

**ALASKA COMMISSION ON AGING  
QUARTERLY BUSINESS MEETING  
NOVEMBER 29<sup>h</sup> – 30<sup>th</sup>, 2006  
THE ALASKA MENTAL HEALTH TRUST AUTHORITY  
BUILDING  
ANCHORAGE, AK**

**Thursday, November 29<sup>th</sup>**

**CALL TO ORDER:**

Frank Appel, Chair, called the meeting to order at 8:55 A.M.

**ROLL CALL:**

Members in attendance:

Frank Appel, Sharon Howerton-Clark, Lillian Boen-Kasnick, Betty Keegan, Banarsi Lal, Iver Malutin, Rod Moline, Paula Pawlowski, Edward Zastrow

**Members not in attendance:**

Patricia Branson, Michael Black

**ACoA Staff in attendance:**

Denise Daniello, MaryAnn VandeCastle, Deborah Gregoire, Rachel Malley

**Recognition of guests:**

Renee Graham, Director of Senior Services for the Municipality of Anchorage; Judy Whittaker, citizen; Kay Branch, Alaska Tribal Health Consortium, Larry Weiss; Traumatic Brain Injury Coordinator for the State of Alaska.

**Adoption of the Agenda:**

Motion to approve the agenda. Motion passed unanimously.

**Adoption of minutes from the September 27-28, 2006 Meeting in Ketchikan:**

Betty Keegan submits that there is no SEARHC clinic in Hydaburg, only in Klawock and it does not close until 8 P.M. Ed Zastrow questioned a reference to the Medicaid waiver.

**Minutes approved as corrected.**

Commissioners are reminded to turn in their completed ethics forms to Rachel Malley after they have been completed.

Denise Daniello submits notes to Commissioners (draft) from the Sitka site visit.

**Chair Reports:**

This meeting will be a refresher and an orientation for new Commissioners. There will be information on programs, etc.

**Commissioner Reports:**

Sharon reports she contacted fifteen (15) senior centers on the Kenai Peninsula regarding the Keep the Seniors Home Initiative and requested statistics and other information. She then met with Paul Seaton (Representative from Homer) who wants to be kept informed.

Sharon also reports she spoke with Alaska Legal Services after receiving a request for information. She called and spoke with someone in Juneau that is willing to come to Homer to provide legal services, beginning January, 2007.

Received a phone call from a seventy (70) year old senior, who qualifies for personal care assistance, etc. because of her income. The senior had arm surgery and called the agency that was supposed to provide her with services. She was told “the state was backed up” and was not provided services when they were needed.

Life Alert has become very popular in Alaska for seniors. Ketchikan charges forty (\$40) dollars per month for EMT fees, etc and it is not affordable to the seniors. Wrangell charges ten dollars (\$10) per month for the service. In the rural areas, EMT and fire departments do not have a good response team. A woman was found deceased in her home after two days in one of the villages.

Sharon and Denise attended the Alaska Mental Health Trust Authority Board Meeting. Among other information provided Sharon and Denise described how important rural outreach is, etc.

Denise requested a copy of Sharon’s report for the Commissioners.

### **New member orientation PowerPoint:**

Denise reviewed the new commissioner orientation PowerPoint with all new members and staff. Reviewed: organization chart for the Department of Health & Social Services, Mission of the Alaska Commission on Aging, etc. Denise passed out a roster of Commission members, and introduced everyone. Copies of talking points and PowerPoint presentation were requested by Commissioners.

### **Alaska Mental Health Trust Authority Report:**

Jeff Jessee, CEO of the Alaska Mental Health Trust Authority gave a presentation on the history of the Trust, the mission of the Trust, and its relationship to the Commission on Aging.

Jeff talked about how barbaric the mental health system was in the past. If an individual suffered any serious mental health issues, there was barely any assistance available, and most of the time people were tried and convicted of being insane at large. They were then flown to Oregon to serve a life sentence at Morningside Hospital.

When Alaska was getting its statehood, there was a delay because of the lack of working formulas to deal with mental disabilities. The federal government owned 98% of Alaska land. 1 million acres of land were held in order to generate income for the Trust and its services. Today, half of that million acres is not used or owned by the Trust anymore.

Jeff went on to continue discussing the history of the Trust, and its relationship with the Commission, etc.

