2012	2013	2014	2015	2016
Children 0-17	0.9%	0.1%	0.5%	-0.7%	-0.3%	0.6%
Adults 18-64	1.5%	0.7%	-0.1%	-0.3%	-0.5%	-0.6%
Seniors 65+	7.0%	8.4%	6.2%	5.1%	5.1%	5.6%

Source: AK DOLWD, Research and Analysis, Population Estimates

Cost of Long-Term Care: Alaska has the highest cost of nursing home care of any state and surpasses the rest of the country by a wide margin. Financing options for long-term services and supports are limited. Medicare provides limited coverage for skilled nursing facility care and home health care. Private insurance options are expensive and unavailable for most families. Medicaid, the primary payer of long-

term care, funds the majority of this care however, proposed changes at the federal level may compromise the solvency of Medicaid, potentially shifting more of the financial burden to Alaska and its citizens. The annual median cost for a non-Medicaid Alaskan patient in a private room using private pay is $292,000, compared to the national median cost of $85,775 (Genworth Cost of Care Survey 2017). Few persons can afford this level of expense on an ongoing basis. On average, six in ten nursing home residents rely on Medicaid funding. In SFY2016, there were 622 older Alaskans (age 60+) receiving care in a nursing home at an annual average Medicaid cost of $153,009 per person. In FY2016, Alaska's Medicaid program paid a total of $95,171,598 for seniors receiving nursing home care (Alaska Division of Senior and Disabilities Services, January 2017).

The costs of health care and long-term care for persons with Alzheimer's and related dementias are substantial. In Alaska, the 2017 estimated annual cost of care for persons with dementia is estimated at $59 million and projected to increase to $107 million by 2025 (Alzheimer's Disease 2017 Facts and Figures). Nationally, the 2017 annual cost of dementia care is $259 billion. In comparison to other older people, persons with Alzheimer's and related dementias have twice as many hospital stays, more skilled nursing facility stays, and additional home health care visits.

As more people develop dementia in Alaska, the need for assistance from caregivers will likewise grow. The majority of Alaskans with Alzheimer's disease receive care at home by their families for some period during the duration of this progressive, degenerative disease. Further, the burden of caregiving increases substantially as cognitive impairment worsens. People with mild dementia receive 8.5 more hours of care per week than those with normal cognitive function, who receive only 4.6 hours of care per week. Those with severe dementia received 41.5 more hours of help per week than people with normal cognition. The prolonged stress of caregiving is associated with an increased risk of developing chronic health conditions, including depression. Nationally, 74 percent of caregivers of people with ADRD reported that they are concerned about maintaining their own health (Alzheimer's Association Facts and Figures 2017).

The burden and impact of caregiving is increasingly being viewed as a public health issue. The Department of Health and Social Services is responsible for meeting the goals identified in *Healthy People 2020*, a national set of objectives to improve the health of the nation administered by the Office of Disease Prevention and Health Promotion. The Healthy People 2020 includes a set of objectives to address older adults' health and there is one specific to caregivers: *OA-9: Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.*

Family caregivers make it possible for their elderly family members to reside safely in their home setting, which not only is cost-effective for the State but allows the older person to live at home, which is where most people want to be. Caregiving impacts caregiver health, family finances, work, and quality of life depending on the duration and intensity of caregiving provided. Dementia caregivers experience high levels of stress that increase as their person moves into later stages of the disease. Oftentimes, the reason an elderly loved one moves into a nursing home is due to the strain on the caregiver and less about the health of the older family member. Long-term care is expensive and few people have the financial resources to pay those costs before turning to Medicaid, shifting cost of care to the State. When family/natural caregivers receive appropriate services tailored to meet their specific needs – such as consultation, training/education, support groups, counseling, and respite – there can be better outcomes for both the caregiver and the care recipient resulting in improved quality of life, safety, and cost savings from preventing the need for premature institutional care.

Who are family caregivers and what do they do: Family and informal caregivers of elderly persons include unpaid adult children caring for an elderly parent, spouses caring for a spouse, and other relatives, friends, and neighbors caring for elderly loved ones. Family caregivers provide assistance with activities of daily living including feeding, bathing, dressing, toileting, and managing incontinence in addition to instrumental activities of daily living such as shopping, preparing meals, and household chores. Caregiving has expanded dramatically in recent years and now includes a broad array of tasks that go beyond assistance with activities of daily living to include performing nursing tasks such as giving injections, providing wound care, preparing special diets, managing prescriptions, and many other tasks. The majority of family caregivers receive little or no training to perform these specialized tasks.

