

**TENNESSEE COMMISSION ON AGING AND DISABILITY**  
**Commission Member Meeting Minutes – Tuesday, August 11, 2009**

**Salon E Conference Room**

**Doubletree Hotel, Downtown, Nashville, TN**

**Time: 9:00 A.M. – 4:00 P.M. CST**

**Members Present**

**John Arriola – Chair**  
**Diane Cormell**  
**Bernard Danzig**  
**Virginia Davidson**  
**Mickey Eldridge**  
**Shelburne Ferguson**  
**William Johnson**  
**Ronald Jordan**  
**Kenneth Kisiel**  
**Beauton Matthews**  
**Frankie McCord**  
**Barbara McIntyre**  
**Patricia Miller**  
**Lynne O’Neal**  
**Judson Palmer**  
**Seth Stanger**  
**Jackie Talley**  
**Carolyn Waugh**  
**William Edington for Wanda Willis**  
**James York**

**Members Absent**

**Renee Bouchillon**  
**Timothy Martin**

**TCAD Staff Present**

**Mike Hann, Exe. Dir.**  
**Phil Barnett**  
**Jeanne Caudill**  
**Ryan Ellis**  
**Janet Lamb**  
**Cynthia Minnick**  
**Perry Register**  
**Lucy Utt**  
**Kathy Zamata**  
**Cindy Warf**  
**Monica Washington**

**Call to Order and Roll Call**

**Chair John Arriola called the meeting to order and asked for Cindy Warf to call Roll. The attendance is listed above.**

**Pledge of Allegiance**

**Chair Arriola asked for the Commission Members, staff and guests to stand for the Pledge of Allegiance.**

**Personnel Update**

**Mr. Mike Hann made the following key points:**

- **Commission Member Mary Stockley resigned her position effective June 15**
  - **Letter of resignation submitted to the Governor who approved it**
  - **That position is filled by AARP**
  - **Three nominations have been sent to the Governor’s office from AARP**

- **TCAD Staff Update**
  - **Positions Assigned: 52**
  - **Positions Currently Filled: 37**
  - **Vacancies: 15**
    - **11 vacancies are in the Waiver program**
      - **8 of those positions are no longer needed and will go away with our new role in the Waiver program**
      - **3 positions in the Waiver**
        - ◆ **Marketing – 2 positions**
        - ◆ **Ageing Program Specialist – 1 position**
  - **New Staff Member: Monica Washington, Administrative Assistant to Phil Barnett**

**Chair Arriola made a few opening comments:**

- **On-going changes for the Commission**
  - **Legislature regarding a Department**
  - **Between TCAD and TennCare**
- **Bringing everything together into one statewide program**
- **More money coming to us**
- **We are having growing pains**
- **Commission is refocusing on some traditional AoA programs**
- **Focus should be the families and the constituents and the people that the AAADs and the HRAs are serving**

### **Executive Director's Report**

**Chair Arriola recognized Mr. Mike Hann for his presentation on the Executive Director's report. Below are his key points:**

- **Medicaid Waiver**
  - **July 1 – TCAD is no longer the State Operating Agent for the Medicaid Waiver Program**
  - **TCAD's new role**
    - **Single Point of Entry**
    - **Quality Assurance**
    - **Marketing**
  - **TCAD has a signed contract with TennCare**
- **Waiver QA**
  - **Completed a Statewide Medicaid Waiver Consumer Satisfaction Survey**
  - **Completed all field assignments for 2009**
  - **Received approval and trained on Medicaid Waiver QA Plan**
- **Alzheimer's Task Force**
  - **Mickey Eldridge is chairing that Committee**
  - **Purpose of the Committee: Take us from the Legislative, mandated Alzheimer's Task Force**
  - **The results of their recommendations were presented to the Legislature, February 15, 2009**

- **June 14, 2009: Alzheimer Task Force had their final meeting**
- **Assignment: Develop a Committee that would belong to TCAD**
  - ▣ **Purpose: Go forward with the recommendations that the Task Force made to the Legislature, modify them, change them, delete them, add to it and go forward**
- **May of 2010 – Goal: have a full-fledged Committee operating**
  - ▣ **Need people to be on that Committee**
  - ▣ **Current Committee Members:**
    - **Timothy Martin**
    - **Beauton Matthews**
    - **Frankie McCord**
    - **Jackie Talley**
- **Grants**
  - **TCAD worked on 4 major Grants at one time**
    - ▣ **Alzheimer’s Innovation Grant - \$500,000 – for 18 months**
    - ▣ **Alzheimer’s Evidence-Based Intervention Grant - \$1,000,000 for 3 years**
    - ▣ **Lifespan Respite Care Program - \$200,000 – for 3 years**
    - ▣ **MIPPA - \$719,000 for 2 years**
    - ▣ **ADRC - \$1,000,000 – for 24 months**
    - ▣ **Community Living Program - \$1,000,000 – for 2 years**
    - ▣ **Veterans Directed Home and Community Based Services Grant – 2 year Grant**
  - **People who worked on the Grants**
    - ▣ **Kathy Zamata**
    - ▣ **Phil Barnett**
    - ▣ **Belinda Bruns**
    - ▣ **Jean Renfroe**
    - ▣ **Seth Stanger**
    - ▣ **Tam Gordon**
- **Single Point of Entry Update**
  - **Monies have been identified for the Single Point of Entry**
  - **Discuss with the AAADs at their quarterly meeting on Wednesday**
  - **Jim McConnell, Consultant – working with TCAD on Single Point of Entry which will help get people into the system more quickly**
  - **No wrong doors concept – no matter where you go to ask for help, you’ll have that standardized help available**
- **Budget Update will be discussed**
  - **ARRA – TCAD received \$1.9 Million – has to be spent within 18 months**
    - ▣ **Money goes for meals**
      - **1/3 – Home delivered meals**
      - **2/3 – Congregate meals**
- **Planning and Evaluation**
  - **Last meeting, TCAD presented Area Plans which were approved by the Commission**

- Part of that information was put on TCAD's State Plan for years 2010 – 2014
- Completed on time
- Sent it to AoA Region IV
- **Options for Community Living**
  - Options Program is designed for someone who doesn't qualify for the Waiver program (too many assets)
  - June, 2009
    - ▣ Active Consumers – 2,921
    - ▣ Waiting List – 3,958
  - June, 2008
    - ▣ Active Consumers - 1,500
    - ▣ Waiting List – 5,200
- **Emergency Preparedness – LaVerdia McCullough**
  - Conducted a workshop for Northwest Advisory Board and the Area Senior Centers
  - Received CIRS-A certification
- **Elder Abuse – Janet Lamb**
  - June 15 – Elder Abuse Day
  - TCAD partnered with Tennessee Vulnerable Adults Coalition in an awareness event at the Knowles Senior Center
  - Mary Clement, Guest Speaker
- **SHIP Program**
  - Staff trained a total of 42 volunteers at 5 trainings throughout the State
- **Other**
  - Department Bill HB 1410
    - ▣ The Study Group will consist of 3 Senators, 3 Representatives, 3 Commissioners who will have voting privileges
      - Commissioner of Human Services
      - Commissioner of Health
      - Commissioner of Finance and Administration
  - LaVerdia and others met with Tennessee Federation for the Aging to help plan their annual conference which is September 1 – 4, 2009, in Murfreesboro, TN
- **Horizon Issues**
  - Implementing contract with TennCare
  - Single Point of Entry - Refining and enhancing
  - Combining and streamlining QA functions
  - Upcoming Legislation, January, 2010
  - Continue AoA Traditional Programs

Chair Arriola thanked Mr. Hann for his presentation.

