Called to Order
Meeting was called to order at 9:35 am by Judy Strand.

Welcome
Judy Strand welcomed Ken Dudley as a new Commissioner to GCSS.

Agenda
The agenda was reviewed. Nancy Pierce made a motion to adopt the agenda as written. Seconded and Approved.

Meeting Minutes
The meeting minutes from April 9, 2015, were reviewed. Motion was made by Mary Rita Hurley to adopt the minutes. Seconded and Approved.

Meeting Packet
The meeting packet was presented. Motion was made to accept the meeting packet as presented. Seconded and Approved.
Public Comments
There were no public comments.

Announcement
Charles Richards announced that Senator Merkley is going to speak on a “Community Care Initiative” pilot program and senior issues at Meals on Wheels in Portland on Friday, June 12, 12:30 pm – 1:30 pm.

Dignity and Quality of Care Legislative Subcommittee
Joe Greenman said that the legislature is 15-20 days from adjourning. Most all of the controversial items have been dealt with except for the budgets. The revenue forecast came out in May, and enough revenue has been produced to fill in most of the budget shortfalls. Consequently, the DHS budget is in good shape, and all of the issues revolving around care for senior programs are currently addressed in the budget. The line items for all of the various senior and home and community-based services are going to come in at the requested levels. It is now a matter of monitoring the committees and watching very closely when the bill draft comes out to see that the numbers reflect what the committee leaders are telling us that they are committed to doing.

Jim Davis said that in response to the concerns of advocates that APD has indicated that a $27 million allocation for the OPI budget would allow for age neutrality. Funding at the highest level for OPI is being looked at to allow equal access to services.

The legislative pace of the budget process for seniors with disabilities, mental health, and addictions has picked up greatly. Regarding the SPA monies, serious amounts were put into the budgets for these programs. One of the key purposes of that process was to develop 25 local coordinator positions. These positions are allocated based on populations around the state and are starting to be filled. Staff in these positions will begin to develop/organize activities to collaborate with existing resources to provide some level of services to seniors with disabilities, mental health, and addictions. However, one of the roadblocks that they will run into is that there are presently no existing resources out there, and community health directors are starting to write letters to that effect. Judy Strand commented that this may need to be tracked by a small workgroup of which Judy wants to be included.
Jim said that OHA’s AMH received approximately $700,000 for training. AMH then contracted with Portland State’s Institute on Aging to put together a training program and is testing some modules around mostly senior mental health and addictions.

Jim said that in this legislative session, $6.1 million has been set aside on the AMH side that will fund the senior mental health positions through the next biennium, but there is not adequate support for services or training. So there will have to be collaboration and finding what’s out there. Jim also stated that there have been some good things happening through ADRC’s senior disability side with some preventive and support work in the communities.

**Aging as an Asset – Volunteer Workgroup**
Ann McQueen said that a survey is being developed with six to seven questions to send out to organizations that work with older adult volunteers. Right now it is being tested by a few organizations before launching. Mary Rita Hurley said that the intent of the survey is to look at aging as an asset asking what organizations are doing and who has had success. Then the workgroup will take a look at all of the data and then potentially make some recommendations to take to the full Commission and possibly to the Governor’s office.

It was suggested that GCSS ask for ADRC’s list of organizations as possibilities to send the survey to when it is finalized. Nancy Pierce was interested in what questions are asked on the survey. The survey and list of organizations who will receive the survey will be sent out to the Commissioners.

**Aging as an Asset – Workforce Workgroup**
Ann McQueen said that the Workforce Workgroup decided to take a break in May until after the Oregon WHCOA, as they wanted to be able to take a look at the recommendations that come from that conference to see if it would guide them in any way. The committee will probably meet again in mid-July.

Jim Davis mentioned that he would like to see the group get more involved in studying the issues and laws around age discrimination in employment. Ann
mentioned that the group had done some investigating in this area and suggested that Jim talk to Paul Krissel as Paul heads up the group.