Policy Recommendations: *Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias* includes the following recommendations to improve quality of life for family and other informal caregivers caring for persons with dementia with many of the recommendations being appropriate to all caregivers of elderly people. Information in parentheses offers additional suggestions for ways to improve supports for family caregiving.

Recommendation 5.1: Maintain and improve the physical and mental health of family and other informal caregivers.

Strategies:

- Increase training to caregivers about ADRD (and elderly care), resources available and approaches/strategies to provide care and reduce stress and fatigue.
- Develop and implement a caregiver assessment tool and incorporate it into the Medicaid waiver assessment and plan of care (with the goal to develop a person-centered care plan for the caregiver). (The InterRAI caregiver assessment tool offers one example. ACoA recommends implementing a caregiver assessment tool that is family-centered and culturally sensitive which would gather information about the caregiving situation and identify specific problems, resources of the family caregiver, as well as the caregiver's ability to contribute to the needs of the care recipient. Findings from the caregiver assessment tool would be used to address the health needs of the caregiver, their gaps in knowledge and skill, and identify supports that are both useful and appropriate for the caregiver and care receiver.)
- Increase social opportunities for persons diagnosed with ADRD, (frail elderly), and their caregivers (to reduce social isolation).
- Increase caregiver peer support groups in diverse settings such as workplaces.
- Increase use of assistive (enabling) technologies and in-home interventions to prevent caregiver injury such as lifts, electric plug locks, smart home sensors, and monitors. (Utilize HomeMaps to assess home safety and identify home modifications, including technology, to increase accessibility and ability to navigate the home safely.)
- Increase training opportunities for caregivers to learn from physical therapists and other qualified professionals on how to safely move/lift a person and how to use assistive devices such as a gait belt and lifts.
- Continued investment in the National Family Caregiver Support Program, adult day, and in-home respite to meet caregiver needs for appropriate breaks providing care. (Work to modernize adult day centers to offer tailored supports for seniors with varying needs and abilities to provide an environment that encourages greater participation from seniors who are younger and healthier.)

- Increase one-on-one training, coaching, and mentoring with caregivers to resolve their issues with challenging behaviors. (Utilize resources through the DBH Complex Behavioral Collaborative.)
- Educate employers on the benefits of flexible work schedules to accommodate working caregivers.

Other Recommendations:

- Explore Minnesota's 1115 Demo Waiver to serve persons age 65+ through three components: (1) "Essential Community Supports" provide core services for non-Medicaid eligible seniors that are structured in a similar way to SDS senior grant-funded services and include senior meals, adult day, homemaker, family caregiver coaching/counseling, family caregiver education/training, and other core services; (2) "Alternative Care" to serve seniors who meet nursing level of care and have incomes/assets that exceed eligibility limits but lack sufficient funds to pay for nursing home care for more than 3 months. This program provides a large array of service options including services that support family caregivers such as family caregiver memory care, family caregiver coaching/counseling, family caregiver education/training, and companion services for persons who experience cognitive impairment, memory problems, and confusion; and the (3) "Elderly Waiver," serving seniors who meet level of care and income requirements, that provides a similar array of family caregiver supports and training and other service options as Alternative Care and models the ALI waiver regarding services for seniors. Minnesota also makes use of the Community First Choice option.
- Further investigations of the Washington State Medicaid model as it includes specific recommendations to support family caregivers that include screening and assessment to identify causes of stress and burden that can be used to develop a caregiver plan of care with tailored supports to address gaps in caregiver skills/knowledge and other specific needs so that the caregiver can remain in their role.
- Advocate in support of the national RAISE Family Caregivers Act (Recognize, Assist, Include, Support, and Engage) H.R. 3759/S. 1028 to Alaska's Congressional delegation to establish and maintain a family caregiver strategy as identified by government, communities, and stakeholders using a set of recommended actions to recognize and support family caregivers.