## **Introduction of Guest Speaker**

**Older Americans Act – Guest Speaker: Constantinos Miskis, Regional Administrator, Administration on Aging – U.S. Department of Health & Human Services.**

**Mr. Miskis' key points of his presentation are as follows:**

- **AoA's Mission is focused on elderly individuals, their independence, their dignity**
- **Designing and implementing a coordinated and cost effective system of long-term care that will be able to serve the current senior population, as well as the future senior population**
- **AoA's Strategic Plan**
  - **Entails empowering all people and their families to make informed decisions**
  - **Enabling Seniors who are at high risk of Nursing Home placement to Remain, to the extent that they can, in their own homes, in their own families, in their own communities**
  - **Empowering older individuals to have active healthy lives**
  - **Protecting the rights of older individuals**
  - **Managing efficiently the available resources**
- **Challenges**
  - **Baby boomers**
    - ▣ **2011 - Individuals coming through who will turn age 65 will be a huge challenge to the system not only in terms of numbers, but, in terms of cultural outlook**
    - ▣ **More demanding**
    - ▣ **Expect more than previous generations**
    - ▣ **Rapid growth in expenditures in Medicare and Medicaid**
    - ▣ **Budget crisis**
    - ▣ **Extended life expectancies**
    - ▣ **Future Nursing facility users – huge increases**
- **Nursing Home Diversion Project, also called the Community Living Program, aims to make it possible for Seniors who have the potential to remain in the community with some basic support**
  - **High Risk individuals could be in a less restrictive situation in terms of care**
  - **Low risk to medium risk populations are a little bit easier to facilitate remaining in the community**
  - **Key part of the project is the one stop centers and what the State Units on Aging are doing**
- **To keep an individual in the Community, it takes a web of services and requires access, quality of improvement over time, services and the financing of those services**

- **Access**
  - **Aging and Disability Resource Centers (ADRC) are the front door rather than individuals being bounced around from phone number to phone number, or from Agency to Agency, the ADRC's will be in a position to provide the information that an older individual needs to navigate the long-term care system**
    - **If the process is too complicated, people will tend to default to the Nursing Home Facility**
    - **If the information is readily available and people can access it, they are more likely to be able to remain at home**
    - **ADRC's are intended to build Consumer trust or objectivity**
      - **Enhancing individual choice**
      - **Supporting informed decision making and streamlining access to Services**
- **Services**
  - **Older Americans Act Services**
  - **Title III Services**
  - **National Caregiver Support Program**
  - **Alzheimer's Disease Demonstration Grants**
  - **Evidence Based Disease Prevention Grants – Maintains quality within these programs**
- **Financing**
  - **Nursing Home Diversion Modernization Project with Medicare and Medicaid Services is providing a considerable amount of funding in that area as well**
- **Project 2020**
  - **Goal: Provide the resources to implement consumer center and cost effective long-term strategies authorizing 2006 reauthorization of the Older Americans Act to empower Aging Services Network to implement these strategies through a 3-pronged program encompassing person centered access to information.**
  - **Evidence Based Disease Prevention and Health promotion activities**
    - **Try to help people up front with prevention to promote their overall health**
- **National Vision for ADRC**
  - **Have Aging and Disability Resource Centers serving every community as highly visible and trusted places where people of all incomes and ages can get information on the full range of long-term care support options and the single point of entry for access to public long-term supportive programs.**
- **A professional friend or family member may refer an individual to one known service and the consumer may never find out about all of the other options that are available. In most cases, an individual will need more than one service from one source.**
- **Challenge**
  - **No one Agency or approach or skill is going to solve the problem**

- **Goals of ADRC**
  - **Coordinating Aging and Disability service systems**
  - **Raising the visibility**
  - **Providing objective information and assistance**
  - **Empowering people to make informed decisions about their long-term care support**
  - **Awareness information assistance and access**
    - **Public education**
    - **Comprehensive information on Options**
      - **Options Counseling**
      - **Benefits Counseling**
      - **Employment Options Counseling**
      - **Referral**
      - **Crisis Intervention**
      - **Planning for future needs**
      - **Access element**
      - **Private Pay services**
      - **One stop access to all public programs**
      - **Eligibility screening for public services**
      - **Comprehensive assessment**
      - **Program eligibility and determination**
      - **Medicaid financial eligibility determination**
- **Key**

**When older individuals try to navigate the system, they're doing that from the outside. The ADRC is intended to help them navigate the system from the inside. Giving them a partner who knows how the system works, that has a complete view of all of the different services that are available and guide them through the process.**
- **Critical Key Elements for the ADRC to be successful**
  - **Seamless system from the Consumer's perspective**
  - **High level of visibility and trust**
  - **Coordinating or integrating Aging and Disability service systems**
  - **Formal partnerships across Aging and Disability and Medicaid Agencies**
  - **Serving individuals of all income levels**
- **Network keys**
  - **The ADRC's are not about replacing existing organizations or networks, but, will be able to better position the existing resources to provide services to older individuals.**
  - **ADRC's are about building a better and more coordinated network**
  - **ADRC's, when functioning correctly, are the glue that will keep the network together as well as the lubrication of services information between the different parts of the network.**
- **Partnerships Key**
  - **Area Agencies on Aging**
  - **Centers for Independent Living**
  - **State Health Insurance Assistance Program**

- 211
- Adult Protective Services
- Medicaid
- Service Providers
- Providers along critical pathways
- Average number of formal ADRC partners
  - State level is 9
  - Local level is 8
- Partnership Activities will promote a healthier relationship between the partnerships and the individuals
  - Formal agreements
  - Formal referral protocols
  - Co-location of Staff
  - Cross training of Staff
  - Joint marketing and outreach activities
  - Collaboration of client services
  - Information and referral services that are shared
  - Client data is shared
  - Regular communication
- Lessons learned
  - Critical that partners be involved early in the planning process
  - Setting clear and realistic expectations of partners
  - Recognizing and accounting for differences in Staff and organizational capacity across organizations
  - Focusing on similarities between organizations where mission, values and goals align
  - Picking a specific project to work on together to get started
  - Be aware of differences in terminology or interpretation
  - Collaboration makes you stronger and helps you serve your community better
  - Collaboration is critical to sustainability
- Long-Term Support Options Counseling
  - Long-Term Support Options counseling is an interactive support process whereby consumers, family members and/or significant others are supported in their deliberations that determine appropriate long-term support choices
- Option Counseling
  - Families of all income levels need support in making decisions about long-term care
  - Information is available on-line, but it can be complex, contradictory and confusing if people can access it
  - Institutional placements often occur without consideration of available community-based options
- When might Options Counseling happen?
  - An individual has an immediate or short-term range long-term care need
  - A family caregiver has concerns about loved ones or needs help to

- continue providing care
- Can be a follow up to information referral services during SHIP counseling, peer counseling, applying for publicly funded benefits, waiting for applications to be processed, denial of applications for public programs, can be during a hospital discharge, after admission to a long-term care facility or as part of a Nursing Facility transition
- **What information is discussed?**
  - Personal history
  - Personal goals and desired life style
  - Primary concerns
  - Functional capacities and limitations
  - Natural supports
  - Discuss service options
  - Home care, community services, residential care, Nursing Home Care, Case Management Services
- **Financing Options**
  - Personal and family financial resources
  - Community resources
  - Public Long-Term Support Programs
- **Who will deliver this counseling?**
  - 3 ADRC Staffing Models
    - **Front Line Staff – 1<sup>st</sup> contact with Consumers**
      - Information and referral
      - Assistance Workers
    - **All Staff**
      - Information and referral
      - Case Managers
      - SHIP Counselors
      - Peer Counselors
    - **Specialized Staff**
      - Conduct only Options Counseling, and possibly assist with other Functions
- **Characteristics and skills needed by the Staff**
  - Options Counseling requires objectivity, sensitivity, understanding, creativity, flexibility, resourcefulness, and knowledge about public and private paid service options
  - Options Counselor should be professional, trustworthy, discreet, respectful, consumer directed, open minded, culturally competent, collaborative and good listeners
- **ADRC's**
  - Collect financial information as part of the initial screen
  - Assisting consumers
  - More integration and coordination with the financial eligibility process
  - Staff tracks eligibility
- **Co-location**
  - Staff co-location ADRCs

- **Conducting long-term care assessments in the home and Community-based services contacts versus the Nursing Facility contacts**

**Mr. Miskis had a handout passed out on his Powerpoint presentation.**

**Mr. Mike Hann introduced Mr. Miskis' assistant, Ms. Joyce Robinson-Wright, the Aging Specialist for the State of Tennessee.**

### **Break**

**Mr. John Arriola announced to the Commission Members the scheduled 15-minute break.**

### **Call to Order**

**Chair John Arriola called the meeting to order.**

### **Guest Speak: Joyce Robinson-Wright**

**Chair Arriola recognized Ms. Joyce Robinson-Wright to begin her part of the PowerPoint presentation. Below are her key points:**