### **Janet Oates – Marketing Project:**

Today's market is so fragmented it is too costly to target every audience. Now the effort is to find ways to get involved in communities to interact with their target audience. The average amount most groups spend on marketing per project is \$800,000 - \$1,000,000, 000. The funding for the "You Know Me" campaign is \$125,000. There has been a positive response. Media investments have included movie theater ads during spring break and Thanksgiving, video of Ramy Brooks (spokesman for the beneficiary groups) print ads, posters (were sent out to clinics and ERs), trading cards with a message for each benefit group.

## **Medicaid Report:**

Jerry Fuller & John Sherwood Medicaid 101

Medicaid began as part of Johnson's war on poverty, established at the same time as Medicare, as a state/federal partnership. Covers certain categories of eligibility groups; some mandatory, some optional, i.e.: working disabled. Left out: Singles age 22-64 if non-disabled (even if there is no income.) There are mandatory and optional services too, pharmacy is optional but is covered by all 50 states. Hospitalization is not mandatory.

The feds pay \$0.57 on the dollar now; the funding formula is based on annual adjusted relative income of the states' residents. Alaska works out to be 50/50 historically but got boosted to 60%, later 57%. That level of federal funding was extended last year, but expires 09/30/2007. It then reverts to 51% federal. If the amount stays at 51%, an additional \$65 million will be needed to supplement the difference from state general funds.

The estimated Medicaid budget for 2025 is 4.5 times what it is for 2006. The baby boomers are going to start retiring in a few years, and more and more individuals are moving to Alaska to do that.

Kodiak Commissioner Iver Malutin commented that more folks are moving to Alaska from Florida, and another issue is who is going to be around to provide the services to the seniors? There are fewer young people and the service jobs do not pay very well, etc.

Wrangell Commissioner Betty Keegan interjected, saying that the state used to share revenue with the smaller community hospitals. But the facilities still need it. Is Medicaid still picking up these expenses?

Jerry Fuller responded to both comments, "Probably, but Medicaid services must be based on the cost of services. For small hospitals it's the nursing home facility that helps fund the hospital. Medicaid may be one of the best payers in these communities."

Alaska has one of the youngest senior populations in the country, with most of them in their 60's. There will be a growing group of 85+ population that needs more long term care as the current population ages.

It is expected the gas pipeline will bring more money and inflow of people, but that is down the road, and the outcome is unknown.

### **Medicare Report:**

Essien Ukoidemabia – Senior & Disabilities Services

Medicare has several programs A, B, C & D. D started January 1, 2006. Part A – inpatient services, which is what an individual gets by working and paying taxes. 1.45 % of income. Part B – Dr. visits. This requires a premium, once an individual turns 65. Everyone is eligible. Next year the premium will be going up to \$93. Part C – “Advantage Plan” HMO – includes dental, visual, audio. Effective 1/1/2007 Alaska has seven (7) advantage plans. Part D – Alaska now has nineteen (19) prescription drug plans with forty five (45) options. Unnecessary if the individual’s insurance plan is equal to or better than Medicare. ie: Tricare.

Every state has its own Advantage Plan reimbursement rate. On the Senior Care website, there is a link to find Medicare providers. However, individuals must inquire if the provider accepts *new* Medicare patients.

### **HUD Housing Report:**

Colleen Bickford

In Alaska, for senior housing and disabled housing projects, there is an allocation of twenty senior and ten disabled per year. Last year, nobody applied for the senior housing money at all! HUD asked ACoA for assistance in coordinating a response to this. There are a lot of strings attached to public money, but it can go for acquisition, building a structure, or remodeling an existing structure. However, it cannot be trailers or transitional housing.

Alaska has 40% of the nation’s tribes. They get Indian housing money. Alaska gets \$100 million per year for Indian housing, its not all spent on senior housing.

Supportive services have to be built in, but senior housing is not intended to be assisted living. Can be done as part of a complex of graduated care. HUD encourages funding mixes; 202 + Indian housing, etc. Not necessarily as a match though.

Sharon Howerton-Clark submits Wasilla senior housing campus is an excellent model- there are multiple levels of care; the senior center serves 100 seniors per day.

