



Draft

Minutes

June 5, 2015

Des Moines, IA

Welcome and Call to Order

The Iowa Commission on Aging convened a regular meeting in room 310 of the Ola Babcock Miller Building. Commissioner Grandquist called the meeting to order at 9:30 AM. Grandquist welcomed Commissioner Winkie to her first meeting.

Roll Call

Members Present

Betty Grandquist, Chair
Jill Bjerke
Carole Dunkin
Quentin Hart
Willard Jenkins
Richard Stone
Bev Winkie

Members Absent

Sen. Dotzler*
Sen. Johnson*
Rep. Brandenburg*
Rep. Gaskill* (Stopped by the meeting around Noon during a break in Session)

*Non-voting, Ex-officio members

Others Present or on the call: Donna Harvey, Kimberly Murphy, Danika Welsch, Paige Thorson, Linda Hildreth, Joe Sample, Dick Harmon, Donnell Doering, Shelly Sindt, Mike Isaacson, Jill Gleason, Kelly Butts, Shan Sasser, Jane Erickson, Joel Olah, Jim Cushing, Bob Welsh, Christa Merritt, Di Findley, Carin Reisch.

Agenda

Action: There was a motion by Commissioner Stone, and a second by Commissioner Dunkin to adopt the agenda as presented. All members present voted: Aye. Motion carried.

Minutes

The minutes of February 6, 2015 stand as presented.

Department on Aging Update

Director Harvey provided an update of department activities. Kimberly Murphy, Iowa Department on Aging (IDA), provided an update of state and federal legislative activities. See the Department and Legislative Updates for details. Discussion held.

Office of the State Long-Term Care Ombudsman Update

Paige Thorson, Office of the State Long-Term Care Ombudsman (SLTCO), provided the update of office activities on behalf of State Long-Term Care Ombudsman, Deanna Clingan-Fischer. The update included grant and legislative activities. See the Long-Term Care Ombudsman Updates Memorandum for details. Discussion was held.

Administrative Rules

Murphy walked through the Adopted and Filed notice for Administrative Code Chapter 2, Department on Aging. There were no changes made to the Chapter as approved in the Notice of Intended Action step. The Chapter made its way through the Administrative Rules Review Committee (ARRC), and no public comment was received. Discussion was held.

Action: There was a motion by Commissioner Hart, and a second by Commissioner Dunkin to adopt and file 17 Iowa Administrative Code Chapter 2 as presented. All members present voted: Aye. Motion carried.

SFY 2016 Area Plan Updates

The Department provided the commission with a synopsis of the SFY 2016-2017 Area Agency Plans on Aging. See the document for details.

The six area agencies on aging (AAAs) gave presentations to the commission summarizing their area.

After an internal review by the Department staff including program managers, fiscal staff and management, the Department recommended approval of the SFY 2016-2017 Area Plans as submitted by Elderbridge, Northeast Iowa Area Agency on Aging, Aging Resources, Heritage, Milestones, and Connections. Action was taken for each plan following the agency presentation. Discussion was held.

Action: There was a motion by Commissioner Hart, and a second by Commissioner Bjerke to approve the FY2016-2017 Area Plan submitted by Milestones Area Agency on Aging. All members present voted: Aye. Motion carried.

Action: There was a motion by Commissioner Dunkin, and a second by Commissioner Stone to approve the FY2016-2017 Area Plan submitted and funds transfer as requested by Elderbridge Area Agency on Aging. All members present voted: Aye. Motion carried.

Action: There was a motion by Commissioner Bjerke, and a second by Commissioner Stone to approve the FY2016-2017 Area Plan submitted by Northeast Iowa Area Agency on Aging. All members present voted: Aye. Motion carried.

Action: There was a motion by Commissioner Stone, and a second by Commissioner Bjerke to approve the FY2016-2017 Area Plan submitted and funds transfer as requested by Aging Resources of Central Iowa. All members present voted: Aye. Motion carried.

Action: There was a motion by Commissioner Stone, and a second by Commissioner Hart to approve the FY2016-2017 Area Plan submitted and funds transfer as requested by Heritage Area Agency on Aging. All members present voted: Aye. Motion carried.

Action: There was a motion by Commissioner Hart, and a second by Commissioner Stone to approve the FY2016-2017 Area Plan submitted by Connections Area Agency on Aging. All members present voted: Aye. Motion carried.

Demographic Overview

Dick Harmon, IDA, provided an overview of Iowa demographics. See the Older Iowans: 2015 profile for details.

Data Presentation

The Department is working towards data driven outcomes and decision-making, not currently a common practice in aging networks across the Nation. Shan Sasser and Dick Harmon, IDA, gave a presentation of an example of the data analysis the Department is working on. See the presentation for details.

