



Clark County Commission on Aging  
1300 Franklin Street, 6<sup>th</sup> Floor  
Vancouver, Washington

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## Meeting Notes

Tuesday, March 17, 2015

4:30 p.m. – 6:00 p.m.

Members Present: John Correa, Patti Gray, Bob Holdridge, Marjorie Ledell, Lisa Rasmussen,  
Bill Ritchie, Karin Woll

Absent: Chuck Frayer, Scott Perlman

Staff: Colete Anderson, Jacqui Kamp, Mary Beth O'Donnell

### Welcome and Call to Order

- Chair, Bill Ritchie, called the meeting to order. A motion was entered to approve the minutes from February, seconded and unanimously approved. Motion to approve the meeting agenda was unanimously approved.

### Work Committee Updates

- Bob is working with NACCC and the Vancouver component of neighborhood associations. He will continue to explore the concept of developing senior centers by working with the few existing ones to possibly enhance their services. If a model can be created, it can be used for future development of more centers.
- Marjorie's article in this month's Reflector was excellent. She thanked Colete and Jacqui for their ideas and support.
- John reported a bank account has been opened with a balance of \$2889.33. \$1,000 of those funds is allocated to Timebanking.
- Karin reported that Timebanking is nearing roll out. Signed contract with High Five Media, a local web design firm. They're working for both cash and timebank hours, thereby saving money. She'll be meeting with Judy Bailey, Vancouver Office of Neighborhoods, who is helping with the roll out. Beta test area is west of I-5, Lincoln, Carter Park, Shumway, Hough, Arnada, Ester Short and Fruit Valley. An email went out to the associations last week resulting in 4 neighborhoods scheduled to speak to. Next meeting is Thursday of this week, launch in May.
- Patti, Mental Health – no report.
- Lisa, Senior Awards – no report.

- Chuck, UGD – absent. Bill reported that Chuck is working on housing, meeting with builders, and helping with a class at PCC which finished on Monday. Chuck would like to see a program on accessible housing started here for students at local colleges.

Presentation: David Kelly, Area Agency on Aging & Disabilities of SW Washington (AAADSW)

- Every county in the US has one of these agencies. They grew out of the Medicare/Medicaid program. In 1965, the Older Americans Act was signed into law under President Johnson, which provided for aging services and funding to help older adults live with dignity in their communities as long as possible.
- The AAADSW is a multi-regional district made up of 5 counties, with each having representation by their local commissioner and volunteers on an advisory council. They provide feedback on local needs.
- Title XIX services allowed diversion of Medicaid dollars to go from predominately funding nursing homes to funding sponsored programs that help people stay in their homes instead.
- AAADSW reports locally to county commissioners and two agencies at the state level, Aging and Long Term Services support division of DSHS, and the Healthcare Administration. AAADSW is ranked as second by AARP in terms of outcome-based analysis of services and 34<sup>th</sup> in long-term care spending per capita.
- Their vision is that every adult have access to information, programs and services to help them thrive in the setting of their choice.
- They employ 120 people with an operating budget of \$12M. They manage and assure 108 contracts, and plan and advocate for SW Washington seniors, adults over 18 with disabilities and family caregivers.
- Medicaid case management is their primary focus, serving 3800 clients and \$5.9M in services a month. This money is funneled into the community by way of payment to providers for caregiving and essential services. If not for these services, clients would be **in skilled nursing facilities. This has helped to rebalance the system in the state, reducing** costs to support nursing facilities, and putting money into the community instead.
- Community based programs include meals, respite care to family caregivers, and transportation services to healthcare appointments, etc. They provide information and assistance, resolve complaints and provide volunteer hours through the Long-Term Care Ombudsman Program.
- Partnerships are important to their operation. Among them are the Commission on Aging, Elder Justice Center, Healthy Living Collaborative, Regional Healthcare Alliance, WSUV, VHA, and C-Tran.
- Long-term care services in Title XIX programs are going to be a part of and connected to healthcare reform. Long-term care in Washington has been earmarked to be a subset of healthcare change. By 2020 long-term care may be rolled into delivery of services through health plans that are competing to offer those services. AAADSW is working to ensure that they are delivered with the same skill and care that their clients are receiving from them now.

- As they educate health plan partners, they are participating in the health home world with care coordination organizations. Care coordinators are there to be advocates. The goal is to help make decisions on the right care at the right time, help with completing forms and navigating the system, and working with clients goals. If they can prevent trips to a hospital and figure out an alternative situation, it saves a lot of money.
- Transitional care: Partner with PeaceHealth. Work with people ready to be discharged and follow them for 30 days, including a home visit and follow up phone calls. Avoid recurring trips to the ER.
- Evidence-based program: 5 years ago launched a fitness program in Battle Ground at no charge, or at optional donation. Class is doing well. Started a second program at Trinity Unity Church. Helps to provide social connections amongst the people in addition to exercise. People develop social network and check up on each other if someone is absent.
- Planning is big part of their business. 2016-2019 survey is available either hard copy or on-line. They are required to do a 4 year area plan and gather input from the community about what's important and what their needs are in order to stay home and live well. Data is analyzed and discussed by the advisory council board and staff. They look at funding needs and allocation. The completed plan will be shared with the Commission on Aging and other partners once it's completed.

#### Q & A:

- How is the public linked to the care coordinators and are there restrictions?
  - Client must be financially eligible for Medicaid, regardless of age.
  - They consider how much the client is going to cost the system based on their chronic condition and past claims data. They approach the client to ask if they're interested.
  - Referrals come from Health Home program through the state. General public can apply. They also make reverse referrals.
- Can you incorporate those on Medicare, those that fall through the cracks that don't qualify on all levels?
  - AAADSW believes that the quality of their services, along with 30 years of experience, makes them the best partner for the private sector health plans that are coming into the community, and that they will want to contract with them.
  - They work with SSI and SSDI.
- Are you involved with affordable housing efforts?
  - Transitional care services are available to all over the age of 18 regardless of insurance. They desire to partner with agencies in all areas and be part of solutions.
- What are some of things the aging commission might do to support you?
  - The commission has helped by bringing forward issues of concern. AAADSW can be cheerleaders for the commissions' efforts in areas that they're not directly involved in such as Timebanking, neighbor to neighbor programs and influencing how housing is built.
- What about the VA population?

- They serve many veterans.
- Medicare doesn't help with hearing and vision problems. What can be done?
  - There has to be healthcare reform. We need to provide better preventative services and not spend so much money on episodic interventions which cost a lot.
- Not all seniors drive. Who can they call to help with transportation needs?
  - There are eligibility and restrictions in some cases. Human Services Council has a program called "Sponsor a Ride". C-Tran is also trying to address this issue.
- Is there one source for contact that lists all services available in the community for non-Medicare/Medicaid people?
  - Bill responded that this is something the commission is working on right now. They're in the process of developing a website that will link all existing services in the county whether housing, healthcare, transportation etc. under one location.

Open Business:

Officers will be nominated at the May meeting.

Karin commented, her hope is that some of the concerns expressed today by the audience will be helped by the new Timebanking program.

Meeting adjourned at 6:00 p.m.