Mark Romick of AHFC Senior Housing- Alaska housing services about 1,000 seniors per year through vouchers, etc. All are senior households earning less than 50% of the median income. Some programs target more moderate income folks.

Frank: Moderate income level housing – some programs (202, etc.) target low income senior citizens. Housing development fund and Denali commission senior housing programs allow mixed income or no income restrictions projects. There is a group in Fairbanks that is looking at senior condos. 515, Public Housing, some Indian programs can treat non-elderly with disabilities the same as seniors – law requires treating these groups the same.

Betty- Some public housing (not 515) can be declared senior only as long as there are equal facilities for the disabled, has been a law for 20 years, but only enforced in the past few years.

Tax credits only go to fund projects for families less than 60% of area median income. Other programs can help fund development for moderate income folks. State programs can better target this group than federal programs. The problem is, they just don't have enough money. \$5 million will be received in funding for housing, but there will be \$12 million in funding requests. Betty: under 515 can rent to higher income people at market rates, no subsidy, and no month to month basis. Also, fishermen's widows get too much money to get into the nice senior facility in Petersburg.

Kay Branch ANTHC-  
Community Health Services Section  
Elder Care Planning for Tribal Health Corps.

The aim is to develop a real tribal health system in Alaska. Foster the view of tribal health. ANMC as a system, make decisions as a whole.

Long term care needs of AK Native Elders report – 2005 Kay will have her elders committee review our state plan in January.

About 20% of people in ALH's in Anchorage are Native. 16% of Alaskans over 65 Native (same as total population) Why? Not enough services or facilities in rural areas. They are forced to move to Anchorage.

Denise comments that the Keep the Elders Home initiative would help get services in rural areas.

Kay says she will research growth in Natives in ALH over the past years.

There was a conference on American Indian and Alaska Native long term care in September in Albuquerque. (September 5-7)

The only tribal PCA program now is YK, others have quit. New regulations and lower reimbursement rate have made it too costly. Fewer PCA services now in rural Alaska than before.

Challenges are PCA programs' sustainability, growing number of elders, Medicaid issues, elders displaced to urban NH's/ALH's with no access to their food culture.

Elly Sanchez of ADRC not present, Jim McCall in her stead. National stats – State is not ready to embrace the ADRC concept. At the June ADRC conference there were 35-40 attendees.

Frank asks about federal mandates – Jim McCall: “Long story, national effort is to do these. If we don't embrace these with the New Freedom Initiative (Bush) it could affect other programs down the road. It's a tough time getting the MOA's in place with Medicaid in Alaska.”

Denise: We are told that DDS is requesting funding from the legislature for the ADRC. In addition, ACoA is advocating for the “Keep the Elders Home

Initiative”, which includes money for information and referral. The ADRC will be included in the state plan.

#### Terry Hamm- Senior Care

Terry oversees the Senior Care office. The program started in the Pioneer Homes division. It’s mail-in process. Only one office is needed to handle the workload. There was a massive mailing of applications last fall, to senior centers, etc. 2 types of benefits, cash and drug. There are simple requirements: age, Alaska residency, and income (annualized) limit: \$16,133 individual and \$21,641 for a couple, even if one of the individuals is not eligible. Higher limits for the drug plan.

Few for Medicare Part D are on the drug plan; many are eligible for federal low income subsidy and in Alaska many seniors have health insurance that is better than Medicare Part D. Some become eligible for Medicaid and Medicare pays for full dual eligibles. The numbers are slowly rising.

#### Mark Begich – Mayor of Anchorage:

There is a growing senior population in this city. A national magazine rated Anchorage as a top retirement spot! One of the fastest growing populations of seniors in the country. That is good and bad. ISER reports have highlighted these changes. Opportunities- services bring skills, volunteers and work. Challenges – health care, housing, access to shopping and services, etc. The city has to step up its efforts, work more closely with senior providers. Anchorage is a service center for the entire state. Need to improve mobility and independence via coordinated transportation with NTS funding. Seniors face increased costs, cost of providing services is up.

Recently AnchorRides was very close to going on strike. The state had to put more money on the table to prevent this. Funding sources are designed to take donations; they collected \$3,000 last year. The disabled pay, the seniors don’t. A more fair and balanced fee structure is sought.

AnchorRides is not advertised, but they already have a backlog. Possibly outreach with PeopleMover? Public transportation is critical.