- **Administration on Aging (AoA) program encompasses a lot**
- **ADRC is a new approach and is spun out of their efforts under the reauthorization of the Older Americans Act 2006**
- **Emphasis has been on making, improving, and enhancing as AoA goes through their Mission, their goals and objectives, for older persons in the Administration on Aging program.**
- **Requested Budget for 2010 is \$1,409,000,000**
- **FTE - \$120**
- **There are 9 Regional offices**
- **Over 1,500 formula and discretionary grants provided each year**
- **9.3 Million people are serviced annually**
- **56 State Units on Aging**
- **500,000 Volunteers**
- **Federal Partners – 10,000 Senior Centers**
- **20,000 Providers**
- **244 Travel organizations (Title VI under the Older American's Act)**
- **2 Native Americans**
- **629 Area Agencies on Aging**
- **Older Americans Act consists of**
  - **Part 1 – Declaration of definitions**
  - **Title I of the Older Americans Act is the Administration on Aging**
  - **Title III of the Older Americans Act deals with the formula grants C1, C2, supportive services, etc.**
  - **Title IV of the Older Americans Act deals with Research Demonstration Grants**

- **Title V is the Senior Opportunity Act – deals with older persons, now administered by the Department of Labor, but, is still in the Older Americans Act**
- **Title VI is Native Americans**
- **Title VII is Vulnerable Elder Rights Protection**
- **Who we serve**
  - **9.8 Million elderly, age 60 and over**
  - **3 Million who rely on the network for intensive services**
  - **700,000 Caregivers**
- **What we provide**
  - **Home and community based services**
  - **Caregivers**
  - **Preventive health**
  - **Elder Rights**
  - **Alzheimer's**
- **What we provide**
  - **Nearly 28 Million hours of in-home services**
    - ▣ **Homemaker services**
    - ▣ **Personal care**
  - **Nearly 236 Million meals**
    - ▣ **In-home and community based setting**
  - **Nearly 13 Million units of services for over 700,000 caregivers**
  - **Transportation: 29 Million rides to doctor's offices and other critical services**
- **Consumer outcome**
  - **93% of home delivered meal recipients, report that meals enable them to continue living in their home**
  - **49% of transportation recipients rely on Older Americans Act services for half or more of their transportation needs (not enough funds for transportation)**
  - **77% of caregivers report that the National Family Caregiver support program enables them to provide care longer**
- **Modernizing the Older Americans Act**
  - **People are living longer, and the older Adult population is increasing**
  - **The number of people age 65 and older will double by the year 2030**
  - **Project 2020's goal is to try to help bring some of that down, or help that group as they grow to that age level**
  - **78 Million Baby Boomers**
  - **People age 85 and older are the fastest growing segment of the population**
  - **Increasing role or prevention**
- **Principals**
  - **Enhancing consumer control choice and independence increase flexibility**
  - **Strengthen program performance**
  - **Positioning the Older Americans Act for future health and long-term care**
  - **Document the Older Americans Act impact on consumers**

- **Mission**
  - **Consumer focused**
  - **Locally driven**
  - **Social model and care ability to reach people early**
  - **Demonstrated leadership**
  - **Modernizing home and community base**
  - **Health and wellness community living**
  - **One stop shop**
  - **Empowering individuals to make informed choices**
  - **Build on ADRC centers**
  - **Own your future campaign**
  - **Evidence based program such as chronic disease, self management, fall prevention, nutrition, physical activity, delivered through aging services providers built on AoA evidence based initiatives**
  - **Offering more choices for high risk individuals**
  - **Flexible service dollars**
  - **Helping moderate and low income individuals at high risk of Nursing Home placement**
  - **Built on community based living programs cash and counseling demonstration**
- **Tapping the talents of Baby Boomers**
  - **The growth of the largest health and best educated**
  - **\$3 Trillion to the gross domestic product by 2040**
  - **Civic engagement contributes to health aged**
- **AoA websites that will give you data and data contacts**

Chair Arriola thanked Ms. Robinson-Wright for her presentation.

**Guest Speaker: Rebecca B. Kelly, State Director, AARP Tennessee**

Chair Arriola recognized Ms. Rebecca Kelly as the next guest speaker. Mr. Mike Hann introduced Ms. Kelly to the Commission. Below are her key points on health reform:

- **Economic downturn is more severe now than in the past**
- **Health Reform websites**
  - **Healthactionnow.org – Website on health reform**
  - **AARP.org – Up to date information on health reform**
- **Health reform is a people issue**
- **Health care costs are sky rocketing**
- **Medicare premiums have doubled since 2000 and they are expected to double in the next 7 years**
- **Solvency of Medicare is at risk**
- **Main priorities of AARP**
  - **AARP's position is to strengthen and improve Medicare**
    - ▣ **Medicare is a public program that is supporting millions of Individuals**

- ▣ AARP will oppose any increase in premiums – letters were sent to the Communities
    - ▣ AARP will oppose any reduction in benefits
  - **Several opportunities for improvement**
    - **Close the “donut hole”**
      - ▣ AARP endorsed the offer of \$80 Billion to close that “donut hole” by 50%
      - ▣ 20% of Medicare beneficiaries fall into the “donut hole”, they are paying for that insurance and not getting any coverage when they are in that gap
    - **Must hold down the overall cost of spending for Medicare**
    - **Pay doctor’s fairly for what they are doing**
    - **Improve preventive benefits with Medicare so that people are getting the right kinds of preventive care, in screenings for things like cancer**
    - **Crack down on fraud and abuse**
      - ▣ **Incorrect billings, incorrect payments, and errors that are made (can save billions of dollars)**
    - **Inclusion of a transition benefit for when people leave the hospital**
      - ▣ **So that people get the proper follow up treatment**
      - ▣ **Understand the discharge papers**
      - ▣ **Healthy maintenance that needs to happen after that discharge**
        - **20% of Medicare beneficiaries who have surgery, go back to the hospital within 30 days of that surgery**
        - **30% return to the hospital within 90 days of that surgery**
      - ▣ **Staggering costs of health care that could be eliminated with something as simple as coordination and counseling and guidance of the transitional benefit when folks leave the hospital**
    - **AARP wants to make certain that they protect the consumer’s health care choices**
      - ▣ **AARP strongly supports the consumer’s ability to choose their doctor and their insurance plan**
      - ▣ **AARP supports the enhancements and the incentives for home and community based services so that people in long-term can choose where they get those services**
      - ▣ **End discrimination by insurance companies such as**
        - **Rejection by an insurance company due to health**
        - **Higher insurance premiums for the older consumer**
        - **Pre-existing illnesses (insurance companies can no longer reject people because of a pre-existing illness)**
    - **AARP believes that we need to guarantee stable and affordable Coverage**
      - ▣ **Too many people between 50 and 64 are losing jobs and with that goes health insurance**
      - ▣ **Too many people cannot afford health insurance on the public market (too expensive)**
      - ▣ **AARP wants to provide a means for individuals to afford health**

- insurance to have choices and affordable and quality coverage to be able to access that when there is that type of life changing event
  - AARP will oppose any efforts to provide any direction for socialized Medicine
- **Rationing of Care**
  - Parts of the Bill has been interpreted as Health Care Rationing
  - AARP's policy people advise that the "Health Care Rationing" word is not in there, and the intent is not in there (scare tactic)
    - ▣ AARP would oppose "Health Care Rationing"
- **End of Life**
  - Page 425: Proposing that Medicare would offer a counseling benefit (authored, optional, paid for by Medicare) once every 5 years
    - ▣ Living Wills
    - ▣ Advanced Directives

Chair Arriola thanked Ms. Kelly for her presentation.

### Committee Reports

Chair Arriola thanked the Commission Members who were present the day before working through their Committees and asked for the Chairs of those Committees to make their reports.

- **Audit Committee Report – Chair Judson Palmer**
  - New Audit Committee Member – Ms. Carolyn Waugh
  - Audit Committee Charter has been reviewed
  - Guest Speaker to the Audit Committee the day before – Mr. Aaron Jewell, Comptroller's office
    - ▣ Discussed the Financial Integrity Act
    - ▣ Audit Finding
    - ▣ Financial Reporting Process
    - ▣ External and Single Audits
    - ▣ American Recovery and Reinvestment Act (ARRA/Stimulus money)
  - Audit Committee reviewed the Conflict of Interest forms for the 37 TCAD employees
    - ▣ Correction needed on two employees but those will be followed up on
  - Phil Barnett addressed the Audit Committee on the QA Assessments
    - ▣ They will be combined into one unit
    - ▣ Reviewed some of the QA reports
    - ▣ Audit Committee will review future QA reports on a quarterly basis
  - Audit Committee reviewed the Complaint process and they feel comfortable with the way that process is set up

Chair Arriola thanked Mr. Palmer for his report and recommended to the Commission Members that they needed to consider Carolyn Waugh's initial nomination to the Audit Committee, and asked for any questions. There were no questions from the Commission. Chair Arriola recommended for the Commission

to follow through on the nomination of Carolyn Waugh to be on the Audit Committee, and advised that the nomination needed to be voted on by the full Commission. Chair Arriola advised that Ms. Waugh was nominated to be on the Audit Committee and asked for a second. The nomination was seconded by a Commission Member during this meeting. Chair Arriola opened the floor for additional nominations to the Audit Committee from the Commission. There were no additional nominations and Chair Arriola closed the nomination process, and asked for a motion to approve Ms. Carolyn Waugh's nomination to the Audit Committee. Mr. Ronald Jordan made the motion to approve Ms. Waugh's nomination to the Audit Committee. The motion was seconded by a Commission Member. Chair Arriola asked for all who were in favor of selecting Carolyn Waugh as the new member for the Audit Committee to vote, and then asked for all who were opposed to her selection to vote. All Commission Members voted in favor of Ms. Waugh's nomination to the Audit Committee. There was no opposition and no abstentions. The motion carried and Ms. Carolyn Waugh was approved to serve on the Audit Committee. Chair Arriola congratulated Ms. Waugh.