Betty Grandquist Lifetime Achievement Award

Erin Kurth, IDA, walked the commission through a proposal to award the 2015 Betty Grandquist Lifetime Achievement Award. See the handout for the proposed criteria and procedures.

A committee was established to review the nominations to provide the commission with a recommendation to award. The members selected to sit on the committee were Dunkin, Stone and Winkie. Hart will serve as a backup. The committee will meet to discuss their recommendation on August 14 prior to the commission meeting.

Election of Officers – Term effective through June 2017

The Nominating Committee consisting of Dunkin, Jenkins, and Stone met earlier in the morning to provide a recommendation to the Commission for the election of officers. The Committee recommended Commissioner Grandquist to serve as Chair and Commissioner Stone to serve as Vice-Chair. With no opposition or nominations from the floor the Chair and Vice-Chair stand as recommended.

Announcements from the Commission and/or Department Staff

None.

Next Commission Meeting

The Department proposed the following meeting schedule for the remainder of 2015: August 14, September 18, October 16, November 13 and December 18. Meetings that are not needed at the time will be cancelled.

Action: There was a motion by Commissioner Stone, and a second by Commissioner Hart to adopt the meeting schedule as presented. All members present voted: Aye. Motion carried.

Public Comment

Written comments are attached.

Jim Cushing, Iowa Association of Area Agencies (i4a), spoke to the commission about the activities underway at the Association and Area Agencies. Cushing provided a handout, "Iowa Area Agencies on Aging: Transforming Care for the Future," and asked for support in telling their story.

Adjournment

There being no further business to discuss at this time the meeting was adjourned at 1:48PM.

Chair

Date

Recording Secretary

Date

N4A (National Association of Area Agencies on Aging) Board Report

By: Barb Morrison

The N4A Board has been focusing on:

1. Setting the Policy Priorities for 2015
 - a. Reauthorization of the Older Americans Act
 - b. Enhancing the Health of Older Adults
 - i. ADRCs
 - ii. Care Transitions and Care Coordination
 - iii. Medicaid Managed Care Initiatives
 - iv. Prevention and Wellness
 - v. Veterans Directed HCBS
 - c. FY 2016 Appropriations
 - i. Increase Older American Act Program funding to at least FY 2010 levels.
 - ii. Provide additional funding for ADRCs
 - iii. Adequately fund the Elder Just Act of 2010
 - iv. Increase funding for SHIP programs
 - v. Fund Evidence Based programs
 - d. Promote Mobility and Community Living
 - e. Preserve the Safety Net.
 - i. Don't let deficit reduction be used as an excuse to undermine the very programs that keep our nation's older adults from falling into poverty, suffering ill health or otherwise struggling to live independently and with dignity.
2. Business Acumen
 - a. How to assist members in looking at new business models and opportunities including Fee for Services models.
3. Role of Care Transitions
 - a. Preliminary information gathered from AAA's who have and/or had Community Care Transition Programs grants from CMS shows a lot of success in decreasing readmission rates to hospitals within 30 days and better connecting them with home and community based services. Several programs have been notified that CMS was choosing not to continue their funding. (variety of reasons) The Board is exploring whether it is worthwhile to older individuals to have care transition programs available and how that might occur.

National Advisory Committee on Rural Health and Human Services

This group looks at programs and services that come under the direction of Health and Human Services Secretary, whether there are issues that might exist uniquely to rural areas, and what suggestions we would like to make to help prevent and/or correct any negative issues for the rural parts of our country.

The committee meets two times a year at various locations across the country. We just completed a meeting in Slade, Kentucky which is outside of Lexington. The issue we were looking at was: **Rural Mortality and Life Expectancy: Connecting the Health and Social Service Safety Nets to Improve Health Outcomes over the Life Course.** In this part of the country and a few others around the nation, life expectancy is decreasing. In the Appalachian area of Kentucky, this is especially true for women. It was quite an expansion issue to look at.

This past fall we met in Sioux Falls, SD. On the Health side we looked at Telehealth and how that could work in rural areas. On the Human Service side we looked at Intimate Partner Violence and the unique factors that come into play in rural areas. One of the factors was long response times by law enforcement because of the large areas covered.

Then this past spring we met in Omaha, NE and visited locations both in rural eastern Nebraska and western Iowa. For the Human Service side, the issue was homelessness. For the Health side the issue was Rural Medicine: In Critical Condition? It included looking at the scarcity of health practitioners in the rural area and efforts that could be made to attract them. This included possible workforce solutions as across the nation there is an increase in the retirement of practitioners.