Affordable housing is a growing issue in the community. There are long waiting lists especially in Eagle River and Chugiak. We are redesigning land



use policies to create incentives for affordable housing, with more density in certain areas.

Anchorage is the 65<sup>th</sup> largest city; it should act like a big city.

Mayor Begich thanked the Commission for the invitation to the meeting.

Budget: Motion to approve authorized budget. Budget has been reviewed and received by Executive Committee.

Ed Zastrow: Move to approve FY07 budget \$453,809

Approved unanimously.

Pioneers of Alaska Centennial 2007

Frank made a suggestion to recognize them, they promoted and advocated for the Pioneer Homes starting in the 1930's. Lillian: Commented we should draw up a resolution to recognize them and present it to the Legislature.

Ed: Moved; Lillian: second; Iver: Good to do, they were one of the main bodies speaking for elders.

Motion passed unanimously.

Ed's report: ISER report editing contract went to Kathryn Cohen of Phoenix Associates, Linda Gohl had to decline the contract. Staff helping fact-check. There will be a cover letter by ACoA highlighting senior contributions to the state, and challenges.

Denise mentions personal leave in December and submits she is attending the CHOICES summit in Washington, DC, and ADRC meetings with the Congressional Delegates. Adjourn until 11/30/2006.

**Friday, November 30<sup>th</sup>**

**CALL TO ORDER:**

Frank Appel, Chair, called the meeting to order at 9:00 A.M.

**ROLL CALL:**

Members in attendance:

Frank Appel, Sharon Howerton-Clark, Lillian Boen-Kasnick, Betty Keegan, Banarsi Lal, Iver Malutin, Rod Moline, Paula Pawlowski, Edward Zastrow, Bill Hogan

**Members not in attendance:**

Patricia Branson, Michael Black

**ACoA Staff in attendance:**

Denise Daniello, MaryAnn VandeCastle, Deborah Gregoire, Rachel Malley

**ACoA Staff not in attendance:**

Jeannette Lacey, MSW Intern

Committee Reports:

Executive Committee:

Frank reviewed the budget for full approval. Set May meeting date (May 23-24<sup>th</sup>). Rural outreach meeting will be held in Kodiak September 24<sup>th</sup>.

Denise comments on travel information – Turn in tickets/boarding passes, hotel receipts, taxi/ground transportation receipts to Rachel. Per Diem went up to \$60 per day.

Planning Committee: Banarsi

Frank asked for unmet needs survey results by Region.

Geriatric Education: Banarsi, defer to Bev Tallman later. Workforce development “focus group” Frank- Broke up into 3 groups, recruitment, training, retention.

Pioneer Home Advisory Board: Ed

Only did one town rather than two this year. Having teleconferences now, with Commissioners reporting on homes in their areas. Working fairly well. Did visit Ketchikan, Sitka, Juneau in early November. Thanks to ACoA for help in obtaining twenty four (24) new positions (RN's, CNA'S, etc) that are now filled. Finally, got the RN's a wage increase, a 2 range upgrade. Now they are able to fill the positions. There is an increase in capital projects, Wander Guard Systems, etc. Working to get Wander Guard installed in all of the homes. Repairs were done to Juneau home. Cracks fixed, etc. Fairbanks, Ketchikan roof etc. 60% of residents are at level 3 – most severe. This % is increasing every year. The number of licensed beds was reduced to reflect level of staffing needed for that higher level of care. Beds will remain empty because there is not enough staff and staff are getting too many injuries, back, etc.

Plan to continue to reduce the number of licensed beds in the homes. Active waiting list statewide is 320- up from 230 from a year ago. Most are level 2/3. Level 3 are the latter stages of ADRD. Occupancy will never be 100%. They have to adjust after an occupant dies.

RN shortage in Ketchikan, at one point they had to bring a nurse down from Anchorage to cover shifts.

25<sup>th</sup> anniversary of the Ketchikan Pioneer Home was celebrated. Steak dinner for the residents, “red dress ball.” All the ladies had a chance to dance. Sitka, which is the oldest home, was built in 1913, and renovated in 1931 was just not built for level 3 care. Money for renovation did not come through. The Sitka roof is still not repaired and is a major concern.

