

**Joint
Senior Services Advisory Council (SSAC)
and
Disability Services Advisory Council (DSAC)
Meeting
MEETING MINUTES
Tuesday, March 7, 2017**

SSAC Members Present: Bob Daley, Chair; Catherine Skiens, Vice Chair; Suzanne Lazaro; Doris Lamb; Anne Brett; Saleem Noorani; Curtis Miller; Carolyn Mendez-Luck; and Janet Shinner.

DSAC Members Present: Jan Molnar-Fitzgerald, Chair; Mike Volpe, Vice Chair; Lee Lazaro; Jann Glenn; and Pete Rickey.

Aging and Disability Resource Connection (ADRC) Members Present: Sandy Potter and Suanne Jackson.

Guests: Mitzi Naucler; Carolyn Fry; Cathy Savage; Don Taylor; Kath Schonau; and Robynn Pease.

Members Absent: Commissioner Bill Hall, Lincoln County; Bill Turner; Suzette Boydston; Mark McNabb; Lee Strandberg; Dani Marlow; Suzanne Brean; Edythe James; and Rusty Burton.

Staff: Senior and Disability Services (SDS) Program Manager Randi Moore; SDS Program Manager Mary Kay Fitzmorris; SDS Program Supervisor Ann Johnson; Community and Program Support Coordinator Lisa Bennett; SDS Program Supervisor Carrie Corson; SDS Long-Term Services and Supports Innovator Agent Sarah Ballini-Ross; and SDS Administrative Assistant Terri Sharpe.

1. Welcome, Introductions, Additions to the Agenda (Bob Daley, SSAC Chair):

Chair Bob Daley called the meeting to order at 12:02 pm. Introductions were made, including guests.

2. Approval of Minutes:

ACTION: Motion to approve the February 7, 2017 SSAC/DSAC Joint meeting minutes with the following amendments and recommendations: Lee Lazaro recommended eliminating any repeated titles because he felt they were very distracting and made it difficult to read the minutes; add Robynn Pease as a guest attendee, correct the spelling of Saleem Noorani and Pete Rickey; made by Suzanne Lazaro, seconded by Catherine Skiens. Motion passed unanimously.

3. 5-Year Medicaid Waiver Approved for Oregon (Mike Volpe, DSAC Vice Chair, and Sarah Ballini-Ross):

DSAC Vice Chair Mike Volpe gave the Councils an overview on the 5-year Medicaid Waiver that was approved for Oregon by the Centers for Medicare and Medicaid Services (CMS). The Legislators say this extension of the 5-year Waiver of Medicaid and Medicare will enable the continuation of the Oregon Health Plan (OHP). It's the OHP that has allowed Oregon to move forward in its delivery of health care through lower costs, better outcomes and care, and providing care at the right time and place; thus, reducing emergency visits by one third. OHP has allowed Oregon to become a pioneer in administrating the Medicaid Program, unlike any other state.

SDS Long-Term Services and Supports Innovator Agent Sarah Ballini-Ross provided the handout *Oregon's Waiver Renewal: Overview (Waiver)*, to provide context to what the *Waiver* does. The *Waiver* allows Oregon to continue the momentum in health care transformation with further integration between physical, behavioral health care, and oral health care, thus treating the person as a whole person. The *Waiver* also allows for these services to be delivered in a different model of the Coordinated Care Organizations (CCO). In our Linn, Benton, and Lincoln Region most individuals are served by InterCommunity Health Network (IHN).

To get the *Waiver* approved by the CMS they had to scale back on their goals. The *Waiver* is like the one put forth in 2012, with a few key changes that include:

- Expand access to coordinated care. Medicare members, that are also eligible for Medicaid, are automatically enrolled in the CCO that matches their Medicare dual special needs plan.
- CMS is providing clarity in flexible services that will hopefully enable more members to see more benefits from these services.
- Continue the Hospital Transformation and Performance Program.
- Promote primary care and pay for value.
- Advance Tribal Health Programs making the programs easier to manage for tribes.

DSAC Vice Chair Volpe suggested SDS Long-Term Services and Supports Innovator Agent Ballini-Ross come back and update the Councils (SSAC and DSAC) at a future meeting on what is happening with Medicaid and the CCOs.

Mr. Lazaro suggested having the presenter of IHN and CCOs that is scheduled to speak at his transportation meeting come in and present to the Councils. Ride Line Program Manager Brenda Mainord, from OCWOG's Community and Economic Development Department would be the person to contact.