- **Long-Term Care Committee – Chair Bernard Danzig**
  - **Long-Term Care Committee polled the AAADs to see what issues they saw in the Older Americans Act services**
    - ▣ **Received a lot of comments**
    - ▣ **AAADs collectively came up with 4 things that they were looking at**
      - **Long-term Care Committee should continue to exercise an active role in the Waiver program**
      - **Long-term Care Committee should continue to be involved in the Single Point of Entry**
      - **Long-term Care Committee should develop a working relationship with the Nashville State Veteran's Administration to coordinate services and opportunities to expand home and community based services**
      - **Long-term Care Committee should be involved in the Legislative Study on how the needs of the older disabled Tennesseans will be met**
  - **Long Term Care Committee Charge**
    - ▣ **Be an advocate to gather information in collaboration with other individuals or entities to understand how services are processed**
    - ▣ **Long Term Care Committee had some concerns about the waiting list**
      - **People on the Waiver are prioritized on the waiting list**
      - **If that person cannot stay on the waiting list long enough for a slot to open to be approved, that person may need to go to a Nursing Home**
    - ▣ **MCO's, in working with clients, do their assessment over the phone rather than face-to-face**
      - **With new Choices program, they will be required to do a face-to-face assessments**

- **Concern about the transition of the Case Manager’s skills to do the face-to-face assessments**
- **With the Options program in order to be approved they have to be in a safe environment**
  - **Some people were denied coverage because there were bugs in the house**

**Chair Arriola opened the floor for questions from the Commission members. There were no questions.**

- **Planning Committee – Chair Wanda Willis – Committee did not meet for the quarter.**
- **Ad Hoc Advocacy Task Force – Chair Ronald Jordan - Below are the key points that were discussed:**
- **Committee Members**
  - **James York**
  - **Virginia Davidson**
  - **Seth Stanger**
  - **Mickey Eldridge**
  - **Williams Johnson**
  - **TCAD Staff Liaison – Janet Lamb**
- **Chair John Arriola’s directive to the Ad Hoc Advocacy Task Force**
  - **Develop a list of topics that should be explored by the Special Joint Committee which is created to study the creation of the Department of Aging and Adult Services.**
  - **They were not stating, as an Ad Hoc Committee, that they were either for or against the Department, but, since there was a study committee, they felt that they would want to recommend to the Commission items that the Study Committee would consider.**
  - **Six Legislators have been appointed, and other Representatives will serve on that Study Committee**
  - **Ad Hoc Advocacy Task Force will recommend points to the Commission to be approved and then forwarded by letter from Chair Arriola to the joint Legislative Study Commission, and they recommend that happens as soon as possible.**
  - **List of topics and recommendations for the TCAD Commission for their consideration and adoption. Below are those key points:**
    - **Any proposed Department should be more effective in meeting the needs of the elderly population or adult services and should be fiscally cost effective or “cost neutral”**
    - **We want to restate our support for a Department Bill only (we are not interested in being a division of another Department; we’d rather operate the way we are)**
    - **What programs would or would not be included in a proposed Department**

- ▣ **What role would the TCAD Staff have upon the creation of the Department?**
- ▣ **Will there be a grass-roots voice to the Department much like the TCAD Commission is now? (We believe that it shouldn't be just topped down, but, it should be bottomed-up as far as meeting the needs of people)**
- ▣ **We recommend that the Aging Network should be involved in the Study Committee for interviews; such as, TCAD Executive, TCAD Chairman, AAAD, Senior Center Leadership, AARP, etc.**
- ▣ **We recommend that the Joint Committee study models from other States that have moved from Commissions, or Divisions to a Department to avoid the pitfalls that they may encounter.**
- ▣ **We strongly encourage the Joint Committee to move slowly and deliberately to produce the right structure for any proposed Department.**

**Chair Arriola made comments on the handout provided by Mr. Jordan for his presentation and opened the floor for discussion on the recommendations. Below are the key points:**

- **Some Commission members will want to look at anything that will be voted on**
- **Next meeting will be in the fall**
- **Chair Ron Jordan's comments**
  - **Committee has not met yet, and a Chair person has not been selected**
  - **Advocacy Committee believes that if they can get this information adopted by the Commission through a letter from Chair Arriola addressed to the Study Committee sooner rather than later, that it would be in their best interest**

**Chair Arriola asked the Commission if they had any questions on the points that Chair Jordan brought up. Chair Arriola recognized Ms. Patricia Miller who made the following key points:**

- **Ms. Miller agreed that the points presented were good points, but, it was recommended that the points may need to be reworded before sending**
- **Because the Department should be more effective, the Commission should be very careful with how it should be presented; it would need to be very clear that we are not saying that this is factual as much as we are saying these are points that need to be carefully thought out or studied.**
- **Ms. Miller agreed with the points in concept, but is concerned that it needs to be clearly communicated what the Commission should recommend.**

**There was extensive discussion on the best way to present their recommendations to the Study Committee. There was concern that Committee members did not have the understanding that the wording in the list, whether or not there is unanimity on that Committee to be able to make a recommendation to the Commission that they could vote on. There was confusion on what the Committee was recommending:**

- **Is the Committee saying that a Department “should be more effective”?, or**
- **Is the Committee saying that you are supporting a Department?**

**It was recommended that the Committee’s recommendations should be re-worded. It was believed that the Commission would need more definition and discussion amongst themselves as to what type of position they would want to take. Chair Jordan clarified that their instructions as an Ad Hoc Committee was to explore the topics. They were not asked to take a position for or against it, and their intent was to be neutral. As a Committee they wanted to make sure that the Study Committee looked at certain items. It was discussed that as a Commission it was important that the Study Committee know how they felt about the possibility of being changed to a Department.**

**Chair Arriola summarized that the Commission needed further debate on the Commission versus a Department and that topic could be an Agenda item at the November meeting. There was some discussion on the time table for the Study Committee meetings, and who the Chair would be.**

**Mr. Shelburne Ferguson suggested that the Ad Hoc Task Force reword their recommendations as questions, or considerations, rather than as statements which seemed to be misleading. Then they would pass that directly onto the Chairman who was nominated to the Study Committee, not just by a letter, but, to also talk to that person so that the Chairman could understand clearly where the Commission stood. The Chairman should also understand that the Commission has serious questions about it and that they need an expanded involvement by the organization in making that decision.**

**Chair Arriola summarized that there was a recommendation and a consensus from the Commission that they should have a conference call and that they should refine and reword what was presented to them today. Then after they take that and agree on it, then he would send out a letter with that language to the members of the Study Committee. The Ad Hoc Committee was charged with getting the language in the proper format that the Commission could look at and then they could take a vote. Chair Arriola said that the information would go through the TCAD Staff to set up.**

- **Ad Hoc Alzheimer Task Force – Chair Mickey Eldridge**
- **They looked at a broad base of concerns**
  - **Infrastructure**
  - **Data**
  - **Education and Training**
  - **Services and Facilities**
  - **Health Coverage and Funding**
- **They made recommendations that would be put into place over a ten-year period:**
  - **1 to 3 year phase**