Juneau, there are major CNA problems. 80% of residents are at level 3, full to capacity.

Visited Palmer Veterans home with Sharon and Paula. Sharon: “Vets mixed in with everyone else at Palmer PH. Transition completed, nice.”

Paula: “No nursing shortage there, getting them straight from the college.”

Paula also submits: Can't separate military from seniors. Paula is a 30 year military dependent, and would like to reiterate the false impression that military are taken care of by the military. Last March, 5,000 military Anchorage residents were thrown out of military hospital care when base doctors were deployed to Iraq. Retirees may have displaced local people

(they have Tricare). Medicine, housing, and health care – don't assume that military are being taken care of. The military health care has eroded in the past ten years.

\$27.19 per day is the reimbursement rate for a veteran at the Palmer Pioneer Home. But, the inspection did not go well for the Palmer home. Projects cost much more than anticipated and there is a lot of paperwork.

We need to address future needs for ALH's, NH's, in Alaska and the future of the Pioneer Homes. We need data to know what to do with the Homes, do we expand them? The Sitka Pioneer Home needs the roof replaced; it is made of tin and needs to be made of tile. Classification study of CNA wages needs to be conducted; CNA's are the backbone of the Pioneer Homes' quality of life. We need to encourage competitive salaries for all staff.

Frank submits that the South building of the Anchorage Pioneer Home is designed for level one care; it is 35 years old, and no longer meets earthquake code.

Governor's Council: Banarsi

Banarsi is on their legislative advocacy committee, they are tremendously effective in getting things done. We can learn a lot from them. Position papers on their issues, etc. Staff and commission members are assigned to work on specific issues.

DSDS Legislation Workgroup- Regulation workgroup, Rod will address this later.

Wasilla senior housing project visit:

Paula liked their campus, different levels of care in different buildings. Senior center was a hub of activity. Very different from Ketchikan! Would like to encourage everyone to visit the Wasilla campus.

Ed: the senior center feeds an average of one hundred (100) people per day, in addition to sixty (60) meals on wheels, twenty one full time, and fourteen part time employees. \$1 million budget – 25% from grants and 75% from the community. They use the Mat-Su food bank quite a bit. There are many programs. The average age at the senior center is 70, very active group of

seniors. Did not see a lot of wheelchairs or walkers. They seemed to be a healthier group. Secret to success – they say they respond to senior needs.

Sharon – One of the best models she has ever seen, warm feeling, lots of people there for lunch. She enjoyed the campus term rather than project or “senior housing.” Pat on the back goes to AHFC, they built most of it.

The Wasilla football team sponsors the senior center. They held a dance there, the Boy Scouts meet there. It is a hub of activity. It’s a community center. People don’t leave right after they eat.

H&SS Report – Bill Hogan

An overview of the Department:

Bill’s task is to look for opportunities to collaborate. Most issues involve more than one division. Christy Willard, director of DBH, is leaving to work for CITC. Planning, education, advocacy – always looks for help from ACoA.

ACoA does an excellent job on education and awareness. We are and need to be good advocates. Some in the department have had some trouble accepting constructive criticism.

Bill has not seen what went to the new administration. The primary focus was on the maintenance aspect of the new budget. On December 15<sup>th</sup>, the new Governor will present her budget. It will probably be somewhat different from what Governor Murkowski’s. We still have plenty of opportunity for advocacy before the amended budget in February. Track carefully, and turn up the heat instantly if needed.

Bill went to Washington DC to meet with the Congressional Delegation. Medicare reimbursement rates were at the top of the discussion list. Almost uniquely an Alaskan problem. MDs are no longer accepting Medicare recipients. A fix needs to happen in DC. Consider sending something to our DC delegation. Commend Ella Craig for her letter re: GEC support for strategic LTC plan. Denise will write up a one page proposal. Frank should cover ALH’s, NH’s, HCBS too- a broad spectrum. Team groups are not yet formed to his understanding; they will probably meet soon with the commissioners. Resignations were requested from all of the Commissioners,

division directors, and special assistants. They need to resign by Monday, December 4<sup>th</sup>, but all will re-apply.

Ed – Comment for Bill H – There are problems with DOT getting bids. Delays cause cost to increase, more delays, etc.