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TAB 3

Governor Executive Proclamations:
"November 2017 is Alzheimer's Disease Awareness Month"
"November 2017 is Family Caregivers Month"

Correspondence from Senator Lisa Murkowski to ACoA regarding
Federal Health Care Reform Legislation
11.14.2017

Charter of the Alaska Mental Health Trust Authority Board of Trustees (*new*)

Partner Agency Reports

STATE OF ALASKA

Executive Proclamation
by
Governor Bill Walker

WHEREAS, Alzheimer's disease, the most common form of dementia, is a progressive, degenerative and incurable fatal illness of the brain that affects a person's ability to remember, exercise judgment, think and perform everyday activities; and

WHEREAS, the projected number of Alaskans age 65 and older with Alzheimer's disease will grow from 7,100 in 2017 to 11,000 in 2025. These projections do not include the number of persons with related dementias or those younger than 65 with Alzheimer's; and

WHEREAS, advanced age is the greatest risk factor for Alzheimer's disease, and Alaska's older adult population continues to grow at a faster rate than any other state. Age alone does not cause the disease; however, research points to other risk factors including cardiovascular disease, family history, prolonged depression, traumatic brain injury, uncontrolled diabetes, hearing loss, Down's syndrome, social isolation, and other factors; and

WHEREAS, Alaskans live with Alzheimer's disease on average six to eight years after they receive a diagnosis. The lengthy period of illness with steadily increasing care needs renders Alzheimer's disease a difficult and expensive disease to manage, as it requires greater utilization of inpatient hospital care, skilled nursing facility stays, and home care visits in comparison to persons without dementia; and

WHEREAS, the informal costs of caregiving for people living with dementia are borne by family and friends as unpaid caregivers. In 2016, approximately 33,000 Alaskans provided an estimated 38 million hours of unpaid care with a total value of $480 million; and

WHEREAS, Alaskans should be aware of this public health concern, its symptoms, the importance of early detection, and the existence of resources and services that offer assistance, such as the Alzheimer's Resource of Alaska, adult day programs, family caregiver support programs, and other service providers.

NOW, THEREFORE, I, Bill Walker, GOVERNOR OF THE STATE OF ALASKA, do hereby proclaim November 2017 as:

Alzheimer's Disease Awareness Month

in Alaska, and encourage all Alaskans to become educated about this disease, to personally engage in healthy behaviors to promote brain health, to support those with the disease and their loved ones who care for them, and to remember those who have been lost to Alzheimer's disease.

Dated: October 31, 2017

Bill Walker, Governor
who has also authorized the
seal of the State of Alaska to
be affixed to this proclamation.

STATE OF ALASKA

Executive Proclamation by Governor Bill Walker

WHEREAS, most Alaskans will become caregivers or need one at some point in their lives, as we see to the needs of persons with disabilities and the growing number of older Alaskans; and

WHEREAS, family and other caregivers comprise the essential bedrock of long-term care in Alaska by providing almost 80 million hours of uncompensated care annually, with an estimated value of more than $1 billion; and

WHEREAS, across our great state, nearly 85,000 Alaskans care for vulnerable individuals who have a physical, mental, or cognitive impairment, and of those Alaskans, 33,000 care for a loved one with dementia; and

WHEREAS, family caregivers greatly improve the quality of life for their loved ones, with many caring for loved ones around the clock at home, where most seniors want to remain, saving millions of dollars in long-term care costs; and

WHEREAS, family caregivers of older adults are more likely to report poor health, higher rates of chronic illness, and incidences of depression and anxiety than non-caregivers, and can also face financial distress due to lost wages and benefits when they reduce work hours or leave the workplace because of caregiving demands; and

WHEREAS, it is important for family caregivers to take care of themselves first by getting proper nutrition, exercise, and rest in order to prevent burnout and to be strong enough to care for others; and

WHEREAS, we recognize the important contributions of family caregivers and look toward a future where all caregivers know the same support and understanding that they show to others.

NOW, THEREFORE, I, Bill Walker, GOVERNOR OF THE STATE OF ALASKA, do hereby proclaim November 2017 as:

Family Caregivers Month

in Alaska, and encourage all Alaskans to recognize the importance of family caregivers who provide support generously to vulnerable loved ones, and to further support family caregivers as they take time to rest, recharge, and care for themselves.