- 4 to 7 year phase
- 8 to 10 year phase
- **Goal: In the State of Tennessee, they will address the situation involving Alzheimer's**
- **Statistic for 2008 – 10,000,000 Baby Boomers will deal with Alzheimer's**
- **Every 71 seconds someone is diagnosed with Alzheimer's**
- **By mid-Century, every 30 seconds, someone will be diagnosed with Alzheimer's**
- **According to a 2008 Study: The State of Tennessee currently has approximately 100,000 people who have been diagnosed with Alzheimer's**
- **Growing at a 20% rate increase per year**
- **Goals of the Ad Hoc Task Force**
  - **Governor asked for the Task Force to assess the current and future impact of Alzheimer's on Tennessean's**
  - **Examine the existing industries, services, resources addressing those needs for the patients, their families and their caregivers to develop the strategy to mobilize a State response for public health crisis**
  - **Hold public hearings**
  - **Develop and submit a report**
- **What they included in their examination was the following as far as assessments and recommendations:**
  - **They looked at transient and needs of Tennessean's with Alzheimer's**
  - **They wanted to stake a role in**
    - ▣ **Long-term care**
    - ▣ **Family caregivers support, and**
    - ▣ **Assistance to persons with early stage and young on-set of Alzheimer's**
  - **They wanted policies regarding persons with Alzheimer's and related Dementia to go over how existing services and resources could be enhanced and improved:**
    - ▣ **The type of Dementia,**
    - ▣ **The cost involved,**
    - ▣ **Training,**
    - ▣ **Quality care mentors for residential care facilities,**
    - ▣ **The capacity of public safety and law enforcement to respond,**
    - ▣ **The availability of home and community based resources, and**
    - ▣ **Inventory of long-term care Dementia care facilities**
  - **They talked about assisted living residential options for person's with Dementia,**
  - **State support of Alzheimer's research through University and other resources,**
  - **Needed State policies and responses, and**
  - **Coordinated services and support to persons and families living with Alzheimer's.**

**Chair Eldridge directed the following key points to Chair Arriola:**

- **There is a lot of important work to be done by this Committee**
- **Looking at the Area Agencies and the programs and the funding that they have, there is not enough money to do what has been recommended**
- **There will be a lot of Legislative work**
- **A lot of work towards funding**
- **This will be a critical Committee**
- **People who have been working on the Study Task Force for the past 2 years, expressed the desire to continue to work with the Standing Committee**
- **May of 2010: They have to have a plan in place to recommend who will be on the Standing Committee and make that transition from the Task Force to a Standing Committee.**
- **Commission Members were encouraged to become a part of this Committee with Frankie McCord, Tim Martin, and Mr. Johnson**
- **The Committee will remain goal oriented**

**Chair Arriola thanked Ms. Eldridge for her report. He commended her suggestion for other Commission Members to join her on the Standing Committee and asked for interested parties to let him know and they would be glad to place them on that Committee as it becomes a part of their Commission.**

- **Ad Hoc Ombudsman Task Force – Chair Patricia Miller**
  - **Ombudsman Task Force Committee Members**
    - ▣ **Patricia Miller**
    - ▣ **Judson Palmer**
    - ▣ **Shelburne Ferguson**
    - ▣ **Ron Jordan**
    - ▣ **Tim Martin**
  - **Task Force is working in collaboration with the AAADs**
    - ▣ **Ernestine Bowers**
  - **Task Force is also working with the Ombudsmen**
    - ▣ **Sally Pitt**
  - **Task Force is working in collaboration with TCAD**
    - ▣ **Janet Lamb**
    - ▣ **Jerry Blasingame**
    - ▣ **Perry Register**
  - **Task Force also worked with other people and appreciated their input**
  - **Progress Report**
    - ▣ **Task Force has separated their task into two components**
      - **Conflict of Interest Issues**
        - **Worked on what types of potential conflicts could exist and how they could make certain that the right policies and procedures or plans are in place in the State in order to address that**
        - **Task Force has a concept that they all agree on and can get solved**
        - **Task Force is trying to get it done to the right mechanism, get the right words and get it in place**

- Reviewed Memorandum of Understanding and decided that it was too complex
- Reviewed the existing guidelines in place that address conflict of interest, and believe that they are adequate to cover what they need
- To handle potential conflicts of interest, it is necessary to fully disclose to the resident or family member
- If there is a conflict of interest, then offer alternatives to help the resident or the family resolve the conflict of interest
- Funding and structure
  - They have had briefing sessions on the issues
  - They are working on having a better understanding of the complexity of the issues

Chair Arriola thanked Ms. Miller on her report.

- Planning Committee – Acting Chair: Jackie Talley
  - Reported that the Planning Committee voted to approve the May 10, 2009, Planning Committee Meeting Minutes and that the Committee’s work had been completed.

Chair Arriola thanked Ms. Talley for her report.

Lunch Break:

Chair Arriola dismissed the Commission Members for lunch and asked that they return to the meeting in 45 minutes.

**Call to Order**

Chair John Arriola called the meeting to order

**TCAD Budget Report**

Chair Arriola recognized Mr. Perry Register for the TCAD Budget Report.

Mr. Register explained to the Commission Members that he did not have current information on the TCAD Budget because of the problems that the State of Tennessee and TCAD had been having with Edison. Below are his key points:

- Deposit for almost \$6,000,000 that was drawn, they couldn’t get it reported
- Accrued liabilities to the Area Agencies of approximately \$1.6 Million that he couldn’t pay until they are recorded
- One correction entry of learning curves for the first 3 months, had 505 lines
- Project code had to be entered in for each transaction
- Since submitting that, there have been additional entries
- TCAD is in a holding pattern for doing year-end closings

**Mr. Register discussed with the Commission Member the Budget impoundment. Below are his key points:**

- **Definition of Impoundment – The Budget that was issued in Appropriations collected funds that are not sufficient to pay it off. So until it is collected, TCAD cannot spend the impounded funds.**
  - **Year 2008 – The State impounded \$75,000**
  - **Year 2009 – The State impounded \$300,000**
  - **Year 2010 – The State will impound \$500,000**
- **TCAD elected to do an allocation of that; it was sent to the Area Agencies for comments, and the allocation are as follows:**
  - **\$50,000 out of the TCAD Budget**
  - **\$450,000 out of service dollars that has been impounded from Options and match money that is used for Title III**
    - **Should not affect our Federal allocations because we were overmatched**
- **ARRA Funds**
  - **TCAD received \$1.972 Million of ARRA Funds**
  - **Those funds have not changed**
  - **The Budget office gave us match money to go with ARRA Funds, which is State money**
  - **Office of Contract and Review (OCR) gave us language that we had to use for the contracts, but after submitting those contracts to them, then OCR sent the contracts back advising that the language was wrong**
  - **The language changed because the Fed’s changed the requirements for ARRA. We had to amend the contracts for the ARRA funds to satisfy the language required by the Government Accounting Office**
  - **Amendments were received and processed and we requested the that the Area Agencies get their requests for the period ending June 30<sup>th</sup> into us**

**Chair Arriola asked Mr. Register if the Fiscal Officer’s across the State were letting the F & A office know the serious problems they were having with the Edison program. Mr. Register said that no one in any Department had understood why they were having these problems. It was more complicated than was expected. He advised that no Department had been able to have the old system converted to the new system.**

**Self Directed Care Update – Ms. Ernestine Bowers, Director, Area Agency on Aging and Disability, Greater Nashville Regional Council**

**Chair Arriola recognized Ms. Ernestine Bowers for her presentation on Self Directed Care Update. Below are Ms. Bowers’s key points:**

- **Tennessee General Assembly allocated funds last year to implement a self directed program to the Commission on Aging**
- **Commission on Aging selected GNRC to implement the program and they serve 13 counties in the GNRC area**

- **Goal:**
  - Offer persons with physical disabilities who require long term care services and support the opportunity to direct their own care including the hiring and firing of family members, friends, neighbors to provide the needed care for them to remain in their own homes independently.
- **GNRC contracted with Public Partnerships Limited Corporation out of Boston, Massachusetts**
  - Works in 14 States in self direction
  - Has the expertise and also does the fiscal administration in the Division of Intellectual Disability Services
  - Public Partnerships then subcontracts with The ARC of Tennessee which is located in Nashville, and they supply the support brokerage services
  - GNRC internally established a project oversight Committee that helped them manage the program and they met with Public Partnerships and The Arc of Tennessee on a regular basis over the last year
  - State Funded program was modeled after the Options for Community Living Program
    - **Requirements for the Program**
      - Person would be 18 years of age or older
      - Have an assessment score of 3 or higher
      - Must live in the GNRC region
      - Maintain the cost share feature
      - Must have the ability to self direct
  - Took people currently on the Options program, people who were on the waiting lists, and persons referred them from the Community to participate in the program

Ms. Bowers introduced Ms. Kristin Byrd, Project Director Support Brokerage, for The Arc, and Shani Abell, Lead Support Broker, for The Arc, and advised the Commission Members that they would go through the PowerPoint Presentation.

