

**Alaska Commission on Aging  
Anchorage Senior Center/  
Sheraton Hotel  
December 3<sup>rd</sup> & 4<sup>th</sup>, 2009  
Meeting Minutes, Approved**

**Roll call:** Commission members present: Sharon Howerton-Clark, Paula Pawlowski, Frank Appel, Patricia Branson, Barbara McNeil, Eleanor Dementi, Elizabeth Keegan, Iver Malutin, Nita Madsen, and Joanne Gibbens in place of Rebecca Hilgendorf. Members not present: Banarsi Lal and Rebecca Hilgendorf. Staff members present: Denise Daniello, MaryAnn VandeCastle, Lesley Thompson and Sherice Ridges

**Safety moment** – Paula Pawlowski

**Adoption of agenda** – Approved unanimously.

**Minutes for Kotzebue 2009 meeting** – Approved unanimously.

**Lynda Meyer, Anchorage Department of Health and Human Services Mayor's designee**

Lynda stated that Mayor Sullivan supports Anchorage seniors. There is a legacy of supporting seniors and senior issues. Lynda said that the Mayor's father, George Sullivan, was instrumental in establishing the Anchorage and Chugiak senior centers. George Sullivan died earlier this year and the family asked that all contributions go to the Anchorage Senior Center. A million dollars in the city budget for the senior centers means a lot for the future of the centers and more opportunities. Seniors have a very positive economic impact on Anchorage and the State.

There are increased demands on transportation, health care, housing, and other services for seniors. Anchorage is blessed with dedicated professionals providing senior services. On average there are 178 pickups for senior rides. There is a free senior day for the public bus.

Chugiak recently built 60 units of HUD senior housing and it filled to capacity immediately. There is more housing pending.

Anchorage is looking at what model best serves seniors, the Municipality, and the State. The Municipality is looking at how they can best partner with the State. The Municipality's resources have been strained over the past year. It is a difficult budget year but funding for the senior centers and senior coordinators has been maintained despite budget cuts.

**Anchorage legislators presented.**

Sarah Munson, staff for Rep. Senator Linda Menard (Mat-Su). Sarah said that senior issues are one of Representative Menard's top priorities. She is tired of seeing seniors marginalized. Menard

lobbied for the Palmer Senior Center's funding. The Palmer Senior Center is in bad shape. They have papers stacked in the bathrooms. Menard will try again this year. Menard will also introduce a bill this year to raise the senior property tax exemption to \$200,000.

Pat Branson noted that the property tax exemption was currently an unfunded mandate.

Sarah stated that there is a provision that if the State doesn't pay, then it won't go into effect.

Representative Bob Buch – Anchorage. Bob said that he was elected in 2006. He said that he is a retired plumber. He would like to hear seniors' concerns today rather than speak. Rep. Buch said that the economy is looking at tough times. Last year, we began to be in arrears due to a huge market dip. Rep. Buch said that he was not sure where we are today with the market. Ninety percent of Alaska's money comes from oil revenue. Hopefully we will start the session with a slightly better balance sheet. Rep. Buch asked the audience to identify their concerns regarding senior issues.

Pat Branson said that the Commission will give him a copy of ACoA's 2010 legislative priorities.

Denise Daniello reviewed and described ACoA's five legislative priorities for 2010 which include (1) Establish a regular rate review for home- and community-based services (passage of SB 32); (2) Eliminate, or alternatively, adjust the cap on adult dental services reimbursed by Medicaid and allow Medicaid patients access to two-years program benefits in a single year; (3) Provide increased operating and capital funding to establish an Alaskan Public Transportation Fund for operations of local coordinated transportation systems; (4) Provide operating funding to grow the Aging and Disability Resource Centers; and (5) Return to the original wording of AS 47.07.020 (b) (6), the Medicaid statute establishing income eligibility for persons requiring nursing home level of care, referencing 300% of the maximum Supplemental Security Income (SSI) benefit rate rather than the current frozen dollar amount (\$1,656 a month) to reflect changes in cost of living.

Rep. Buch said that Les Gara has expertise regarding Senate Bill 32, Les Gara is a member of House Finance and has been in the Legislature for three years.

Rep. Buch said that constituents are a priority. The squeaky wheel gets the grease. Those with the most lobbying strength will get the success. He suggested that we get the support of the seniors at home.

Betty Keegan commented that ACoA does legislative teleconferences during session.

Rep. Buch said that it is crucial to line up your neighbors and advocates on these issues.

Sharon Howerton-Clark stated that ACoA's commission members are not lobbyists, we are advocates. Sharon said ACoA tries to reach all of the legislators with a strong, unified voice.

Rep. Buch said that he didn't mean to downplay ACoA's efforts, ACoA just needs to get everyone on board. Senator Begich supports health care reform. ACoA needs a lot of voices to move the bills forward.

Pat Branson said that ACoA has a lot of partners. It is not just ACoA, it is AARP, AgeNet, local senior advisory commissions, the Trust, the advisory boards, and others.

Rep. Buch said that he gets the Senior Voice paper monthly. He said that he appreciates the coverage the paper provides. It is well written.

Iver Malutin said that we do need more outreach. Iver said we need to look at our past weaknesses and successes and strategize based on that. ACoA is doing the best job it can.

Rep. Buch said that several years ago unions did a study to look at the Alaska retirees. The retirees contribute billions of dollars. This study was never published. ACoA needs to advocate encouraging seniors to stay here with our money. Rep. Buch said he retired in 2004. The only reason why he can afford to do what he is doing is his defined benefit retirement pension.