**Home and Community-Based Services (HCBS) Stakeholder Group**

Jane-ellen Weidanz, Medicaid and Long Term Care Manager for APD, said that her reason for coming today was to discuss implementing the new federal regulations based on the definition of home and community based services. The federal government has been working on a definition of home and community based services for the purpose of federal funding for any of the programs or funding authorities that allow states to serve people in community settings versus institutions. How do you define home and community based services when every state has implemented different waivers and state plans differently across the board? The federal government has been trying for years to come up with some criteria and it finally came down to, instead of defining settings and types of services, they defined the characteristics of home and community based services. Once that was done, the federal government gave the states until March 2019 to come into full compliance with the new regulations. Each state was required to submit a Global Transition Plan by March 2015 detailing the steps that they would take to meet the 2019 deadline. Oregon submitted its plan in October 2014. CMS responded to Oregon that they wanted changes made to the plan; changes were submitted in April. As of today, CMS has not approved any state’s transition plan.

Jane-ellen said that she feels that at the present time, Oregon is about 85% in compliance with the new regulations. However, some programs in Oregon have been developed to meet the needs of special populations where the basic criteria looks like it will not meet HCBS regulations. Many of the rights that are given to consumers in the new federal regulations conflict with what has been established in their present settings. APD facilities are set around helping people and taking care of them. (DD and MH programs help consumers with skills building which allows them to be as independent as possible.) The new federal regulations allow consumers more control over their own schedule and activities, access to food, decorating and furnishing their rooms, visiting hours, etc. Some providers are feeling like they are losing control as they feel responsible for the health and safety of their consumers and work toward that end. Mary Rita Hurley said it is all about choice and is a very hard thing to adjust to. We are not losing control, it wasn’t ours to lose anyway; it was always the person’s right. Jane-ellen said that Oregon has developed a transition plan that will assist providers through this new
process. (The plan applies to all licensed, endorsed, and certified providers.) The plan has been broken down into phases; each phase builds on the previous phase and is intended to provide additional information and guidance on the next phase:

- Phase I – Initial Regulatory Assessment
- Phase II – Statewide Training and Education Efforts
- Phase III – Provider Self-Assessment and Individual Experience Assessment
- Phase IV – Heightened Scrutiny Process
- Phase V – Remediation Activities
- Phase VI – Ongoing Compliance and Oversight

At the present time, Oregon is in Phase I. All providers must be in compliance by September 2018 as CMS wants to allow Oregon to have six months to move people if they are in settings that are not in compliance or will not be in compliance by March 2019.

Jane-ellen also added that the method of serving consumers needs to be more person-centered. Consumers need to be asked, what are their goals? What are their values? What are their religious preferences, etc.? A service plan will then begin to be developed out of the answers to these questions and other criteria.

Jane-ellen asked for volunteers from GCSS to participate in the HCBS Stakeholder group which meets for two hours once a month. Ruth McEwen volunteered to serve.

**ADRC**

Jim Davis asked Jane-ellen to give a progress report on the ADRCs. Jane ellen said that APD received funding through a policy action package for the 2013-2015 biennium to do two things: 1) Build a special development for people with intensive needs because of dementia or who are eligible for these services but have no money to pay for it. Some intensive service systems were developed with system providers who have expertise in dealing with people with extremely challenging behaviors. Overall, beds were increased by about 75 statewide. 2) Take a look at what can be done to prevent people from needing more intensive services and help them get access to the appropriate supports. Through the help of different advocacy groups, a statewide expansion of the Gatekeeper program was initiated. Through this program, people in local communities (letter carriers, meter readers, bank employees, etc.) are trained to know how to identify people
who may be at risk. With that knowledge, the ADRC, AAA, or APD office will then perform a wellness check on those individuals. This helps identify when people are starting to have problems and then the state can step in with Older Americans Act Services, OPI, or even Medicaid (if appropriate) or just get people connected to other privately-paid resources so that they can maintain their independence and stay safe where they are at.

Most of the ADRCs are in operation. The last time Jane-ellen checked, 2,800 people have been trained to be gatekeepers. Funds have been received for local support services for people who don’t meet chronic, serious, or persistent mental illness criteria and are not necessarily Medicaid eligible so they don’t have access to ongoing mental health treatment.