Below are her key points:

- **Definition of Self Direction – the active choosing and controlling the aspects of one’s life**
- **Self Direction is exercising one’s right to make choices and changes**
- **PPL has been around for about 10 years and they have done consumer directed programs in 14 States that serve more than 20,000 consumers with a wide range of disabilities**
- **They manage over \$200,000,000 in consumer Budgets**
- **Provide payroll services for 12,000 employees**
- **Their programs can be statewide, county wide or regional**
- **PPL also serves many populations**
- **Many states have different waiver services with different populations**
- **The Arc of Tennessee’s experience with self direction started with the Personal Assistance Support and Services (PASS)**
- **Federal Grant called a Real Choice Systems Change Grant; later funded with State funds only**

- **Seven individuals in the past project, and they have varying disabilities and range in age**
  - **Kept all 7 people out of the nursing home**
  - **Highest degree of customer satisfaction compared to the services they were getting before**
  - **No cases of fraud**
  - **Not a single person goes over Budget**
- **Working together: PPL and The Arc have:**
  - **Provided financial administration and support brokerage services to individuals that self direct on the Self Determination Waiver**
  - **Contracted through the Division of Intellectual Disability Services**
  - **Currently have 300+ individuals self directing**
  - **Receive referrals on a daily basis from regional offices statewide**
  - **Have not have anyone go over their budget; capped at \$30,000**
  - **On average individuals spent 86% of their authorized Budget**
  - **Meet monthly with Central office staff to oversee the self directing Contract**
  - **Meet quarterly with Central office and Regional office staff to work together on issues – creating consistency statewide in the program**
  - **Background information on GNRC Pilot program**
    - ▣ **Senator D. Black and Representative D. Maggart presented SB 1157/HB941**
      - **Enacted a pilot program through the Commission on Aging and Disability for individuals to be able to self direct**
    - ▣ **105<sup>th</sup> General Assembly passed this bill and Governor Phil Bredesen signed off and it became Public Chapter 1168**
    - ▣ **The Commission on Aging selected Greater Nashville Regional Council (GNRC) to administer the program**
    - ▣ **GNRC contacted PPL and The Arc of Tennessee to provide the financial administration and support brokerage for this program**
  - **The oversight committee members meet monthly and are:**
    - ▣ **Ernestine Bowers**
    - ▣ **Cathy White**
    - ▣ **Gary Garret**
    - ▣ **Jane Young**
    - ▣ **Melanie Howell**
    - ▣ **Colleen Fox**
    - ▣ **Sarah Winawer-Wetzel**
    - ▣ **Kristin Byrd**
    - ▣ **Shani Abell**
  - **Roles of individuals directing their own care**
    - ▣ **Gives individuals the right to choose who they are hiring; comes with responsibilities**
    - ▣ **They have to receive an orientation on self direction from a supports broker**
    - ▣ **They have to develop and manage their services within the set Budget**

- ▣ They develop a backup and emergency plan
  - ▣ They create job descriptions for their providers
  - ▣ They are the one's who communicate the schedule changes
  - ▣ They'll train and evaluate providers specific to the individual receiving services
  - ▣ They must verify all documentation sent to the Financial Administrator (time sheets or documented services)
  - ▣ They must review and monitor payments to confirm services rendered
  - ▣ They get to determine the providers rate of pay
- Roles of the Support Broker
  - ▣ Provides training and support in all the functions that was stated, but also in understanding self determination self direction
  - ▣ Assistance in recruiting service providers
  - ▣ Assistance, scheduling, training and supervising
  - ▣ Understanding and monitoring individual's Budgets
  - ▣ Monitoring and evaluation of provider's performance
  - ▣ Work to participate in the development of plan of care and Budget
  - ▣ Maintain contact with the individual receiving services
  - ▣ Monthly contact and 2 home visits a year (minimum) to ensure that individuals are able to self direct their services
- Roles of the Financial Administrator
  - ▣ Pay employees on behalf of participants
  - ▣ Withhold and deposit taxes, file tax and labor reports on behalf of participants
  - ▣ Participants are actually set up as the employer of record
  - ▣ Provide individual support brokers and case managers with regular reports that show how authorized units have been spent
  - ▣ Process all employment packets, including processing criminal search requests
  - ▣ Respond to questions from individuals and employees
- GNRC self direction program
  - ▣ Participants
    - 13 individuals were contacted about being in the Self Direction Pilot Program
    - 10 individuals are self directing their services
    - Counties of individuals self directing
      - 4 in Montgomery
      - 3 in Davidson
      - 1 in Wilson
      - 2 in Sumner
    - Services that can be self-directed
      - Personal Assistance – helping with bathing/clothing
      - Homemaking – grocery shopping/meal preparations
      - Transportation
      - Respite – break so that the primary care provider can have some rest

- Purchase of consumable goods or durable medical goods
- Budgets
  - Each individual has an annual budget of \$5,000

Ms. Kristin Byrd introduced Ms. Shani Abell, Lead Support Broker, The Arc of Tennessee, so that she could talk about what some of the participants have said and then they will answer any questions. Below are Ms. Abell's key points:

- They have received a lot of great feedback
- Hearing every month how great the program is
- In most cases, a family member takes care of the participant
- They have 3 participants who hire outside of the family which has worked well for them

Chair Arriola thanked Ms. Bower's, Ms. Byrd and Ms. Abel for their presentation.

**FINAL Status Report on Waiver Implementation – Mr. Phil Barnett, Aging Program Director**

Chair Arriola recognized Mr. Phil Barnett to begin his presentation. Below are Mr. Barnett's key points on TCAD's prior operations with TennCare:

- Enrollment as of June 30 – 5,086 with 16 available slots
- Comparison of numbers – Significant drop in 4<sup>th</sup> quarter
- Claims: Started out at 30,000 went up to 51,000, then went up to 53,000, they dropped back to 40,000
- CMS Biller started - May 1 – All AAADs involved
- TCAD sent staff to TennCare to assist in the transition of records
- 6,000 to 8,000 records plus Provider records were moved to TennCare
- A TCAD employee who did all of our Provider services, spent the week at TennCare on TCAD's payroll helping them to get their stuff in order
- Waiting List as of August 4: 400
- October 1: We'll get back approximately 1,000 who have dis-enrolled over the year
  - People who have passed away
  - People who have moved out of State
  - People who are no longer eligible
  - People who have learned about the State recovery
  - People who went into a Nursing Home for more than 120 days
  - People who are no longer in the Waiver Program
- December 1 - New Amendment is expected to start in Middle Tennessee area
- Statewide Provider Deficiency
  - TennCare does not understand that an Adult Day Care is a concrete facility and that people may not use that facility
  - AAADs have done an excellent job
    - Started out with 72, 61, 44
    - Last Quarter: 35 provider deficiencies; all in Adult Day Care
    - All 35 deficiencies went in with a Waiver request justification in hopes

- that they'll come back and advise that 23 of those deficiencies, they don't agree with it
- **Service Providers – continuing to grow the service**
  - **April of 2008: 230**
  - **June of 2009: 376**
  - **QA team continues to do site visits for AAADs and at the Case Management Agencies**
  - **Cost Cap: \$50,100**
- **Third week of July – CMS approved Amendment 7**
  - **6 months to ramp up**
  - **New Amendment, effective December 1**
    - **December 1: Middle Tennessee area**
    - **6 months later: East Tennessee area**
    - **6 months later: West Tennessee area**
- **This year, TCAD will end up providing QA services in the same format that was done last year for 2/3 of the State, and then the new format will be used for 1/3 of the State**

### **TCAD's Role in FY2010 Waiver Program**

**Chair Arriola recognized Mr. Phil Barnett to discuss TCAD's Role in FY2010 Waiver Program. Mr. Phil Barnett made the following key points:**

- **Single Point of Entry (non-Waiver)**
  - **Completed SPOE Guidance document**
  - **Developed the statewide work plan**
  - **Worked on the Budget dollars**
  - **Standardized statewide policies and procedures**
- **Quality Assurance**
  - **A report was provided to the Audit Committee on the QA side of the house; final reports are being generated for TennCare on the Adults, AoA side, and the Title III side**
  - **Putting together a new training document on the way they do business**
  - **Effective July 1 – Combined all of the QA functions at TCAD into a single QA division**
    - **Everybody will be cross trained**
    - **One site visit: All programs will be covered at the same time**
    - **TCAD will be working on things to significantly improve and enhance the QA side**
- **Non-Waiver Program**
  - **Responsibilities from AAADs - to submit to TCAD a Corrective Action Plan**
  - **TCAD will work towards getting a satisfactory solution**
  - **If TCAD is unable to get a satisfactory resolution from AAADs, then It will be referred to TennCare for final resolution**