Sharon said, "We'll see you in Juneau."

Rep. Les Gara spoke. Many of the services are inadequate and inaccessible. The legislature has a lot of work to do. He said that ACoA is already effective with the legislature. But ACoA needs to reach everyone. February is too late to push priorities. Commission members should shop ACoA or other senior organizations' priorities to the legislature before legislators head to Juneau, and get agents to sponsor relevant legislation.

Changes to the Medicaid dental cap and the waiver income limits will be hard to get done. They involve spending money. There is only a set amount and they have to prioritize. Rep. Gara said that his office is working on Medicare. There is a very low reimbursement rate in Alaska for family practice and gerontology. Federal law prohibits supplemental state payments, so they are giving up on this idea. Rep. Gara said that Senator Begich may try to get an exemption on this but AARP isn't sure they support this.

Sharon Howerton-Clark asked about Medicare's 35% reimbursement increase that was approved last year to physicians.

Rep. Gara answered that it worked for surgeons but not family practice doctors. The money still doesn't break even, they're just losing less money. There has to be a federal solution. Senator Begich tried a rate increase again but it failed to pass. Senator Begich supports the federal health care reform effort. Senator Begich also believes that we shouldn't oppose the health care reform effort because it's not perfect, we should move forward and fix it later if necessary. Rep. Gara said that Senator Begich's big issue is Medicare reform. The state can also do loan forgiveness for primary care doctors. Other states do. But this wouldn't be the whole solution.

Rep. Gara said that he would be happy to work with us on the Medicaid adult dental cap and waiver income issues. We need to find a majority sponsor for our bills to move them forward.

Rep. Sharon Cissna spoke. It is critical that your state representatives be a friend. Relationships, ties with people who know the issues in their neighborhood is what matters. Understanding is critical.

Rep. Cissna said she came to Alaska in 1967 on vacation. She thought, why leave after spending decades building this state? Alaska is now a state with aging people. Rep. Cissna said that when her daughter was a baby, she never saw elderly people. Having the State Department of Health and Social Services Senior and Disabilities Services is new for Alaska. Other states have done this for years and have experience. With PCA care for instance, this drives her crazy. The State Department of Health & Social Services' budget language states they plan to reduce the number of PCAs in order to balance the budget. We should be basing everything on measured outcome results. She asked, what did you get for the money you spent last year? Did you get what you expected? The State of Alaska doesn't look at things that way. States that do a great job report to their citizens every year on results in a form that's meaningful to them. Rep. Cissna emphasizes mission, outcomes, etc. It takes time to get this going. The Department of Corrections says the percent of SMI (seriously mentally ill individuals) in prisons is greater than 45% and growing. This is not counting drug abuse.

Federal money coming to Alaska is another silo. There will be a December 15<sup>th</sup> forum on Medicaid. Cissna invited the Commission and others present to come to the forum with questions on Medicaid and waivers. The forum will be teleconferenced to Fairbanks, Juneau and statewide.

Rep. Cissna said that Alaska, as a state government, is averse to planning.

Max Hensley with Senator Ellis's office spoke. Max said that Senator Ellis is sponsoring SB 32 for regulating the rates for waiver and PCA services. Hospitals and nursing homes have had annual rate reviews since they began.

Max said that the bill received enormous support from seniors and advocacy groups. This passed the Senate unanimously. There are 12 co-sponsors from both parties. Last year Rep. Hawker and Rep. Stoltze chaired that committee and they have been working with them over interim to ensure they understand the need. They know the support is there. Max urged people to contact their legislators regarding the importance of this. Do this in the next 6 weeks before session starts to avoid the out-of-time argument.

Sharon said that the Commission is working with both of the chairs.

Max said that Senator Ellis will pre-file a Medicaid adult dental bill to allow a full set of dentures in one year. There was a suicidal constituent who was distraught because he could not chew with half of the necessary teeth.

Denise Daniello asked about other preventative restorative work. Would this be allowed to exceed the one year cap as well?

Max answered that the current cap is \$1,150.00 for preventative and restorative services. Dentures were identified by dentists, the Department and advocates as the one service that really can't be done currently. This is the big issue. We can talk about the other procedures going forward. There is only one dentist in SE Alaska, in Juneau, who takes Medicaid patients. They fly people to him. It is costly to do this twice.

**Meeting recessed for lunch break at 12:00 PM**

**Meeting called to order at 1:05 PM**

**Public Comment:** Marta, a care coordinator from Dillingham, stated that it is hard to find trained PCAs who can pass a criminal background check and who will work for \$14.00 an hour. Older males in particular often don't know how to take care of themselves. Some elders with dementia need to be placed somewhere. They need to have a guardian to advocate for them, but it is hard to find someone who will spend the necessary time. Many elders who are still well enough need help.

Denise said that she was told that there are no home based waiver services in Dillingham and no PCA, only waiver services at Grandma's House. She was also told that the rates were too low.

Pat said that this gives us a good reason to advocate for Senate Bill 32. Pat said it is hard to understand why providers are not stepping up. Dillingham only has grant-funded services.

Marta said that the funding decreased and that many younger people have left the community.