Bill – It's a bureaucracy, but we need to streamline the process. Department facilities folks are always looking to be more creative, less bureaucratic. Try to bring construction people in from the start to help streamline.

Ed – It's a major concern.

Lillian – Would like to help Ed with the Sitka Pioneer Home.

**Rod Moline**  
**Director, Senior & Disabilities Services**

Regs workgroup met October 24<sup>th</sup>. Fourteen (14) people attended, Dept of Law, providers, etc. Looked at the many Medicaid reports. Want to work on redefining definitions, too confusing. Providers are being penalized for doing the wrong thing for the right reasons. They need to use common sense in using resources. They need to collaborate and provide input to plans for targeting services based on needs. Can we use what we have better before we go out and try to get more money? Elderly issues – many don't want to accept all the services they qualify for. Boomers, however, will be asking what have you done for me lately? The PCA battle is indicative of their dilemma.

How does DSDS make decisions without creating perception of bias? What do providers want? How would LTC studies impact future policy? What would you change, and how? Etc.

**Bob Dryer**  
**Long Term Care Ombudsman**

Census update: 11% of the total population are seniors. Seniors in Alaska are very active compared to the lower 48 states. Baby boomers are on the horizon, it is going to be a big culture change. They will be very demanding. More and more age 85 + in the US, is the height of LTC use – need for services, home health, meals on wheels, medical care, legal help, etc.

Nursing home costs for care: \$772 per day in Nome, \$404 in Fairbanks, \$460 in Seward. The average is \$578. In the lower 48, the average is \$206. The high costs affect individuals ability to stay in Alaska. Unsure why our costs are so high. Possibly lack of competition? There is no good answer.

Other concerns- Over 3000 seniors receive PCA services; there is no regimen to train caregivers in ALHs. They hire people off the street. Some people are good, some are not so good. Care should be professional, consistent, and appropriate.

Ed – PCA V.S. CDPCA – no training. Tell me this isn't true.

Bob – It's true. People want a choice of a caregiver. But often there is exploitation, befriending the elderly, checks are written, etc. Folks are not trained, lifting incorrectly, etc.

**Anthony Banker**  
**Office of Elder Fraud & Assistance**

Office is ten weeks old – Anthony brought a PowerPoint presentation to share with the Commission.

**Angela Salerno**  
**ABADA Report:**

ABADA has been without a permanent Executive Director for sixteen (16) months. Kathy Craft has been acting. Beginning the search for an ED. Contracting for assistance with the search. Awaiting upgrade for the PCN, hopefully there will be a new ED by February.

Joint projects: Connecting Systems Project – people are falling through the cracks and bouncing back and forth between systems. Conducting focus groups to ID the types of people in this position. Could impact statutes, regs, funding issues, systems capacity.

New Medicaid study – contractor chosen yesterday to look at mix of funding for services. Heavy reliance on Medicaid funds. Now it is harder to get general mental health care, losing our capacity to treat issues before they become chronic.

Kathy Allely for Millie Ryan  
Governor's Council

Successful legislative strategies from last year. There has been a long DD wait list. Succeeded in getting action on this last session. Examined every aspect of the wait list. Legislature said they wanted facts; their request for funding was supported by the Trust but is not in the Governor's budget. Had formed a good relationship with Mike Hawker, helped tremendously. Got \$3 million for the wait list, \$7 million including Medicaid match. Hope to get 100 people off the wait list, with that funding.

Trust Agenda for this year, 1. Autism increase diagnostic capacity.  
2. Expand the capacity to serve more children and provide critical mental health psychological assessments on young children.

Last year's talking points are on their website. This year's are not yet approved by their council. "We love Banarsi."

**Public Comment:**

Saul Gerstenfeld – Learning and teaching for over a quarter of a century... need more cooperation between generations... You can't expect more of other people than you are willing to do yourself.

Gabe Langen – Chair of Coalition of five Mat-Su senior centers. They passed resolutions sent them to Denise, they support KEH initiative, additional measures to strengthen HCBS (flexible care giving, add companion services to waiver, add waiver for ADRD, and TBI). Gap in rural areas. Spending large amount of time and energy on fundraisers to keep the doors of their facilities open. Support grant programs through DSDS for energy assistance.