Funding was requested to create evidence-based programs in all of the ADRCs to meet the needs of seniors and people with disabilities who may be facing anxiety, depression, addiction, or substance use issues. It was important that the programs be evidence-based so that the results could be documented and really make a difference. Each of the ADRCs put forth a proposal for which program that they were going to select. Most of them selected a program called Pearls which is an evidence-based practice for seniors, and in some areas, they are piloting with the Pearls Corporation to see if that is also evidence-based for people with disabilities. Some of the ADRCs selected another program that is advocate-based using peers with people with disabilities who are facing depression and anxiety. Some of the programs are up and running, doing amazing work. The ADRCs are making a positive impact in their communities. Portland State has been contracted to supply data analysis and reports.

Oregon White House Conference on Aging (OWHCOA) Update
Rebecca Arce shared a PowerPoint overview on survey results from the June 2015 OWHCOA:
- Attendance: 200 estimated, 40 on wait list.
- 78 attendants completed the conference survey.
- Majority of attendees favored holding future conferences every two years, followed by yearly.
The highest satisfaction levels with the conference were with the background information on topics, type of conference activities, and location of the conference.

The three highest areas of useful content at the conference were given to the Panel 3 discussion on elder justice, Ted Wheeler’s keynote address, and Dr. Bill Thomas’ keynote addresses.

The majority of attendee affiliations were from non-profit agencies followed by local government.

Other comments regarding the conference:
- Ann McQueen did a tremendous job in organizing and executing the conference. Thank you, Ann.
- Due to time constraints and the fullness of the conference, do not engage a speaker during the lunch time. (People need time to relax for lunch and network with others.)
- Need a sponsor to pay for rooms.
- No lag time—conference was full of content (positive remark).
- To save time, only write up the bios and do not give that information in speaker introductions.
- Appreciation was voiced for the event not being held in Portland or Salem.
- Were the attendees aware that GCSS sponsored the event?
- Follow-up to attendees from GCSS. (Set up a mailbox for the GCSS?)
- Liked the content of the conference—had a good balance.
- Great facility to hold the conference in.
- Recommendation process went very smoothly—very well organized but would like to see a more “open” process. Don’t stifle the process by limiting the number of recommendations that can be forwarded as there were a lot of good recommendations that did not get on the board. Once all recommendations are on the board, then prioritize them.
- Possibly extend the one day conference to one and a half or two days.

A question was asked about what recommendations were forwarded to Washington D.C. and how does that process work. Ann McQueen responded that she received all of the flip charts from the panel discussions and is meeting with the lead facilitators to come up with a draft of recommendations. The draft of the recommendations will then be sent to a few people from each of the groups to edit and return to Ann. Ann will then incorporate those edits into the recommendations
and circulate them again to the lead facilitators and others. Mike McCormick will review the final recommendations before being sent to APD stakeholders.

Ann said that on Monday, July 13, there will be an APD Stakeholder Viewing Session where the final event of the WHCOA will be shown via live stream. The viewing will be held in the Veterans’ Affairs Auditorium. In addition, the recommendations that came out of Oregon’s WHCOA will also be discussed. Time of the session is yet to be determined.

**Commission Business – Liaison Reports**

- Ruth McEwen reported that she attended a monthly meeting of the Oregon Home Care Commission. The Commission has decided to use the word “consumer” in place of “client” in their organization. “Individual” is also an acceptable term to replace “client.” It was noted that CMS is using the word “consumer” in place of “client,” and APD is also encouraging staff to do the same.

- Jim Davis reported that at the last meeting of the Oregon Disabilities Commission, representatives from the Division of Motor Vehicles attended and there was a wide range of discussion around disability parking spaces that was very informative. In addition, a brochure is being put together that will help educate people on disability parking spaces.

- Elaine Friesen-Strang reported that Elders in Action is wrapping up the year and will be going into a retreat to redefine and reassess what their organization should actually be doing. In addition, all of their committees are filled, and the organization is growing.