**Wilda Laughlin, Special Assistant to the Commissioner Department of Health & Social Services. Wilda presented an overview of the legislatures process – Hand out attached.**

**Anchorage Senior Advisory Commission - Dawnya Clements, Anchorage SAC Chair; Ella Craig, SAC member; and Lynda Meyer, Anchorage Department of Health and Human Services, Senior Services Coordinator**

Dawnya Clements went over a survey that was given to providers, the outcomes regarding, health care access, transportation, home and community based services, information and assistance.

Challenges identified included: insufficient funding for program services and regulatory/bureaucratic barriers that inhibit provisions of services.

Ella Craig talked about the Senior Friendly Campaign. Some lower 48 cities have this program. A UAA student developed a protocol. The effort primarily regards treatment of seniors by retailers. They now have a 3<sup>rd</sup> student on the project. This project is now sponsored by the Older Persons Action Group (OPAG) with the Anchorage Senior Advisory Commission. UAA is now supporting the project.

The Anchorage Senior Advisory Commission is seeking approval from the new mayor, Chamber of Commerce, and Visitors Bureau for the Senior Friendly Campaign. They will see about having secret shoppers. If the retailer is found to be senior friendly, they can put a decal in the shop's window. Senior-friendly businesses help elderly tourists.

Dawnya said that the Commission is working on partnering better with the disabled community. Education is a big piece of what the Commission does.

Lynda said that a few months were devoted to emergency operations regarding pandemic flu, including outreach to vulnerable populations by the Muni's Department of Health and Human Services. Lynda read a letter that had just gone out from the Alaska Department of Health & Social Services signed by Commissioner William Hogan. The letter recognized the Chugiak Senior Center. The NTS Grant program was nominated by Joanne Gibbens for their excellent outcomes.

Pat Branson stated that other grantees received the same letter but it's the first time the ACoA has ever seen a letter like this from the Department.

### **Long-Term Care Ombudsman's Report, Robert Dreyer – Report attached**

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

**Jim gave some updates – see hand out.**

### **AARP Legislative Update**

#### **Pat Luby, Director of Advocacy & Marie Darlin, Capital City Task Force**

Pat stated that the health care reform legislation includes the Class Act in the Senate version. Senator Kennedy put this in. A person could purchase long-term care insurance for \$65.00 a month. After 5 years the policy holder would be eligible for benefits if needed. This can be used for many things. This is a start. Pat said that some senators want to take it out of the bill. There is an 800 number to ask them to keep this in the plan.

Marie Darlin said that she has been an AARP volunteer since 1986. Marie said she is trying to finish things that were started last session such as public pension reform, increased energy funding, and Medicaid modifications such as the adult dental cap. They are opposing an opt-out resolution which would allow the state to opt out of the health care reform. Marie said that it won't work to have states opt out of a federal program.

Marie said that there need to be incentives to keep health professionals in Alaska, possibly a couple of bills. There also needs to be expansion of the Denali Kidcare eligibility back to what it was before.

Marie said that there are a couple of bills on extending the Health Care Commission. The Commission goes through April 2010, with a report due in January.

AARP supports Senator French's health care bill, SB 61, to establish an electronic registry for advanced health care directives. We could access them from any location.

Marie said that AARP will also support AgeNet and ACoA priorities.

The National Association of Attorney Generals wants to work on uniform real property transfer on death act. Property would not go into probate. This would save money. A trust would work, but most people won't get around to creating one.

Pat said that with insurance coverage for clinical trials, insurance companies are refusing to pay for any of people's costs if they are in a clinical trial.

120,000 Alaskans have no paid sick leave. The health care reform will include language that requires employers to provide their employees with mandatory sick leave. It would include part time workers. A person would get 1 hour sick leave for 40 hours of work. This is assuming that the health care reform legislation will go through. Either it will go through early in the year or they won't push it in an election year.

The next issue may be Social Security reform. It must be fair, and make sense, with everybody taking a hit.

**Alaska Native Tribal Health Consortium Elders Program  
Kay Branch, Coordinator – see handout.**

**UA Geriatric Education Center (GEC)  
Michelle Holloway, Anchorage GEC Coordinator  
Rosellen Rosich – See handout**

**Senior Behavioral Health Coalition  
Mary Sullivan, Akeela Program Planner - See handout**

**AgeNet Report  
Marianne Mills, Chair**

Marianne said that AgeNet will have its members fly in early to Juneau during the second week of February so their meetings with legislators won't overlap the Commission on Aging's meetings.

Marianne said that providers are trying to keep their heads above water financially. AgeNet would like to see services expand for the senior population. The providers are getting pretty desperate. AgeNet's priorities are SB 32, to reinstate supervisory respite for families with ADRD so caregivers can go to work, and to remove artificial caps on respite hours.

**Meeting recessed at 5:00 PM**

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**12/04/2009 Sheraton Hotel**

**Meeting called to order 8:45 AM**

**Planning Committee Report , Frank Appel and Denise Daniello**

The Planning Committee held a meeting for all its state plan partners on November 4<sup>th</sup> regarding implementation of the State Plan of Senior Services. The group developed action plans for the rest of the year. The meetings were well-attended and agencies reported making good progress with

implementing strategies from the Plan. Frank said the Commission is doing an excellent job implementing the plan. The Commission should be ready to start on the new cycle in January to develop the new state plan.

Pat Branson said the evaluation survey results from the implementation meeting were in the meeting binder.

Denise Daniello said that people thought the process was worthwhile. In the survey, Denise noted that participants want to have 1 or 2 senior seats on the State Plan Advisory Committee. The group is okay with the number of goals in the state plan but wanted to see fewer strategies, there were more than 100 strategies in the last plan. The funding formula will be up for discussion again on the new plan.