Dated: October 31, 2017

Bill Walker, Governor
who has also authorized the seal of the State of Alaska to be affixed to this proclamation.

LISA MURKOWSKI
ALASKA

COMMITTEES:
ENERGY AND NATURAL RESOURCES
CHAIRMAN

APPROPRIATIONS
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES
CHAIRMAN

HEALTH, EDUCATION, LABOR, AND PENSIONS

INDIAN AFFAIRS

United States Senate
WASHINGTON, DC 20510–0203
(202) 224–6665
(202) 224–5301 FAX

510 L STREET, SUITE 600
ANCHORAGE, AK 99501–1956
(907) 271–3735

250 CUSHMAN STREET, SUITE 2D
FAIRBANKS, AK 99701
(907) 456–0233

800 GLACIER AVENUE, SUITE 101
JUNEAU, AK 99801
(907) 586–7277

44539 STERLING HIGHWAY, SUITE 203
SOLDOTNA, AK 99669
(907) 262–4220

1900 FIRST AVENUE, SUITE 225
KETCHIKAN, AK 99901–6059
(907) 225–6880

851 EAST WESTPOINT DRIVE, SUITE 307
WASILLA, AK 99654–7142
(907) 376–7665

November 14, 2017

Mr. David A. Blacketer
Chair
The State of Alaska
Alaska Commission On Aging
PO Box 110693
Juneau, Alaska 99811-0693

Dear David:

Thank you for contacting me regarding health care reform efforts. I appreciate hearing from you on this issue.

My responsibility to my fellow Alaskans demands that I carefully consider and analyze each new policy proposal based on the impact it would have upon Alaskans as well as the nation at large. I heard from numerous Alaskans from every walk of life who have shared with me their heartfelt concerns on what a repeal of the Affordable Care Act (ACA) would mean for them, and I have taken those concerns to heart.

I have long been committed to reforming our health care system with a much more affordable and accessible system. I recognize the status quo with healthcare in this country is unacceptable. Giving control back to the states and flexibility are ideas I can get behind. But, substance matters and the ability to validate data matters.

While I recognize that there are many elements of the ACA that have greatly benefited individuals such as coverage for pre-existing conditions and Medicaid expansion, there are aspects that have also caused an undue burden on many in our state.

I have heard from small business owners across the state that have been greatly impacted by the employer mandate. In Alaska, we should champion and foster an environment that allows small businesses to thrive. That is why I long been committed to reforming the ACA with a bi-partisan approach that ensures affordable coverage, and increased access to care, while keeping protections in place for our most vulnerable populations.

I am pleased to see the progress my colleagues have made in the Health, Education, Labor, and Pensions (HELP) Committee with efforts to stabilize and strengthen the individual market while working to keep premiums from rising. I applaud Senators Alexander and Murray, for their continued work towards a bipartisan solution and reaching a compromise with the *Bipartisan Health Care Stabilization Act of 2017*. This proposed legislation is a critical first step in addressing the rising health care costs, providing market stabilization, and allowing for greater state flexibility. I am proud to be an original co-sponsor of this important legislation which has earned such strong bipartisan support.

The current state of health care costs and delivery in our country is not a problem for Republicans to fix or Democrats to fix -- this is an issue that we all need to come together on. We have to acknowledge that this is a challenge we all share and it's our responsibility to address it. I will continue to work with my colleagues, on both sides of the aisle, to build upon this progress, and I welcome you to contact me again in the future with your input on this matter.

Again, thank you for contacting me

Sincerely,

Lisa Murkowski
United States Senator

CHARTER OF THE BOARD OF TRUSTEES

Introduction

1. The State of Alaska, under AS 47.30.011, has established the Alaska Mental Health Trust Authority to ensure an integrated comprehensive mental health program and administer the trust established under the Alaska Mental Health Enabling Act of 1956. The duties and authority of the board are further described in AS 47.30.036, and AS 37.14.007.

2. The board of trustees consists of seven members appointed by the governor and confirmed by the Legislature. Trustees are appointed based on their ability in financial management and investment, land management, or in services for the beneficiaries of the trust. The governor will consider a list of persons prepared by a panel as outlined in AS 47.30.016.

