



Aging & Disability Resource Center Advisory Committee  
Minutes of Meeting

Tuesday, October 7, 2014

**Call to Order**

The meeting was called to order by Ronk at 1:00 p.m.

**Roll Call**

Present: Earlene Ronk, Chair, Jim Mode, Carolyn Niebler, Connie Stengel, Carol Battenberg, Georganne Mortensen, Darlene Schaefer, Ellen Haines and Dan Krause

Also Present: Sharon Olson, Sue Torum & Cathy Kehoe, staff.

**Certification of Compliance with Open Meetings Law**

Torum certified compliance.

**Review Agenda**

The agenda was reviewed.

**Public Comment**

None

**Approval of 9/2/14 Minutes**

A motion to approve the 9/2/2014 minutes was made by Mode who noted one correction. The motion was seconded by Mortensen and passed unanimously.

**Communications**

None

**Music & Memory Presentation, Cathy Kehoe, Dementia Care Specialist**

Kehoe explained her role with the ADRC and talked about a case that she was involved in where she was successful in communicating with a physician who was asking for an Emergency Detention Assessment and it was avoided. This is one of the primary objectives of her position. She also explained about the importance of music in the lives of people with dementia and showed a video that beautifully illustrated the point.

## **ADRC Report**

- **Ageing & ADRC Integration:** The Director of the Bureau on Ageing & Disability Resources envisions that ADRC's and Ageing Units across the state will become integrated. There is no set time limit and this does not impact Jefferson County as we are already integrated, but for many reasons, this makes sense and avoids duplication in services such as Information & Assistance.
- **Marketing:** At the last ADRC Connect Meeting there was more discussion on marketing. Olson reported that most of the people there would like the Department of Health Services (DHS) to take the lead in statewide advertising including billboards, TV ads, etc. Ways of handling a statewide toll free number was discussed and most would agree that it should be a recorded message or rerouting system that would get people connected with the county they are located in.
- **IT Plan:** DHS is back to having discussions about the best way to proceed in terms of meeting the needs of all ADRC and Ageing Units in terms of IT needs. This requires a lot of input from stakeholders moving forward.
- **Funding:** State ADRC allocations methodologies currently rely on population distribution by county. Regardless some ADRC's have a history of turning back funds and DHS will be looking at ways to see that counties get help spending it on allowable costs, rather than on a redistribution method. From the ADRC perspective it is difficult to get extra positions when part of the budget relies on MA draw down dollars that are not necessarily constant.
- **Contract:** There are minimal changes to the 2015 contract. The Income Maintenance Contract and ADRC contract will be more closely aligned in the future.

## **Jefferson County Personal Care Program Closure**

The Jefferson County Medicaid certified Personal Care Program will close at the end of March 2015. Information from the Health Department's 2013 annual report was shared and discussed. Torum explained how each program category is administered. Of particular concern to this committee is how the ADRC allocates federal dollars (a.k.a. Elderly Services Clients) for personal care moving forward. The department has a \$60,000 contract with the health department and they administer the program entirely. It's complicated because funds are not subject to means testing so identifying and serving people moving forward needs to be carefully considered. One option is to do a Request for Proposals and contract with another agency. The biggest challenge here would be that people would then be required to work with one agency and current participants might lose caregivers that they have a history of working with. This will be a recurring topic on future agendas.

## **Proposed Changes to the Mental Health/AODA Benefit Under the Family Care Waiver**

The Family Care Benefit is made possible through a waiver request made by the states to the federal government to use Medicaid dollars differently in their own homes and communities vs. institutions. Moving forward, DHS intends to include the following services in the Family Care (managed care) Benefit:

1. Emergency Mental Health Services;
2. Mental Health counseling and therapy provided by a psychiatrist or on an inpatient basis;
3. Mental Health inpatient psychiatric or substance abuse care in an acute care general hospital;
4. Mental Health inpatient care in an IMD for persons age 18-20 and over age 64;
5. AODA treatment by a physician;
6. Comprehensive Community Services;
7. Crisis Intervention; and
8. Outpatient hospital mental health and substance abuse services.

Most of these services are provided by the counties and the details of how this will work are not yet available. The idea is to improve service delivery to people having a mental health crisis and to help stabilize them in the least restrictive setting.

#### **Report from the Aging Network Conference:**

Torum attended one day of the conference and found the sessions to be very good. A keynote speaker at the national level stated that the federal priorities are: Long Term Supports & Services; Falls Prevention; Alzheimer's disease and other dementias and the Elder Justice Act. Another session was on Elder Abuse & Prevention in the LGBT (Lesbian, Gay, Bi-Sexual and Transgendered) Community. People in attendance at that session identified that training is really needed in this area, and that ADRC's need to be culturally sensitive.

#### **Set next meeting date and possible agenda items**

The next meeting will be on November 4, 2014. Discussion will include the 85.21 Transportation Plan for 2015.

#### **Adjourn**

A motion to adjourn was made by Mode, seconded by Schaefer and passed unanimously.

Respectfully submitted,

Susan Torum, Manager  
Aging & Disability Resources Division