4. Ad-Hoc Committee Update Regarding Recommendations for Evidence-Based Programs (Carolyn Mendez-Luck and Suzanne Lazaro, SSAC Members):

OCWCOG was provided money from the Older Americans Act to provide evidence based service and health promotion programs throughout the tri-County Region. The Councils were asked for their input on what evidenced-based programs SDS could possibly serve in the future. Ms. Lazaro oversaw researching fall prevention programs and Carolyn Mendez-Luck was focused on dementia and caregiving programs.

Ms. Lazaro found many of the fall prevention programs took place outside of the home environment, which left it questionable as to who was doing the training. Also, a lot of the infrastructure set up for these programs was no longer there. She did find that some fire departments provide Fall Prevention Programs in the home environment, along with a lot of free material that could be helpful, but unfortunately nothing locally in our Region.

The program she found most likely to fit SDS's needs is *Healthy Moves for Aging Well*. It is a one-on-one training for sedentary, high risk, homebound, older adults based on six to seven criteria from a senior fitness test. It's a very simple program so it would be easy to train an in-home caregiver to cue the consumer, as well as modify it to their needs. Ms. Lazaro has been in correspondence with *Partners in Care*, the agency that is coordinating this program. To get started with the Program there are three steps to consider:

- 1) introducing the concept to the agency administrators, which would require networking to get the information out to the different people involved and finding people to do the training;
- 2) verify community need and senior interest in physical activity; and
- 3) determine feasibility; is there funding and is there access to the population.

Ms. Jackson suggested contacting Northwest Senior and Disability Services (NWSDS) out of Salem who is currently piloting a program called *Otago Exercise Program* (this is not an evidence-based program). SDS Long-Term Services and Supports Innovator Agent Ballini-Ross pointed out the *Otago Exercise Program* is an evidence-based program out of New Zealand where they used physical therapists. However, NWSDS piloted the program using personal trainers rather than physical therapists because they are much more cost effective, which they have had great success with. It still the same concept of going to people in their own homes and providing them the skills and curriculum to improve their skills of activities of daily living to lower their risk of falls.

Ms. Mendez-Luck suggested doing an evaluation on whatever program they decide on to help with securing funding for it. If they go with a program in fall prevention she has a colleague at Oregon State University that is interested in fall prevention and has students that work on evaluation projects. This might be good opportunity for her and her students to become involved.

SSAC Chair Daley reminded everyone that even though the Councils may have a great idea they still need to get the buy in from the different levels of administration at OCWCOG. It's great to hear about the different programs, but implementation is a different step which they need to keep in mind.

SDS Program Manager Moore said everything is on hold right now until they hear more on what is happening with State funding. If funding remains stable with evidence-based funds and health promotion, then they can come back to the table and look at the different options for programs that Ms. Lazaro and Ms. Mendez-Luck provided. SDS Program Manager Moore would like Ms. Mendez-Luck to present her findings at a future meeting. They are looking at June before they will know more about future funding.

Jann Glenn suggested taking a look at balance training YouTube® videos being used in the home for balance training.

- 5. State Unit on Aging Report (Suanne Jackson, State Unit on Aging (SUA) Liaison to OCWCOG):** SUA Liaison Suanne Jackson works for State Unit on Aging which oversees the Aging and Disability Resource Connection (ADRC) and the Older Americans Act funds. Her job as liaison is to help with the understanding of what the Standards are for the different programs. She will be working on the focus areas of the *Area Plan* with SDS Program Manager Moore, SDS Supervisor Ann Johnson, and Senior Meals Program Supervisor Diane Harvey in getting specifics on SDS's goals and objectives, as well as holding monthly meetings to review what's been done, what needs to be worked on, and ensuring all work gets documented. She encouraged anyone with questions to contact her.

SUA Liaison Jackson pointed out that the ADRC is not the Information and Referral (I&R) Call Center. Handouts were provided on the ADRC, along with a data fact sheet for the State of Oregon. She went over the different statistics with the Councils. Locally, the OCWCOG received 16,314 total calls in the 2015-2017 biennium with 5,290 referrals.

A consumer-focused website has a database of over 6,000 providers across the State with OCWCOG being responsible for 281 of them. OCWCOG resources are 99% updated in the last year putting them in the top third across the State. There are four people that are certified through the *Alliance of Information and Referral Systems*, which is a national information and referral certification. There are eight people in the tri-County Region that are trained to provide *Options Counseling*, with three of those who are actively utilizing their training.