3. This document is intended to interpret and implement the statutory provisions that created the board of trustees.

Role

4. The role of the board of trustees is to advance the mission of the Alaska Mental Health Trust Authority and Trust Land Office (AMHTA) by working to:

   (a) Provide for sound governance and fiduciary oversight and direction in achieving the mission of AMHTA;

   (b) Ensure an integrated, comprehensive mental health program for the State of Alaska in partnership with Department of Health and Social Services;

   (c) Preserve and protect the trust corpus while maximizing income now and in the future;

   (d) Manage principal and assets of AMHTA;

   (e) Invest income and use assets to fulfill AMHTA's purpose;

   (f) Administer Trust assets and mental health trust income account; and

   (g) Engage in philanthropic development.

Authority

5. The board of trustees has authority to:

   (a) Select, hire, and provide direction and oversight of the chief executive officer;

(b) Retain independent counsel on behalf of AMHTA;

(c) Solicit and receive gifts, bequests, and contributions;

(d) Approve annual budgets and monitor budget performance;

(e) Establish management principles for AMHTA;

(f) Adopt and amend bylaws governing its meetings, selection of officers, proceedings, and other aspects of board procedure;

(g) Insure or indemnify and protect the board, a member of the board, or an agent or employee of the authority against financial loss and expense; and

(h) Provide for approval of grants as outlined in 20 AAC 40.010 – 40.990.

Duties and Responsibilities

GOVERNANCE

6. The board will establish charters setting out the duties and responsibilities of:

   (a) board of trustees;

   (b) chair, vice chair, and secretary;

   (c) executive committee;

   (d) finance committee;

   (e) audit and risk committee;

   (f) resource management committee;

   (g) program and planning committee; and

   (h) Chief Executive Officer.

7. The board will establish governance policies as necessary, including bylaws and other board policies and processes, to ensure effective operation of the affairs of AMHTA.

8. The board will develop and approve the job description of the chief executive officer.

9. The board will clearly define board and CEO roles and accountabilities and ensures clarity of authority, responsibility, and process for carrying out functions required to meet the needs of beneficiaries.

10. The board will approve contractual agreements with Department of Natural Resources, Alaska Permanent Fund Corporation, and advisory boards as defined in statute and the settlement agreement.

11. The board will establish a board development program to build skills of trustees.

12. The board will evaluate its performance and effectiveness annually and identify opportunities for continuous improvement.

BENEFICIARY IMPACT

13. The sole purpose of AMHTA is to manage its assets (financial, political, human, etc.) to make a positive difference in the lives of beneficiaries through ensuring the integrated, comprehensive mental health program for the state of Alaska. To that end, the board will:

    (a) Maintain awareness of the needs of beneficiaries;

    (b) Invest in programs that are effectively targeted to address those needs, current, future, and preventative;

    (c) Measure the impact of investments to benefit beneficiaries; and

    (d) Serve as community champions for AMHTA and its beneficiaries.

14. The board will define a clear and compelling mission to focus the organization and align stakeholders and will validate it annually. The following mission statement was adopted in May 2009 and was revalidated in August 2017:

    The Alaska Mental Health Trust Authority (the Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program, and acts as a catalyst for change.

15. The board will define a clear set of guiding principles and will validate them annually. The following guiding principles were adopted in May 2009 and revalidated in August 2017:

    To improve the lives of Trust beneficiaries, the Trust is committed to:
    - Education of the public and policymakers on beneficiary needs
    - Collaboration with consumers and partner advocates
    - Maximizing beneficiary input into programs
    - Continually improving results for beneficiaries
    - Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care

- Useful and timely data for evaluating program results
- Inclusion of early intervention and prevention components in programs
- Provision of reasonably necessary beneficiary services based on ability to pay

ASSET MANAGEMENT

16. The board will follow the prudent investor rule.

17. The board shall contract with the Alaska Permanent Fund Corporation for management of the mental health trust fund [AS 37.14.009]. The board will meet with APFC leadership on an annual basis to review results, forecasts, and issues that could affect future returns.

18. The board will approve asset management policies, including the board's overall asset management philosophy, to ensure effective management, investment, and growth of AMHTA assets. Policies will be reviewed annually.