Pat Branson stated that Terry Duffin suggested that we could plan regionally this time. Pat also stated that the additional money from the Legislature the last two years really helped the rural areas.

Frank said that the U.S. Administration on Aging requires giving extra weight to rural areas in the funding formula and we did that, but it may not have been sufficient given their escalating energy costs.

Denise said that people want to serve on the next state plan committee and want to continue implementation efforts.

**Executive Directors Report, Denise Daniello – Report attached**

Update: Denise talked about attending the Trust Advocacy Summit, to identify and prioritize joint advocacy priorities for the coming year. Denise said that ACoA was well-represented at the Summit. Sharon, Banarsi, Iver, Pat, and Denise attended. Passage of SB 32 is at the top of the joint priorities, number two is Medicaid adult dental to raise the caps to \$1,400 to \$1,500. The Trust thought removing the cap altogether would not be politically savvy. Insurance plans usually have a cap for dental.

ACoA will be supporting Ellis's bill to allow people to draw on two years' caps but only for dentures. Denise said that we can look at including more services down the road but to focus on enhancing access for dentures this year.

The third priority addresses the needs of community coordinated transit services. This priority includes extending the Governor's task force to 2011 and establishing an Alaska Transit matching fund (with GF/MH) to obtain additional operating and capital funds.

The fourth priority is to advocate for \$4 Million for the Alaska Homeless Assistance Program for supportive housing.



Denise said that she and Commission Chair Sharon Howerton-Clark reported to the Trust at the November meeting. The report was well received. Denise and Lesley had a very productive meeting with Representative Muñoz. Rep. Muñoz said that she will sponsor a bill to amend Medicaid income eligibility limits that affect persons receiving nursing home care and waiver in-home services (ACoA's 5<sup>th</sup> legislative priority).

Denise, MaryAnn, and Lesley attended a meeting with the Trust advisory boards and AHFC and learned about AHFC's plan to designate some properties with "super elder" preference. This is already happening at the Fairbanks Golden Towers. There are no evictions, but elderly people that are 62 and older get preference for any vacancies.

Denise said that she met with Amanda Lofgren (SDS), Cyndi Nations and Lisa McDonnel (of Tanana Chiefs Conference Home Health Care program), and with Liz Lee (manager of the Yukon Kuskokwim Health Care program) to discuss the PCA Pilot Project that was mentioned yesterday during the Elder-Senior Community Forum. Denise said that ACoA might consider this project for the next August's recommendations to the Trust for FY2012.

The SOAR (Senior Outreach Assessment Referral) project received funding from the Legislature a couple years ago to train community gate keepers who have contact with seniors to spot possible behavioral health problems. These funds are being administered by the Division of Behavioral Health and the RFP has been released. Denise said that she will serve on the Proposal Evaluation Committee to review the applications.

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

Sharon said that she and Denise now meet monthly with Rebecca Hilgendorf and Patrick Hefley to discuss senior issues with the Department. These meetings have been a big plus. Sharon said that she and Denise also attend the monthly Senior Advocacy Committee (SAC) meetings. She also serves on the Pioneer Home Advisory Board, as chair of the ACoA. This board meets monthly by teleconference. Sharon said she attends the Homer monthly provider meetings. Sharon said she went to the northern Pioneer Home tour. She said the homes are in pretty good shape. Sharon said she also attended the State Plan Implementation meeting sponsored by ACoA, the Trust Advocacy Summit, and Trust Board meetings. Sharon said that the CMS moratorium was lifted quickly and SDS's hard work should be acknowledged by the legislature as well as us. It was lifted in less than 2 months rather than the 6 months anticipated.

#### **ACoA Vice Chair Report, Paula Pawlowski**

Paula said she worked on the Outstanding Older Alaskan Worker recognition awards as well as participating in meetings that Sharon attends, including Executive Committee meetings.

**Executive Committee Report: see report attached.**

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

Denise said there are five priorities for this session; passage of SB 32 to secure regular rate review for home- and community-based services, Medicaid Adult Dental to support two-year access for recipients for services and an increase to the dental cap, additional funds for coordinated community transportation, addition funds to grow the Aging and Disability Resource Centers (ADRCs), and to amend the statute regarding Medicaid Waiver income eligibility to revert back to the 2003 legislation (using 300% of Supplemental Security Income replacing the fixed \$1,656 amount that was established in 2003).

The Legislative Advocacy Committee requests the Commission's final approval of these priorities so we can move ahead. There was unanimous approval. Denise said that she will be writing to the legislators and will notify them of these priorities. Denise said Sarah Munson from Senator Menard's office recommended that we contact them before December 15<sup>th</sup>, when the Governor's budget is released. The ACoA legislative teleconferences start January 21<sup>st</sup>. It is recommended that all Commissioners participate in the teleconferences.

Betty Keegan said that Alaska Island Community Services in Wrangell will be the new legislative teleconference site this year for Wrangell.

Iver Malutin said to keep Kay Branch, ANTHC Elders Committee, in mind to help advocate for priorities.

Barbara McNeil said that there were few people who attended the legislative teleconferences at the Anchorage Senior Center last year.

Sharon said that we could do outreach to the senior apartments across the street from the Anchorage Senior Center and encourage them to participate.