- **Marketing**
  - **TCAD is working towards a single Marketing plan that will be partially funded to cover the Waiver programs**
  - **Money is in the Budget to cover the Waiver programs**
  - **May receive money from Grants which may help TCAD put together a Marketing plan for the rest of the house so that they end up with a single TCAD Marketing plan**
- **Grants**
  - **Takes a lot of time to process a Grant**
  - **You only have 6 weeks to get everything completed**
    - ▣ **Belinda wrote the Grant for ADRC**
    - ▣ **Jean Renfroe is a friend of Kathy's**
      - **TCAD has her for 120 hours a year**
      - **Taught Grants**
      - **Has been a Grant Reviewer**
      - **TCAD's Grant Writer**
  - **TCAD has applied for six Grants**
    - ▣ **One is a non-Grant Grant – Linked with a Community Living Grant, but, it's with the Veteran's Administration and is funded with Veteran's Administration dollars that will go straight to the Veteran's Administration Medical Center (VAMC) who will contract directly with the area AAAD**
      - **None of it is AoA or HHS dollars**
      - **Last year, there were 10 VA Medical Centers in the country that received this Award**
      - **TCAD submitted a package which included letters of support from all 3 of the Veterans Administration Medical Centers in the State of Tennessee**
      - **If TCAD received 3 of the 10 grants, then we would have the entire Veterans Administration Medical Center network in the State of Tennessee involved in the expansion of their already existing home and community based services**
    - ▣ **ADRC Grants**
      - **50 ADRC Grants to be Awarded to the State Units on Aging**
      - **Don't have to give out all 50 Grants**
      - **\$3.5 Million total**

**Chair Arriola thanked Mr. Barnett for his presentation.**

### **Guardianship Fee Increase – Janet Lamb**

**Chair Arriola recognized the Guardianship Fee Increase as the next Agenda Item. Below are Mrs. Lamb's key points:**

- **These are fees that we charge to the wards estate; those who have assets to pay**
- **State funded program**

- If they have assets to pay, then they are required to pay some type of fee.
- Cheaper than a private guardian
- Last fee adjustment that the Guardianship Program had was in 1999
- They propose that the Guardianship fee be increased each year based on the Federal cost of living increases
- June, 2009, Conference Call – There was discussion and the Commission asked that there be a more graduated increase for fees
- Commission Members thought that there was a big jump between \$11,000 and \$50,000 and asked for the proposal to be broken down to something in between
- The figures in “red” on the spreadsheet are the proposed fee increases
  - \$11,000 income level – Proposed fee increase: \$35.00 per hour
  - \$11,000 - \$30,500 – Proposed fee increase: \$48.00 per hour
  - \$30,500 - \$50,000 – Proposed fee increase: \$ 63.00 per hour
  - More than \$50,000 – Proposed fee increase: \$72.00 per hour
- Liquid Assets: Cash in banks and on hand and readily marketable securities

Mr. James York questioned the figures because there was some confusion on the 2<sup>nd</sup> entry \$11,000 or more per year. Ms. Lamb clarified that it should probably be \$2,000 - \$11,000. The assets are less than \$49,999.

Chair Arriola said that he would like for the schedule to be reviewed and corrected. He also asked for the Commission to keep in mind that it is proposed that they would like to move to an automatic annual increase based on the cost of living at the Federal level. He advised the Commission that the increase would need to be voted on by the Commission. There was extensive discussion on the revised fee schedule for the Public Guardianship Program. Chair Arriola asked for the Commission Members to take the document with them and have further discussions on the proposed increase. It was suggested that when the Commission had their conference call to discuss the Department Bill, that they could bring up the revised fee schedule for the Public Guardianship Program. He recommended that they vote would probably be postponed until the next meeting.

#### TN4AD Report – Mr. Aaron Bradley, President

Chair Arriola recognized Mr. Aaron Bradley for his report on the TN4AD Report. Mr. Bradley introduced Ms. Kathy Whitaker to report on the N4A Annual Training Conference which was held in Minneapolis. Below are her key points:

- 34<sup>th</sup> annual conference for N4A – July 19 – 22, 2009
  - Tennessee had 5 Area Agencies on Aging and Disability that was represented
  - Conference Theme – “Highlighting Innovations in Aging”
  - Conference held in Minneapolis, MN
  - Over 70 individuals attended

- **Opening Session: “What Does the Future Hold for Aging and Long-Term Care and Supports?”**
  - **Speakers:**
    - **Bob Blancato, President of Blancato and Associates**
    - **Jim Firman, CEO, NCOA**
    - **Sandy Markwood, CEO, n4a**
    - **Martha Roherty, CEO, NASUA**
- **Other General Session Topics:**
  - **The Experience Dividend Engaging Older Adults in Encore Careers by Marc Freedman**
  - **New Assistant Secretary for Aging, Kathy Greenlee who is from Kansas**
    - **Ms. Greenlee’s speech is available at AoA.gov – presentation centered around her Aunt and how the community took care of her Aunt**
- **Conference Focus**
  - **Promoting Health through Community Collaboration**
  - **72 informational workshops and 11 focus areas**
  - **Project 2020 is an initiative of n4a and also NASHUA, and has taken root in Legislation**
  - **Senate Bill 1257 and House Bill 2852 had been introduced and are entitled Project 2020 – Building on the Promise of Home and Community Based Services Act of 2009**
  - **Legislation calls for the support of 3 major components**
    - **Patient centered access to information**
    - **Single Point of Entry**
    - **Evidence Based programs for disease prevention and health promotion in enhanced Nursing Home Diversion Services**
  - **Other Conference Focus**
    - **Fighting Back: Protecting Elders**
    - **Caregiver Coalitions**
    - **Model Nursing Home Diversion Projects**
    - **Grocery Delivery for Homebound Elders**
    - **Senior Transportation**
    - **Senior Housing**
    - **Talking about Paradigm shifts for Senior Centers**
    - **Redesigning Nutrition Services**
    - **Serving Private Pay Populations**
  - **Nancy Peace, former Executive Director and also former AAA Director out of Cookeville, was presented with the 2009 President’s Award for her dedication to the needs of older persons and for advancing the mission of n4A**
  - **Fundraiser event for the National Disaster Relief fund – raised over \$3,000**
  - **Next year, the n4a Conference will be in St. Louis**

**Mr. Aaron Bradley began his PowerPoint Presentation. Below are his key points:**

- **Waiver Transition**
- **The AAADs and the Grantees successfully negotiated a contract with TennCare effective July 1, 2009**
- **The contract is 95% grant based with 5% reserved for network capacity building on a performance basis**
- **AAADs are taking on many new administrative tasks:**
  - **Review and approval of Plans of Care and Minor Home Modification Requests**
  - **Provider enrollment support for Personal Emergency Service and Case Management Agencies**
- **Additional Duties:**
  - **We have fully implemented the CMS Biller and we are working with TennCare directly to clear up billing problems prior to the transition to the CMS Biller**
  - **Working with TennCare to implement the Choices Amendment that was approved in July, 2009, by CMS**
- **Other Highlights:**
  - **The Waiver has reached full enrollment**
  - **TennCare has implemented a Waiting List Policy**
  - **Additional slots will be opened on October 1, 2009**
  - **AAADs are adding consumers to the waiting list on a daily basis**
  - **It is anticipated that between 800 to 1,000 slots will be available on October 1, 2009, and anticipate having about that many on the waiting list**
- **Aging Department Study Bill:**
  - **Important Considerations**
    - **We would like to see the Committee hold a hearing in each grand division of the State**
    - **The AAADs have asked to be a part of the discussion.**
    - **We believe this is a tremendous opportunity to improve the management and oversight of services for elders and persons with disabilities because the existing system is fragmented administratively and programmatically**
- **SE4A Conference Coming to Tennessee**
  - **The Southwestern Association of Area Agencies on Aging will hold their Annual Training Conference in Tennessee in 2011**
  - **It has been decided to hold the conference in Memphis in September, 2011**
  - **We are looking forward to working with TCAD and many other state organizations, as we plan the conference**
  - **This is an excellent opportunity to develop specific training events for the Tennessee Aging Network**
- **Ombudsman Conflict of Interest Issue**

- We are confident and continue to recommend that the “conflict of interest” issue related to the LTC Ombudsman Program be resolved with minor modifications to the existing TCAD Policy and Procedures Manual
- We recommend that the initiative that is being proposed for the Public Guardianship program be reviewed by the Commission on Aging and Disability and fully debated prior to further implementation.
- We are becoming very concerned about revenue shortfalls and their impact on services especially in the Options for Community Living Program because the economic picture for the balance of 2009 and most of 2010 is troublesome.