- Charles Richards attended a meeting of the Long Term Ombudsman. They are presently looking for a new head to the department and also had an extended discussion on those who will be training guardians. Jim Davis said that the process for recruiting a new department head has been very “open,” and he has appreciated it very much.

**Commission Business - Budget**

Judy Strand reported that there are no more funds left in the Commission’s budget; it has all been spent. Jim Davis said that it would be helpful for the
Commissioners to know on a periodic basis how the whole budget is being spent as there are line items for all of the advisory groups. If there is any left in that fund, some of the groups may want to collaborate on a project to use those funds.

Jim asked how much the Commission is allowed in its budget. Ann McQueen responded that the Commission receives $4,000 in discretionary funds every year, and as of July 1, 2015, $4,000 will be put in that fund. Ann also said that there is a fund dedicated to statutory obligations for Commissions and Councils that Advocacy and Development oversees. The amount in that fund is estimated on what would be needed for reimbursement for staff expenses. When that money is not spent, it goes back into APD’s budget.

Ann asked if any of the Commissioners had an interest in a joint meeting(s) with other Commissions around common areas of interest or speakers. If so, Ann asked that liaisons talk to others in their meetings to see if there is any interest on their side. Judy said that that issue should be taken to the Executive Committee for discussion.

**Commission Business – Membership: Skills Matrix, Rooster, and Recruitment**

A GCSS Skills Matrix form was circulated among the Commissioners to check the appropriate skills and knowledge categories that represent their experience. The matrix form was to be used in a discussion about recruiting new members to the Commission.

An Executive Appointments Board Roster was also distributed for members to check their personal data and terms of service. Ann McQueen mentioned that she spoke with the Governor’s Office of Appointments, and they do not foresee any changes in the terms of service for Commissioners due to the change in Governors. So, a Commissioner can serve two back-to-back, three-year terms. When the second term expires, a Commissioner can continue to serve (if he/she desires to do so) until a replacement is confirmed. Ann confirmed that the statute reads that the Commission will consist of a minimum of 21 members. Half of those should be older adults, so a few more people can be recruited or the Commission can stay at its’ present number. Judy Strand asked if any Commissioners had any suggestions as to who they would like to see recruited for the Commission. Suggestions included:
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- Representative from an adult foster home.  
- Rural person from Douglas County.  
- Person from the Latino community.  
- An expertise in working with Veterans.  
- A person with a background in communications.

Jim Davis said that Senator Jeff Kruse does not attend the Commission’s meetings, and that the Commission needs to find a person to fill that role. It was suggested that this matter be approached after the legislative session ends.

Judy said that the Commissioners’ suggestions for recruitment of new members will be brought before the Executive Committee.

**Housing – Renter’s Perspective**
Mary Rita Hurley attended an AARP luncheon on age-friendly communities. During that meeting, Mary Rita was approached about what the Commission could do about how expensive rental rates are in Multnomah County. She was also told that because rental rates keep increasing, people are being displaced from inner city Portland to Gresham and Hillsboro. Mary Rita brought up the issue at the GCSS meeting as the Commission has not had a conversation about rental rates.

During discussion, several comments were made:  
- High rental rates also exist in other Oregon counties, and as a result, people are being evicted.  
- There is a lack of affordable housing which only contributes to the problem.  
- People are being forced to move as housing owners are raising rental rates.  
- In Linn and Benton counties, housing is hard to get and when consumers receive a voucher for housing, it is only good for 120 days; some are unable to find housing in that amount of time and therefore the voucher becomes invalid.  
- From the Seattle and Lebanon WHCOA, there was broad support from attendees who recognized the need for housing that is affordable and accessible for multi-generations, regardless of physical or mental needs.  
- It was brought out that housing and transportation are very connected and are very important to the well-being of Oregon’s communities. People can be given all kinds of services, but if they don’t have a safe place to live or transportation, other services aren’t relevant.
Rebecca Arce said that Jeff Puterbaugh and Naomi Sacks (Advocacy and Development) are involved with an APD workgroup that is studying housing issues as related to Senate Bill 21. They have a workgroup of about 40 to 50 people who are discussing issues about housing services. Ann McQueen and Rebecca will get in contact with this group and find out exactly what they are working on and share that information at the next Commission meeting.