19. In consultation with the chief financial officer, the board will ensure establishment of a framework or process for managing investment risks related to assets.

20. The board will approve the long term or strategic asset allocation for AMHTA.

21. The board shall provide for the management of non-cash assets. Currently this occurs through contract with the Department of Natural Resources, Trust Land Office (TLO) for the management of approximately 1,000,000 acres of endowment land and management of its investment real estate portfolio [AS 37.14.009].

22. The board of trustees will ensure that the TLO establishes strategic plans for land stewardship, program related investment, and maximizing revenue from its land, and establishing criteria and goals for investments in income producing real estate.

FINANCE, AUDIT AND RISK MANAGEMENT

23. The board will ensure that appropriate financial and operational controls and procedures are in place to safeguard assets, ensure adequate financial resources, and provide effective financial oversight and risk management.

24. The board will ensure that audits of these controls and procedures are conducted from time to time by an independent external auditor in order to ensure that the assets are properly accounted for, and that the investments are in accordance with applicable laws and regulations.

25. The board will ensure that annual financial statements of AMHTA are prepared and that these statements are audited by an independent external auditor. It will approve the annual financial statements and audit report.

OPERATIONS AND HUMAN RESOURCES

26. The board will ensure a strong working relationship between board and staff.

27. The board will employ a chief executive officer [AS 47.30.026], set annual performance targets in writing for the CEO at the beginning of each year, and review and evaluate in writing the CEO's performance in carrying out policies, procedures, and directions of the board annually before the November trustee meeting. The board will ensure that the CEO has clear accountabilities and authority and will balance support for achievement with ensuring accountability for performance.

28. The board will establish a CEO review policy and a management succession plan.

29. The board may terminate the CEO.

30. The board will ensure that AMHTA establishes a strategic plan for the Trust in which the board will establish clear and explicit goals to achieve the mission. The board will ensure rigorous metrics to measure performance and review annually.

31. The board will ensure that AMHTA has policies and procedures that will promote the attraction, hiring, management, development, and retention of qualified and diverse staff.

BRAND, COMMUNICATIONS AND OUTREACH

32. Working in conjunction with the CEO, the board will ensure a communications policy and processes to guide how the board and individual trustees should communicate with stakeholders including but not limited to:

    (a) AMHTA staff;

    (b) beneficiaries and beneficiary organizations;

    (c) statutory advisory boards and departments;

    (d) service providers;

    (e) prospective partners;

    (f) municipal governments, native corporations, tribes;

    (g) media;

    (h) other external parties; and

(i) the general public.

33. The board will ensure that AMHTA has a comprehensive communications plan.

34. The board will ensure that AMHTA has a clearly established policy for handling media requests and responding to published media or requests for interview or comment.

35. The board will assure that the activities of both the Trust Authority Office and the Trust Land Office are coordinated and focused on protecting the brand of AMHTA.

MONITORING AND REPORTING

36. The board, working with the management team, will establish a monitoring and reporting policy which sets out its requirements regarding reports the board will receive on a regular basis in order to meet its responsibility for the oversight of the AMHTA.

37. The board will review on a regular basis the policy, procedures and compliance of the board, its committees, the chair, vice chair, and secretary of the board, with the duties and responsibilities set out in their respective charters.

38. The board will annually submit to the governor and the Legislative Budget and Audit Committee by September 15 a budget for the next fiscal year, as referenced in AS 47.30.046.

39. The board will review progress against the strategic plan annually and update it periodically, but no less than every three years.

BOARD MEETING PRACTICES

40. The board will hold at least four regular board meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

41. Special meetings of the board may be held at such time and place as the chair may order; or upon the written request of any four trustees to the chair.

42. The board will be supported by staff as required. The board may invite other professionals to attend meetings and provide pertinent information as deemed necessary.

43. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

44. A quorum at all board meetings shall consist of four board members, AS 47.30.016(d). A quorum at committee meetings is a majority of committee members.

45. No member of the board may designate a proxy.

Review and Amendment of the Charter

46. The board of trustees will review this charter at least once every three years and recommend any amendments to the board for approval as necessary to ensure that the charter remains relevant and appropriate.

47. The board of trustees adopted this charter on October 27, 2017.