Property tax issues impact senior organizations, vacant land that is owned by non-profits is not tax-exempt. For small organizations, property taxes can be detrimental to their capacity-building. No taxes on property set aside for use by seniors. Some housing facilities were developed as market rate but not making much profit. Should not be taxed as such. Encourage exemption when profits equal <5 % of tax assessed value of the property.

Frank – We'll distribute to the advisory committee.



Betty – Thought property taxes were set locally, not by the state. Her group does not pay taxes on undeveloped land.

Gabe – For municipality to exempt NP property, must be in use currently by a NP. Need optional exemption created by a statute.

Pat Luby – AARP: Advocacy issues for the group's consideration 1. Senior Care needs to be re-authorized. Hopefully sweetened a bit. Raise resource limit and increase to \$150 per month. 2. Get the state to lend some GF to energy assistance. **47 % of members reduced their energy use, and 14 % turned off their heat!** 2000-2005; cost of increase for energy in Alaska is 50%! Heating fuel costs are going up 30%, seniors will turn their heat off or down, and perhaps freeze. Older people spend 90% of their time at home, leaving them at a higher risk of hypothermia. ACoA can educate the Legislature on this.

3. Medicare issue – get 20, maybe 30 WWAMI seats, working with the University of Alaska, those who come up to do their residency often stay here.

4. Electronic Medical records – help control medical errors and health care costs. Need help with the cost of this.

Betty- There is more than one system for medical records; it is hard to transfer between facilities.

Pat- 11-16 % of hospital patients encounter problems with medical errors.

Ed – Budgets are blown by energy costs. What happened this past year?

Pat – Congress added money to LIHEAP (although Don Young voted against this). Several bills in legislation. Did some kind of power equalization program for communities. Nothing to help individuals when incomes drop. Expenses such as food, medication, heating are foregone. Many states do give GF to supplement LIHEAP. There are income limits.

Susan Shiffern – Municipality of Anchorage Public Transportation Department

There is an increasing demand for Anchor-Rides. Up 3,000 trips for seniors in the past year.

Saul – There is too much emphasis on the dollar rather than spending it.

Representative Sharon Cissna –

This is her district. She is trying to get a handle on the whole health area. How health care affects communities. Amazing growth of seniors in communities. Not a huge number of people but a huge increase. Seniors are moving in and making far-flung places their homes. Spending money in these communities and keeping them alive. As well as volunteering etc.

Sharon says she talks to tribal school health care administrators. They say without their seniors, they wouldn't be able to do a lot of what they do. Doctors, grocery stores, etc. Many towns have had enormous economic challenges. Seniors are doing more than we could possibly know. We should know about this, not guess. Seniors are so important to the economy of rural Alaska, and even more so in fragile communities. Sharon is on the DHSS standing committee, and the Finance Sub-committee, as well as co-chair of the joint legislative health caucus.

Sharon wants us to include her if we have any concerns on budget issues.

Denise – KEH money should be invested in the community based services. Need more grant funded services for people who aren't "that sick" or "that poor." It costs much less than Nursing home care. People often have to move from rural Alaska due to lack of services.

Frank – Grants have been flat funded for many years.

UAA GEC – Bev Tallman:

They provide admin support to the GEC. Handouts provided. One points out what GEC did in FY 06. Their website is updated weekly with new events and training activities. They have an information clearinghouse. Can send them documents to index. Biggest challenge is funding. Congress decided not to fund the GECs anymore. They are now asking for a \$500,000 earmark. 2 federal grants were wiped out. No more money after 12/31/2006. The earmark request is a real crapshoot. Actively involved with the Trust workforce focus area.

## **Sue Samet on SAC :**

SAC is six years old, very loose-knit organization with teleconferences once a month. ACoA funded until recently, now it is the AHFC. Statewide participation. Try to have an educational element for each meeting.

Medicaid waiver rate has not gone up since 2003. Pays for services only. Rising costs mean that some people can't continue in Alaska. Told by DSDS – "Talk to the Legislature."

Other issues – Mental Health issues are huge, seeing more and more undiagnosed mentally ill seniors in Alaska. The mental health industry will not help if there is any suspected dementia

We need help in educating the adult children. Medicare does not pay for it all.

## **Commission on Aging**

Re-examine February meeting dates, move to following week?

Adjourn: 4:30 P.M.