### **By-Laws Committee, Paula Pawlowski**

Paula reported that there had not been any action since the August vote. The final ACoA Bylaws are attached in the meeting binder.

### **Older Workers Recognition Committee, Paula Pawlowski & Denise Daniello**

The Committee received seven nominees for the Outstanding Older Alaskan Worker award and all were approved. Rita Bowen, MASST (Mature Alaskans Seeking Skills Training) program coordinator presented each person publicly with a certificate. The Committee wants to see more nominations next year and plans to do a better job at outreach by putting the request out for nominations earlier in the ACoA newsletter and on our website. This is a joint project of the MASST program with ACoA.

**Pioneer Home Advisory Report, Sharon Howerton-Clark reporting for Banarsi Lal (excused absence)**

Sharon reported that the Pioneer Home northern tour looked good but maintenance is a problem because all of the buildings are old. There was a prescription drug problem for the veteran's home but is resolved now. There is a definite need for more Pioneer Homes in the state due to the increase of the senior population. We have backing of some legislators. The Pioneer Home Advisory Board will be a lot more pro-active than in the past with advocacy efforts.

**Governors Council – Banarsi Lal provided the attached report.**

**AARP – Marie Darlin**

Marie Darlin stated that there was a statement made at one time that there would be no more pioneer homes built. Marie said that there would have to be some really good justification for why we need them. There is a need for assisted living homes may be the best justification. That is what the pioneer homes have become. The state should look at this option given all of the problems with the assisted living homes out there.

Denise Daniello said that we received some data from the Pioneer Homes regarding the number of residents with ADRD who are income-eligible but not eligible for the Medicaid Older Alaskans waiver. We need to find out how many of these individuals are not eligible for the waiver due to ADRD being their primary diagnosis. If these residents were eligible for the waiver, the Pioneer Homes could bring in additional federal funding.

Marie Darlin said that the Medicaid advocacy committee looked at this last year.

Denise said that the Department of Health and Social Services is concerned about other groups who could then be eligible if the waiver requirements changed to functional rather than medical problems.

Joanne Gibbens stated that the nursing home level of care is what would need to change for the waivers. This change would also impact the total number of people eligible for nursing home care which may increase the number of people who in the nursing homes (because those who are eligible can either receive in-home services or enter the nursing home). The HCBS Strategies Long-Term Care Report (2008) discussed what would be involved in adding people with ADRD to the Older Alaskan waiver. Alaska is more restrictive than most states regarding nursing home level of care definition.

Pat Branson asked what happens to these people who need the services now.

Marie Darlin said also the idea of competition with private assisted living homes. Most of which can't make it financially.

Sharon said that the Pioneer Homes are getting another study on the need for more Pioneer Homes and are looking at the State's demographics.

Denise said that seniors with chronic mental illness fall through the cracks. There are few assisted living homes that can take them and most of them are located in Anchorage and the Mat-Su area.

### **State Plan for National Service**

Nita Madsen, Executive Director for Serve Alaska – Hand out attached

### **Super Elder Preference in Senior Public Housing Discussion**

#### **Jim Gurke, AHFC Public Housing Office**

Jim reported that AHFC's senior housing properties are one-bedroom apartments. These properties also have younger disabled residents. Years ago, Jim explained, federal law required public housing units to have the smallest possible unit. Senior housing was the only one-bedroom apartment in public housing. Problems arose when seniors and younger disabled people occupied the same housing complex. Several years ago Congress reversed itself and allows for senior-only housing properties. The mandate for providing safe housing for disabled persons regardless of age remains. Now there are housing voucher set aside for seniors. Fairbanks started an experiment that created a super elder preference to assure they can get elders into Golden Towers with 10% units by law being reserved for younger disabled population. Alaska Housing Finance Corporation is going to do the same thing with Chugiak View in Anchorage and looking at Chugiak Manor and Mountain View Senior Center in Juneau. It would be a different process as they are considered public housing. It is a different revenue stream from section 8.

HUD is not standing in the way of these conversions. AHFC and HUD want to make sure there is a plan to house the younger disabled. It is too costly to verify assets annually. Now, AHFC requires review of income for residents every two years instead of annually. This is less burdensome for the residents and more cost-effective. The PFD is a special case that is factored in to the annual income on their annual re-examination date. HUD approved this approach.

Betty said she manages senior housing funded under Rural Development. Now the rules are HUD rules. Betty asked what the federal rule is regarding what to do at the end of a lease.

Jim answered that a tenant cannot be asked to leave unless that person violated their tenancy. You can't evict or fail to renew their lease. This is not being done with every senior property. Some don't have problems. Some don't have enough of a wait list to fill with seniors.

Jim said the feds monitor the racial composition of the buildings. It pretty much mirrors the local community. In SE Alaska the Native population is higher than statewide and that it is almost perfectly reflected in public housing and voucher program.

Denise said that she is concerned that the disabled people have housing. The \$4 million for supportive housing can help them.

Jim said that this is now trend to help special populations including elders via project-based vouchers. Buildings are being designed for special populations, like senior housing, rather than having the person search for a housing unit they can rent with a tenant based voucher. They will be sending a letter to HUD soon about the AHFC's plans for Chugiak View.

Denise said please keep us involved in the planning process.

Jim said will do, especially for more formal plan that is required by HUD for Chugiak Manor and Mountain View apartments in Juneau.