Jim Davis said that housing is a very big issue among senior advocates and that the primary issue is around “affordable” housing. The Commission needs to consider not only how housing affects low income populations, but how housing affects the whole community in general. Jim would like GCSS to take a look at these issues by forming a panel about what is happening on housing issues within AARP, state government, and community services. A range of issues needs addressed. What changes need to be made in the law? What new programs are needed, etc? Then figure out what the Commission’s priorities are around the housing issue. Judy mentioned the idea of gathering a housing panel of experts to discuss these issues and help the Commission guide its work in this area. Ann and Rebecca will work on putting together a panel for the August meeting.

Coordinated Care Organizations (CCOs) and Potential Panel

Comments made during the CCO discussion:

- Lane County’s CCO has been purchased by Trillium Community Health Plan (a Fortune 500 Company). Even though Trillium has expertise in the Medicaid program, what will this do to the oversight and input from within the communities? Could this happen to other CCOs? Tax payer dollars are funding this; are the people’s voices being heard?
- People in communities have no “teeth” to help make any changes or decisions with the CCOs. Oregon has taken its Medicaid system and contracted all of the risk in the Medicaid system to private health plans and have given those health plans the power to auto-enroll every person on Medicaid into their health plan.
- All CCOs are formed differently, and access to them and services is difficult.
- Access to the CCO meetings has been asked for through the legislature, but there has been no response.
One of the key issues in the present system with managed health care, OHA, and OHP is around integration, around the constant threat and effort by the health plans and the Board of the Governor’s office and people at OHA in their efforts to integrate the Medicaid budgets of OHP and the senior and disability system when there couldn’t be anything worse that could happen than the integration of those budgets. Budget integration is a major issue that needs addressed; systems collaboration also needs discussed.

The health plans are receiving hundreds of millions of dollars of public money and are not under public meeting law; they are not required to allow the public to attend their board meetings or advisory council meetings. Access to information is very important. The public is not informed on how monies are expended. More public access and involvement on how decisions are made and how things are unfolding is critical.

The state representatives, senators, and the Governor’s office need to be made aware of the issues revolving around the CCOs.

Focus needs to be placed on the system. An independent watchdog organization is needed on behalf of the tax payers and voters in Oregon who can exercise influence and are actually vested with legal authority to enter into this system and evaluate it when it is not living up to whatever its goals, means, and objectives are. Focus on what “is” the system that has been created, how does it work, where might it be potentially deficient, and what kind of improvements should be looked at so that regardless of which health care organization is administering it, they will be held accountable to standards that are built within the system.

Judy Strand asked the Commission if they would like to have a panel presentation that would include CCO representatives to speak about the care system and answer questions from the Commissioners. She also asked if the Commission would want to prepare a fact sheet on what it wants to advocate for on this issue. Response indicated that the panel should be balanced and could include John Mullin as he is quite knowledge about the health care plan. CCO representation should be included to get differing perspectives on how they view the system and their role in the process.

Suggested discussion/questions for the panel:
- What is there about the present system that is better than the system that it replaced? How is the new system better than the previous system?
What does the Commission need to start talking about if the system has inadequacies associated with it?
- How does the new system affect older adults?
- Invite Oregon Primary Care Association to speak on the panel. (Suggestion from a public interested party attending the meeting via phone.)
- Determine where the common ground is and work within that.
- What are the CCO’s abilities to manage chronic disease and what are the outcomes? (Suggestion from a public interested party attending the meeting via phone.)
- What could be working better?
- What are some of the obstacles that the CCOs are facing?
- What is the nature of the public input?
- How are you serving dual eligibles?

Maybe a small group of Commissioners could get together to narrow down who and what questions could be part of the panel?