A couple of themes that keep coming up are:

- Needing to break down silos that exist at the Federal, State, and local areas.
- Collaboration is key to being successful in rural areas. [Note: because of the silos, this collaboration is not always easy to achieve at the local level.]
- Concern about the future of Critical Access Hospitals

The group has also spent several meetings looking at the effect of the Affordable Care Act. How accessible was/is information to individuals in our rural and frontier regions? What assistance was available to individuals to sign up? How will/does the Act affect rural provision of services?

Iowa Area Agencies on Aging: Transforming Care for the Future

Mission: To facilitate a coordinated, value-based and cost-effective system that connects clients and community organizations who focus on individuals' health and independence.

Who We Are and Who We Serve

Founded in 1973, the Iowa Area Agencies on Aging are a steward of local, state and federal funds. Programs focus on delivering a comprehensive, coordinated and cost-effective system of long-term living and community support services that help individuals maintain health and independence in their homes and communities.

We serve clients throughout Iowa in both urban and rural areas. Most commonly, our stakeholders include those who are:

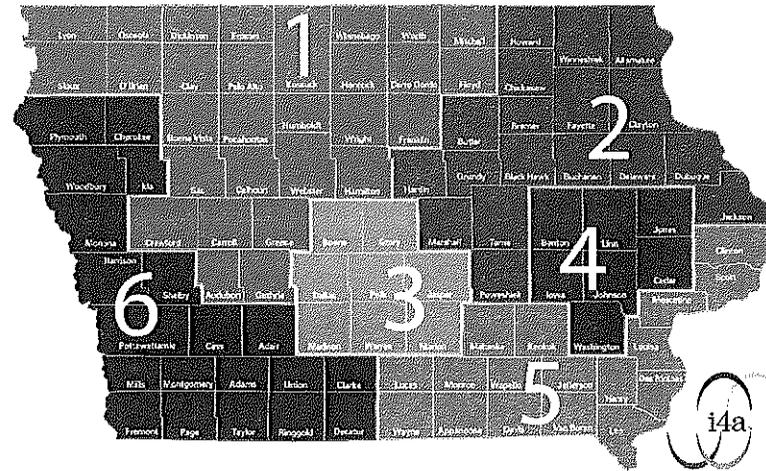
- Aging
- Living with Disabilities
- Caregivers
- Community Partners
- Healthcare Providers/Managers



Evidence-Based Programs

- Center for Aging and Disability Education and Research – Assessment, Aging in Place, Independent Living
- Powerful Tools for Caregivers – Caregiver Training and Support
- Better Choices/Better Health – Chronic Disease Self-Management
- Care Transitions/Dr. Eric Coleman
- Falls Prevention – Matter of Balance / Stepping On
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)
- Advanced Directives
- Food Security
- Elder Mediation

Where We Serve



Within our six regions and offices in **15 cities**, we have over **400 employees** and serve clients in all of **Iowa's 99 counties**. Our staff has more than **6,000 combined years of professional experience** in our core program areas.



Collaborative Program Management and Operations Teams

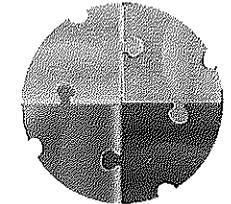
Working Problem Solving Groups for Standardization, Best Practice Sharing, Continuous Improvement, and Lean/Efficiency Results, which include:

- | | |
|--|--------------------------------------|
| • LifeLong Links – Expert Information and Decision Making Staff (Information and Referral Specialists, Options Counselors) | • Elder Mediation |
| • Aging in Place – Care Support Coordinators and Family Caregiver Specialists | • Generations Training/Certification |
| • Nutrition Management | • Advocacy |
| | • Data Analysis |
| | • Fiscal/Decision Support |
| | • Marketing |
| | • Human Resources |

How We Serve

We meet the needs of Iowans who are aging, living with disabilities, and caregiving by:

- Providing expert information to foster effective decision-making
- Offering cost-effective care services and monitoring to support "Aging in Place"
- Designing plans for caregiver success and best outcomes
- Coordinating and managing nutrition programs
- Conducting professional development training and certification for community partners
- Being an advocate for our clients



Overall Services

- LifeLong Links – Toll-free Call Center and Website (Aging and Disability Resource Center)
- Multi-Entry/No Wrong Door Support
- 24/7 Client Access
- Options Planning
- Transitions Planning and Support
- Caregiver Planning and Support
- Care Support Services
- Care Coordination/Care Transitions
- 10,000 Provider Services Relationships
- Integrated Services Software and Processes
- Centralized Resource Database



www.lifelonglinks.org
866-468-7887