### **Alaska Mental Health Trust Authority, Jeff Jessee and Nancy Burke**

Nancy Burke said that she is pleased to hear the conversation with Jim Gurke. Public housing is a tremendous resource for all of the Trusts beneficiaries. Senior housing has been a staple in the state. There is pressure on housing shows in Juneau. The Trust wants to help get people into safe, supportive environments including seniors, younger disabled people, etc.

Providence Extended Care needs to be rebuilt. The Trust has identified thirty people who could live in assisted living homes in the community of Anchorage. The Trust wants to work with the Housing focus group to help providers learn to work with residents with behavioral challenges. The Trust would focus increasing the skills of assisted living providers. There are Trust-funded positions in Senior and Disability Services like Amanda and also in the Division of Behavioral Health.

Jeff Jesse said he met with Representative Hawker about the Adult Dental program and Delisa Culpepper is working with the Department. We are trying to raise the cap overall, or just for certain procedures such as dentures. There is a challenge with the way the Medicaid MIS system works. You have to check how close you are to your cap or the dentist can't get reimbursed. They are looking at all this with the Department right now.

Denise stated that Representative Les Gara is interested in co-sponsoring the dental legislation. At the legislator meeting yesterday, Max Hensley gave an overview of Senator Ellis's bill to provide two-year access for dentures. At some point, Denise said, we need to include other services in the Medicaid Adult Dental program to help people keep their teeth.

Jeff Jessee said that the dynamic is trying to figure out what the traffic will bear when you do and increment. It is almost an inverse exercise with how much money you think you can get. Then to think about what that can cover.

Jeff said that he was at a meeting, which Senator Thomas also attended, that was hosted by the Alaska Dental Society. Jeff said that they went through the list of reasons why dentists don't take

Medicaid patients. A big reason was that there was a high no show rate which there would be no pay and couldn't fill the slot with a paying client. Not all of our providers see getting clients to their dental appointments as a priority. We may need to work at getting them there. Otherwise they are contributing to dentists' reluctance to take Medicaid. There is a 30 to 35% no show rate for Medicaid, the normal is 6%.

Denise said that it is often difficult to transport people with dementia and they could be having a bad day.

Pat Branson said that this is the responsibility of the care coordination to ensure transportation.

Jeff said even if you have to get them a cab.

Pat said cabs usually are not handicap accessible.

Jeff said there is talk of eliminating the caps and just letting the Department manages the program through the budget. If caps were eliminated, we would no longer have to go in and keep raising the caps and eliminate the need for dentists to get prior authorization for every Medicaid client.

Jeff said that Rep. Hawker hasn't made a final decision on this.

Denise said that this was our first choice – eliminating the cap.

Jeff said the challenge to the Department is how to manage the program then. We don't want to have to go in and ask for supplemental funding. We have to have a cap to get the legislature pass.

Jeff said that it is the Governor's initiative to eliminate domestic violence and sexual assault yesterday. Jeff attended the events. Primarily they are taking a punitive approach when you're a hammer, everything looks like a nail. There are no plea bargains. Prosecutors have to go to school to learn a new approach. Elder abuse is huge. They didn't include this. This is an opportunity and a good thing. Substance abuse is often a major contributing factor in assault. Punitive approach alone, especially regarding elder abuse, may not work. Elder abuse often comes from within the family, so locking up people may not help the victim. We suggest that ACoA consider a letter or a resolution to the governor asking for inclusion of prevention of elder abuse in his domestic violence campaign. Include numbers from SDS and OLTCO on elder abuse, etc. Then propose we come back with specific recommendations for this area of DV. "Get on the train that's movin." This government does not like to spend money. It is okay with intervention strategies if there's no money involved. Yet he's talking about spending \$6 million on this effort.

Nancy said that intervention involves housing too. Supportive housing assists people in getting out of abusive situations they might otherwise feel they need to remain in due to economic and housing availability constraints.

## **Division of Senior and Disabilities Services**

### **Joanne Gibbens, Deputy Director**

SDS got caught up on waiver assessments and then shifted to PCA assessment backlog. As of Monday Dec. 1<sup>st</sup>, SDS is down to 141 PCA assessments remaining. All of the assessments might be done by Dec. 15<sup>th</sup>. There is a draft corrective action plan on the website. Joanne is working with the Centers for Medicare/Medicaid (CMS) on the final plan. This will be huge; CMS wants a lot of detail. CMS will give feedback, and then SDS will re-write the plan. Joanne said when you do 900 assessments, you then have 900 service plans to review and approve. Joanne said from this they are shifting resources in that direction. SDS is working on staying on top of the new assessments. Joanne said they have to prioritize people with no services over those who are stable with existing services. They want to avoid another bubble. They are going to spread assessment due dates over the course of a year. Nancy Burke asked about the Long-Term Care Steering Committee.

Joanne said that she did not have anything new to report. The Committee would be comprised of stakeholders and providers.

Nancy Burke said that the Trust and ACoA could propose a Long-Term Care steering committee.

Sharon Howerton-Clark said that she had talked with DHSS Commissioner William Hogan about this and he said that he would get this going.

Denise said that a Long-Term Care Steering Committee has been talked about for a year. Denise said ACoA would like a seat on this Committee.

Joanne said it's taking longer to process the assessments. Using additional staff hired for assessments to do this.

Joanne said waiver regulations and meetings with stakeholders, there are more to come. SDS is getting input from providers and other stakeholders regarding what changes folks would like to see in the waiver regulations. The goal is to have regulations drafted and out for public comment by May. The Office of Rate Review is doing a similar process with the waiver rates.