The grant money for the ADRC is gone, but there is still funding for the I&R Call Center through the Older Americans Act. The *Options Counseling* funding, through the Legislature, is good through June 30, 2017, but they are hoping to get refunded. CMS said they can match I&R and *Options Counseling* if they are talking to people about Medicaid. There is talk on how to keep the ADRC moving forward, so they are excited about the Medicaid match.

- 6. Oregon Department of Humans Services' Aging and People with Disabilities (APD) Cost Cutting: Revisions to Service Priority Levels (Randi Moore, SDS Program Manager):** SDS Program Manager Moore explained when Medicaid Case Managers assess consumers they use classifications in how they receive services. However, there was inconsistency across the State in assessments. The State Office of Aging and People with Disabilities came up with clear rules on eligibility for services, but unfortunately, these rules would have deemed some previously eligible consumers now ineligible. This means that there are people that have given up their homes to qualify for Medicaid services that may now lose their living environment. There is no clear data on what the true effect will be in our community. The State estimates 5% of our consumers will be affected.

There has been a lot of advocacy on this issue and SDS Program Manager Moore feels the message has been heard. APD has said they are holding off on the implementation of the program and all mandatory training has been canceled for now. However, there is no way to stop this from happening completely because of the need to have clearer guidelines on eligibility. SDS Program Manager Moore will be attending an Oregon Association of Area Agencies on Aging and Disabilities (O4AD) Executive meeting on Wednesday where they will learn what the slowdown looks like and where we go from here. As soon as she has information she will share with the Councils.

Ms. Lazaro is concerned that the cognitive issues have still not been discussed. SDS Program Manager Moore said that currently in their assessments there are five areas of cognition that are assessed without support. There will be changes in the way that Case Managers will assess cognition, but they don't know what that looks like yet. SDS Program Manager Moore will be sending a staff person to a workgroup to look at the cognition changes which will roll out in the fall.

SDS Long Term Services and Supports Innovator Agent Ballini-Ross said that people in APD are in conversation with CMS around this transition. Some people will be displaced and currently you cannot spend Medicaid dollars on housing, so they are working through CMS to make sure there is a safe plan for these people.

SUA Liaison Jackson said that implementation will happen as a client's yearly or otherwise periodic assessment comes up.

7. Announcements:

Ms. Lazaro shared she attended the *Mental Health First Aid* course through Good Samaritan. It was a free class where they provided food and a booklet with many resources and handouts.

Pete Rickey shared that he went to both *Mental Health First Aid* trainings put on by Good Samaritan, one of which was more Veteran focused. It was there Mr. Rickey met Kyle Hatch, the instructor, and they spoke about the possibility of him speaking at a Council meeting.

SDS Program Manager Moore shared there is also a *Mental Health First Aid* training that is focused on older adults. She stressed that taking a *Mental Health First Aid* training doesn't make one a counselor but it does help you deal with someone who could be in a mental health crisis. Mr. Rickey said because it is a volunteer program you cannot be held liable if you act, because it's a certification course with recognition.

SDS Long Term Services and Supports Innovator Agent Ballini-Ross announced there is an *Older Adult Mental Health First Aid* class taking place in Lebanon on April 28th from 8:00 am – 5:00 pm.

DSAC Vice Chair Volpe announced there is a proposal to block grant Medicaid. It would have a negative impact because the federal government funds 65% of Medicaid. This needs to be kept track of for the future.

Ms. Glenn announced that the *Veterans Forum* will be discussing exposure to toxins and Agent Orange this Thursday at 6:00 pm. This is being held at the Samaritan Education Building in Newport. They are encouraging all Veterans to attend.

Mr. Noorani shared that back in February he wrote a letter to the editor of the *Albany Democrat-Herald* and *Corvallis Gazette-Times* about premium support and Medicare. Saleem will forward the letter to the Councils.

Ms. Mendez-Luck asked if it would be of interest to the Councils to have a presentation on the different proposals for the repeal of the *Affordable Care Act* and what it would look like. It was decided to wait until more is known.

SSAC Chair Daley announced the next *Powerful Tools for Caregivers* class is scheduled to start on April 10th in Lebanon. One must register for the class to attend. There is also a class starting on Friday in Toledo.

Community and Program Support Coordinator Bennett announced the April meeting will take place in Lincoln City at Lakeview Senior Living. Lunch will be provided and she encourages carpooling. There is an optional tour at the end of the meeting. She would like to get a head count ahead of time.

8. Adjournment:

Meeting was adjourned at 1:32 pm.

The next meeting will be on Tuesday, April 4, 2017.

Location: Lakeview Senior Living; 2690 NE Yacht Avenue; Lincoln City