Office of Adult Abuse Prevention and Investigation (OAAPI) Update
Marie Cervantes, Director, Office of Adult Abuse Prevention and Investigation, gave a PowerPoint presentation overview of OAAPI covering:
- OAPPI’s Mission: “Partnering to achieve service equity by preventing abuse, protecting people in need, engaging our communities, valuing those who do the work, and committing to quality in all we do.”
- OAAPI’s primary responsibilities:
  - Responds to health and safety needs.
  - Develops and implements policies, rules, legislative concepts, and programs.
  - Develops and implements abuse prevention strategies.
  - Engages partners and stakeholders.
  - Provides data analysis and research.
- OAAPI supports investigations; research and prevention; policy, program and training; and operations/program support.
- OAAPI serves adults with physical disabilities, children in residential treatment, adults with mental illness, adults with developmental disabilities, and adults over the age of 65.
- OAAPI’s investment in protective and preventive services: response, prevention, education, and research.
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- OAAPI measures success and ensures accountability through process and outcome measures.
- Data and metrics.
- Partnerships within the community.

OAAPI’s web page can be found at Oregon.gov/DHS/abuse/pages/index.aspx.

**APD Legislative and Budget Update**

An informal discussion session was held with Mike McCormick regarding some concerns expressed by a legislator regarding APD’s sustainability and management issues. Mike said that APD is presenting the facts around the concerns:

- There has been an incredible amount of new investments this biennium. When rolled forward on a 24 month basis, that has an impact on the cost from biennium to biennium. That is one part of it.

- Another part of the issue is the Medicaid expansion population. There are about 450,000 Oregonians that have health insurance coverage through Medicaid as a result of the expansion and those individuals (1.1 million people in the Oregon Health Plan) have access to APD’s services through the K Plan because it is a state option and not a waiver, but they only have access to our services provided that they meet certain levels of care criteria.

- Another dynamic that is occurring is the transition efforts that are keeping more people out of nursing facilities and serving them in their own homes. Our caseload is projected to go up the next biennium, with 20.6% growth on the in-home side. In-home is the overwhelming preference by consumers if they are going to need long term care services.

- In addition, APD has reduced a lot of barriers to serving people in their own homes by the new tools available through the K-Plan such as special medical equipment covered through the OHP regular benefits; intensive cleaning services for people who are hoarders or who have let their house go into such a state of disarray until it is uninhabitable; bathroom widening; installation of showers that are at floor level; ramps for wheelchair dependent people, etc.
• Another component is the implementation of the $500 over Supplemental Security Income (SSI) policy called the “in-home allowance.” There has been a lot of misunderstanding about this; people think that APD has changed eligibility in its program, but it hasn’t. APD still has the same income eligibility criteria of $0 to $2,199. The difference is people used to contribute all of their income down to the SSI income standard of $733. Now APD lets them keep income up to $1,233. For some, for a portion of the growth, that barrier that used to exist, no longer exists.

• Boomers are now entering the system. In a recent poll, APD looked at five months of new entrance into the in-home program, but the only people that were enrolling were homecare workers, and 44.5% were boomers between the ages of 51 and 69. And that is a big number for that age group. Boomers account for approximately 35% of our total caseload but are accounting for 44.5% of new entrants into the in-home program.

• There are very legitimate concerns about the sustainability of APD’s programs. APD’s general fund is projected to increase by 20% from 2013-15 to 2015-17; that can’t continue for long. Mike sent out a message to APD/AAA Managers, Stakeholders, and Partners basically saying that APD is going to engage the services of a consultant seeking out options for sustaining APD’s programs for the long term.

• It is really a complex narrative with everything that is going on and why caseloads are increasing. One thing that has hurt APD is that it has not had good data on how many of those people that APD is serving today are the Medicaid expansion group? I can tell you that in three weeks of implementation, we had 83 people that came into our services “new” that were probably expansion group, and so if we just do a conservative rounding of 100 per month, in a year it will be 1,200; in two years it will be 2,400; and it will be approaching 10% of our caseload if that trend holds true. The other thing that is interesting about the 83 number is that this is a brand new process for the field and hasn’t been “institutionalized.”

Meeting adjourned at 3:27 pm.