Denise asked if the cap for supervisory respite would be lifted.

Joanne said that ACoA could make that recommendation to SDS.

Pat Branson said that AgeNet will be doing this; it's one of their priorities.

Joanne said to send SDS any recommendations, including ADRD waiver et al. At least they'll have it documented. They don't draft regulations, they get internal review then it goes out for public comment.

Pat said that ACoA members need to be aware of the complete rate review process. There is a geographical differential but it needs to be looked at again, in her opinion.

Joanne Gibbens said that she oversees the Adult Protective Services Program. The number of cases in FY09 was 2,043. In FY04 the number was 1,200. These numbers are the number of reports received. There is a training DVD that is coming out for mandated reporters. All ages of adults are included in the case loads. There are 157 cases per worker per year. The Elder Justice Act has been incorporated into the Health Care reform bill in House. Joanne said that she is not sure what this means. If the bill passes, there will be federal funding available for Adult Protective Services for the first time.

DSDS is hiring a MAAST worker in their Juneau office. DSDS is also hiring a research analyst and a Health Program Manager I to assist their grants unit.

There were 55 nursing home transitions in FY09. The average cost is \$1,100 per person. It normally would have cost \$11 million for a year if that person remained in the nursing home. This makes it clear to see the way we need to go. There is a handout for the FY09 senior grants data for SAMS and FY10 funding.

Denise said we'll use this to update our senior snap shot.

Joanne said there have been 1,766 seniors served via ADRD mini-grants. There have been 476 served in adult day. There have been 4,623 people served by the Aging and Disability Resource Centers.

Denise asked about use of the ARRA stimulus funds by the senior centers.

Pat said ARRA money for meals, the reporting is due 12/5 (tomorrow). Kodiak provided 200 more meals in November thanks to the ARRA funds. Funds really helped as designed.

Joanne said that we could get the number of people served by waivers with ADRD. There are 753 people with ADRD that are being served by the grant programs.

Marta (health care worker from Dillingham in the audience) asked about the care coordinator positions. She said there has been a BB position vacant for almost a year and was just now filled. Marta said they have to document time on cases in 15-minute increments.

Joanne said that she would get back to Marta. Joanne said there are folks looking at this. This is part of the waiver process too.

Marta said that the problem is that they don't accept assessments from a doctor or a nurse at their area hospital. Many people end up with no services. Assessments need to be increased.



## **Rural Long-Term Care Coordinator's Report**

### **Amanda Lofgren, Senior & Disabilities Services**

Amanda said that the ADRCs thank ACoA for the support. Amanda said that she is very excited about this program. The national support has been very strong on many levels. The U.S. Administration on Aging is impressed with the Alaska ADRCs because we're not doing what all of the other states are doing. They received a grant for Medicare information. They have hired Kelda Barsted to work on the grant who will also be involved with the ADRCs.

Kelda said that this grant will implement person-centered planning into hospitals. There are work groups going right now. They are still in the planning stages but the collaboration has been phenomenal. This grant is specific to people on Medicaid with Long-Term care needs. However the principal can be applied to all patients.

Amanda said that the ADRCs are limited by a one person staff. There is one for Kenai, will hire a .75 part-time person for Mat-Su. SE will hire a part time person, and Valdez will hire a part time person. SDS received a new federal grant last September that provides funding for three new ADRC sites at \$100,000 per site. The goal is to have an ADRC in each of the Department's nine service regions.

There are still three regions with no coverage. We need capacity to build the ADRCs in regions already being served.

Frank Appel said we need to restructure our priorities and change the wording on ADRCs.

Amanda said they still need money to build capacity, as intent is to provide options counseling.

Pat Branson said we need to go back and look at the wording, to support what the needs are.

Frank said that the Commission will work with Amanda on this.

Amanda said there is a handout regarding Long-Term Care coordination. Amanda said she is involved with the Trust housing focus area which is a big part of what she does. Amanda visits rural areas and described the needs in these regions. Tribal councils want assisted living homes in their communities. They send their loved ones to assisted living homes in Anchorage, Fairbanks and Juneau. There are little or no services in their communities. They may need assisted living homes in hubs but sustaining them in hubs financially is difficult. So her focus is getting home and community based services in the rural areas. The Trust is very supportive. Elders are living in very inadequate 3<sup>rd</sup> world country level.

Klawock is a great example. There is partnership; it is safe, secure with supportive services in the community. ANTHC are doing things. We need to collaborate more on a larger scale.

Amanda said she is passionate about this. Elders want to stay in their homes and stay alive longer. Families want their loved ones home despite the lack of services. There needs to be services so the families don't burn out.

Pat said that collaboration is very important. Kodiak is working on a green house model, with KANA.

Amanda said we have to be efficient in use of the funds to get what elders want. Technology services, eleven states are now reimbursing Medicaid for tele-health services. Housing across the nation is in trouble. People are staying home. Title VI focuses on transportation, meals, caregiver support. Administration on Aging liaison is retiring in the spring. They suggest that we talk with the new person about how to increase funds to rural Alaskan communities. There are huge programs. Alaska should get involved in this.

Betty Keegan said that she has heard a lot in the bush that nobody can pass the background check and even where services are available. We may need a time limit; if the crime happened 20 years ago maybe the person shouldn't be eliminated from consideration for the job.

Amanda said that this is Economic Development, McGrath sub-region where a third of the population is 55 and older.