Chair Arriola thanked Mr. Bradley for his presentation.

**Commission Member Comments, Suggestions, Questions or Recommendations:**

Mr. Shelburne Ferguson asked Mr. Miskis about how their Agency is doing in achieving the various aspects of their Mission Statement. Below are Mr. Miskis’ key points.

- Studies show that they are achieving their goals
- Office of Management and Budget, and other financial analysis organizations in DC, have looked at their programs and determined that they are having an impact on the lives of Seniors and that they are able to provide more comprehensible services in a more efficient manner.
- OMB suggested that increasing funding to this program would be more cost effective than some other programs that are based on the medical model
- There is a struggle to change the cultural viewpoint on how things are done

Mr. Shelburne Ferguson asked where that information would be located, because he was interested in how they would be able to measure a person’s dignity. Below are Mr. Miskis’ comments:

- Available database through the AoA website called “Aged” which allows you to run some query’s on information that has been received from recipients of services

Mr. Bernard Danzig asked Mr. Miskis in referral protocols a physician shouldn’t need to sign off on all eligibility documents. Below are Mr. Miskis’ key points:

- There are referrals that do need medical review and aspects of the referral that don’t.
- There are items like homemaker services, and that kind of thing, in certain context wouldn’t need any medical involvement; however, it is a case by case basis.

Mr. Shelburne Ferguson’s question to Ms. Joyce Robinson-Wright had to do with the current environment and the institutional bias of people and wanted to know about the origin of that bias. Ms. Robinson-Wright advised that people get into the institution because of crisis and they cannot afford the medical care, or the on-going

assistance. The option, if there is no one to care for them, is to place them in an institution. Once a person is ill, or shows some sign of illness, the doctor may advise that the person cannot go home because there is no one there to care for them until they are better.

Mr. James York asked Ms. Rebecca Kelly what AARP's position is on reducing hospital costs on services. Ms. Kelly responded as follows:

- AARP's overall goal
  - To reduce those costs
  - To level those costs
  - To have transparency in costs so that we know exactly what those costs are
  - To have transparency in billing so that we know exactly what those detailed bills look like
  - They want to be as efficient in running their health care system as they possibly can, which falls into the same category as fraud and abuse and over charging.

#### New Business:

Chair Arriola discussed the following:

- Mary Stockley resignation and the position being open

Mr. Bernard Danzig asked if the TCAD Staff could provide the statistics for people who are getting home delivered meals, congregate meals, and Choice services, etc. Chair Arriola advised the Commission that they would ask Staff to get that information together to present to them at the November meeting.

#### Old Business:

Chair Arriola said that there was discussion under the Advocacy Committee regarding additional days for next year to work with the Legislature on issues that we may be talking about. TCAD ran some numbers and the approximate cost was \$5,500. Chair Arriola advised that it was his belief that based on the current letter they received from the Commission where he's saying "cut, cut, cut", that that's an area that they probably should not do. He further stated that he felt that the Commission could be lobbying at the State Capitol. The Commission is part of the Executive Branch. Any recommendations that we want to take to the Legislature, would probably need to go through the Governor's office.

#### Update from the TCAD Ad Hoc Advocacy Task Force – Chair Ron Jordan

Chair Jordan advised that he had passed out 7 recommendations to the Committee. Below are Mr. Jordan's key points:

1. The Members of the Aging Network including TCAD Executive Director, the TCAD Chair, Area Agency on Aging and Disability

- Directors, AARP Representative, Senior Center Leadership, etc., be interviewed by the Committee. If there are any changes to the current
2. structure of aging and adult services, be only for the creation of the Department of Aging and Adult Services. We further recommend that any changes to the current structure be proposed only if said changes will be more effective in meeting the needs of the elderly and adult services population.
  3. There will be a grass roots voice to a proposed Department much like the TCAD Commissioners are now to the TCAD Staff,
  4. That the existing TCAD Staff continue to have a role in any proposed Department.
  5. That any proposed Department of Aging and Adult Services be fiscally cost effective.
  6. That the study of structures used to deliver services and programs for the aging in other States, include those States that it move from Commission to a Division to a Department in order to avoid possible pitfalls that they may encounter.
  7. Committee move slowly and deliberately in this Study.

Chair Jordan advised that the Committee tried to hear the Commission's questions and concerns in the re-write and would like to have feed back from the Commission today.

Chair Arriola suggested that on "C" should be Commission Members instead of Commissioners. There was extensive discussion on corrections to the recommendations. Should be the creation of a separate department of aging and adult services. Mr. Ferguson said that the way the re-write is worded it suggests that the Commission is in favor of going to a separate Department of Aging and Adult Services. Any changes to the current structure of Aging and Adult Services be only through the creation of a separate Department of Aging and Adult Services. It seemed to be saying that we recommended a separate Department. It was recommended for the Committee to reword their recommendations. Ms. Mickey Eldridge asked for Mr. Shelburne Ferguson's recommendations.

Chair Arriola agreed with the terminology: "If the Committee determines ... " that would clear the way. He asked if the Commission was in agreement with that wording.

Shelburne Ferguson wanted to discuss statement #E. He said that we have to be considering results, not just being fiscally responsible. Nothing there says anything about if you go to this department can you show that it's going to be more effective? Chair Miller recommended that "E" ought to be moved to the end of "B". Separate "B" into 2 parts and combine that with "E". It should read: We further recommend that any change to the current structure be proposed only if State changes would be more efficient in meeting the needs of the elderly and adult service population and be fiscally cost effective.

**Chair Arriola suggested for Mr. Jordan and Mr. Ferguson to get the written update on their changes to the TCAD Staff. But based on what had been said, it seemed that they were ready for a motion to be made. Ms. Mickey Eldridge asked if the letter of recommendation could also go to other house and/or senate members because they would all be hearing from constituents.**

**Chair Arriola agreed that it would be prudent to send it to all of the people who are going to be on the Study Committee from the Governor's cabinet. The letter can also be sent to the house and the senate as well as the entire leadership of the house and the senate. He also recommended the Leadership of the House and the Senate as well as the Appointees and the Members of this Study Committee. Ms. Mickey Eldridge stated "Well, so moved" which is what her motion is.**

**Chair Arriola asked for a second on the motion. One of the Commission Members seconded that motion. Chair Arriola asked the Commission Members for all who were in favor of sending this document as explained to those Members of the Study Committee and the Leadership. All Commission Members were in agreement. No opposition or abstentions. The motion was carried.**

**Chair Arriola explained to the Commission that the corrected recommendations will be received from Mr. Jordan and Mr. Ferguson and that will be placed in a letter and will be sent to all Commission Members.**

#### **Old Business:**

**Chair Arriola asked the Commission for any old business. Ms. Mickey Eldridge advised that in a previous Commission meeting, she brought up an issue regarding discretionary money in an attempt to look at the needs of Senior Centers across the State. She said that in reviewing previous Commission Minutes that there was a dictation that would require the Staff to get information. She is still unclear as to their role. If at any point in time that there was money that was unused would they have any discretion in designating any money to the Senior Center programs. But would it be out of order for her to ask at the next meeting, that they be provided from an educational standpoint the trickle down. She suggested that maybe they could look at Title III type monies, can they get a breakdown of what funds come through the Commission intended for that Senior Centers are eligible for and once they get to the Area Agencies how do those monies become discretionary where the Area Agencies are concerned, what percentage of those monies in different areas are actually going to Senior Centers, and where are those monies not going to Senior Centers and if not, where are they being redirected? Is there any way to improve the funding to Senior Centers?**

**Chair Arriola summarized that in the previous meeting there was the discussion of Senior Centers being cut. However, that was not done. But there was some issues of how we could get them some more money. Chair Arriola suggested that maybe they**

out to do that and put that on the Agenda for the November meeting that they have an in-depth discussion and look at the accounting for Senior Centers what we're doing for them.

Chair Arriola concluded today's meeting and asked for a motion to adjourn. Ms. Virginia Davidson made a motion to adjourn, and a Commission Member seconded the motion. Chair Arriola recognized the motion and the motion was carried. The meeting adjourned at 4:00 P.M. CST.

The next meeting for the TCAD Commission Members will be Tuesday, November 17, 2009, at 9:00 A.M. CST at the Doubletree Hotel, Downtown, Nashville, TN.

Cindy Warf  
Recorder

APPROVED