Eleanor said that she really believes in what is being said here. Staying home is so much better for people in the village.

Amanda said that they need service coordinators in communities.

Iver Malutin said that what people get at home is something they can't get elsewhere. Tribal doctors are out there now. They treat non-natives too. Iver said to look at what Maniilaq is doing.

Amanda said that she encourages the Commission to do regional planning in the next State Plan for Senior Services.

Barbara McNeil thanked Amanda for her enthusiasm.

Denise said that it is good to be home, but people who are home alone can become very isolated, depressed and sad. Denise said that the Commission heard about this in Kotzebue and Kiana. There are two sides to the story. There must be health services but also help people connect on the social level.

Iver said that it is important where you put these facilities. His 95 year old sister looks out the window and sees an oil tank and a wall. Elder advocates would know the condition of every elder in Alaska.

### **Terry Hamm, Division of Public Assistance. Medicaid & Waivers Training**

Terry stated that a person is considered a senior at age 65 and can apply for Adult Public Assistance, Medicaid, and senior benefits. If income is less than \$674.00 they must apply for Social Security in order to get Adult Public Assistance. You don't need to apply for Supplemental Security Income (SSI)

if they only want Medicaid. A waiver can help a senior already on Medicare because it would pay Medicare part A & P premium. It helps with Medicare part D too. A single senior is limited to \$2000.00 in resources and \$3000.00 per couple. This includes bank accounts and property. Vehicles and homes are not included. They only look at the income. A single person can only make \$1,252.00 a month and a couple with one applying can only make \$1,504.00 a month. A couple with both applying they can make \$1,854.00 a month. They are really looking at seniors at poverty level. When they want to stay at home and move into specialized Medicaid programs.

The Older Alaskans waiver and other waiver programs open the door to more services such as respite, chore, home modifications and some nursing services.

There is also a special income Medicaid category where if they don't get care needs met at home they will have to enter a Long-Term Care facility. Public Assistance works closely with SDS. \$1,656.00 a month is the limit in this situation. It used to be a 300 percentage. The standard was 300% of SSI payment level. The 2010 SSI 300% monthly income level is actually \$2,022, but remains frozen at \$1,656 with the current statute.

\$674.00 is an average SSI payment for 2009 and 2010 and is the same across the US. There will be no changes to the SSI income eligibility threshold because there was no increase in Social Security for 2010. The resource limit of \$2,000 will also remain the same.

A non-Medicaid spouse can keep up to \$109,560.00 in resources. The qualifying Medicaid spouse needs to transfer the extra resources to the non-Medicaid spouse's name. If home equity value is greater than \$500,000, the additional amount counts toward the resource limit. They can also allocate income up to \$2,739 a month to a non-Medicaid spouse. CMS does a 5-year look back period for transfer of asset penalties. Applicants have to spend down to get to their resource limit and it must be done appropriately. You can transfer to a spouse, or spend the money in a way that directly benefits the Medicaid person. No gifts are allowed. For example, you can help a non-Medicaid spouse get a new toy-stove. Native regalia does not count for resources. For fish permits, the Division of Public Assistance looks at the value and the permit location. Native dividends are exempt but only up to \$2,000.00 a year. If a person is on a waiver or in a nursing home, spending down can be applied to cost of care. You can transfer Native dividends to a son, daughter or a grandchild with no penalty. If there is a penalty, the amount of the dividend transferred is divided by a monthly nursing home rate nearest where they live to get month's penalty from the date of the application or the date of determination of care need, whichever is the latest. There is a look back of 5 full years. If income is over \$1,656 a month and they have a trust or are in a nursing home and make greater than \$75 dollars a month it goes to the cost of care, as a co-pay.

Terry said they are trying to make this easier to understand. The Miller Trust is a qualifying income trust. More people are using them. The trusts are very time sensitive for agencies and have to be tracked, etc. This is a tool for people to use to get on Medicaid, even regular Medicaid.

Residents of Veteran Pioneer Homes and assisted living homes can keep up to \$100 a month from Social Security and other monthly income sources. Nursing home residents can keep \$75 a month.

Denise asked if there has been a change in the number of people on the OA waiver.

Terry said that the Division of Public Assistance is seeing these numbers increase. They have 12 full time case workers just for Medicaid waiver. They are seeing parents of Alaskans moving up to Alaska from the lower 48.

Joanne said that there is an increase in people getting Personal Care Attendant (PCA) services too. Joanne said SDS will have to analyze this.

Terry said the Division of Public Assistance did community outreach last year and it was well-attended in small communities.

Pat said that people can call ADRCs and care coordinators for information about providers. They know this stuff.

Iver said people in the villages are not getting the information and they don't know who to call.

The Department does estate recovery for Medicaid and waiver clients, but not if there is a surviving spouse or a disabled child.

Meeting schedule approved for the February meeting to be held February 9<sup>th</sup> through the 11<sup>th</sup> and the May meeting to be May 4<sup>th</sup> through the 6<sup>th</sup>.

**Commissioner Closing Comments:**

Pat: Any ACoA comments on the Governor's Transportation Report, please give to me by next Wednesday.

Frank said that the letter to the Governor on abuse, he suggests the staff research what the other states are doing in lieu of prosecution.

Iver said this is the best group to be with, but also all of our partners that report to us. It is really sad when one of them misses a meeting. It is good to see all of the Commissioners at the meeting.

The meeting adjourned at 4:30 p.m.