

**MINUTES**  
**Utah Commission on Aging**  
**October 10, 2007**  
**1:00 – 3:00 pm**

**Utah Commission on Aging**

**Minutes for October 10, 2007**

**Commission Member Attendees:**

Norma Matheson	Chair
Maureen Henry	Executive Director
Representative Steven Mascaro	Utah House of Representatives
Rob Ence	AARP
Diana Kirk	Zion's Bank
Pat Jones	Dan Jones & Associates
Mayor JoAnn Seghini	Midvale City
Nels Holmgren for Lisa-Michele Church	DAAS, Utah Department of Human Services
Michael Deily for David Sundwall	Utah Department of Health
Robert "Archie" Archuleta	Utah Coalition of La Raza
Karmon Sanone for Shauna O'Neil	Salt Lake County Aging Services
Deborah Bayle	United Way
Cherie Brunner	IHC
Commissioner William Cox	Utah Association of Counties
Kent Alderman	Parsons, Behle, & Latimer

**Other Attendees:**

Lynn Samsel	LDS Church
Fran Wilby for Bill Farley	U of U Social Work

The meeting was called to order by Chair Norma Matheson.

1. **Welcome/Approval of Minutes.** Norma Matheson welcomed all attendees, and asked for introductions all around. When a quorum was achieved, a motion to approve the minutes from August 28, 2007, was made, seconded, and passed.
2. **Review of Recent Activities.**
  - o Community Based Care – Lynn Samsel
    - The next meeting will be held October 24. There is now a Senior Resource List available on the 211 Website; it is a specific compilation of resources for seniors. DWFS continues to update Utah Cares and make it more user-friendly. The Inclusion/exclusion policies will now allow for-profit organizations that provide in-home care to be advertised in the 211 Directory for a fee, which will generate additional resources.

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Representative Hutchinson is looking at public policy regarding the usage of 211 to avoid duplication of efforts. The objective is that 211 be a referral service. If 211 is to be the vehicle for information on services, the question of sustainability, in addition to fund-raising, needs to be addressed. Representative Mascaro suggested that a grant funding mechanism be explored through state legislature with ongoing funding being the objective, as well as policy coordination among the divisions of state government.

The Alternatives Program and the Medicaid Aging Waiver have been well received. These programs divert well-functioning patients from being placed into nursing homes, and instead allows for home-based care.

A transportation pilot project is moving forward in Utah County, which was modeled after a program in Maine. Seniors can turn in their private vehicles in exchange for rides. The Legislature has provided seed money for this project. It is like a voucher system that uses a volunteer and skills banking program. The goal is to move this program across the Wasatch Front.

- Long-Term Care – Maureen Henry
  - A presenter at the recent Utah Health Care Association Annual Meeting discussed Medicaid and long term care issues and the impact on state government for every hour less of care giving. The subject of concern is how to keep the caregivers online, so that state government does not have to step in to fill the gap. The trend in federal and state government is shifting toward community-based care as opposed to facility-based care due to efforts to reduce costs. The conclusion is that a data-driven plan is needed by the State of Utah.

Minnesota passed a law that uses a 50/50 split on Medicaid nursing and community based care. Their model shows how changes to the system will affect revenue on the nursing home side, as well as future impacts to state government.

The Medicaid Interim Committee, with the help of Human Services, has done a nice job of pulling together the data in a usable format; the Legislative Fiscal Analyst's Office has taken an interest in wanting to get a handle on this issue from a Legislative side. However, there are still gaps in the data, as well as in terms of understanding the need.

The Health Care Association has offered to work with the Legislature to purchase the Minnesota model and possibly populate the data.

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Maureen testified at the Medicaid Interim Committee regarding the State of Vermont's process of loosening up the system and allowing expansion of entitlement from facility-based care to community-based care. As the numbers on Vermont's waiver programs have climbed since the mid 90's, the number of nursing home patients has declined.

Maureen presented Medicaid Long-Term Care: Preparing Now for Future Change, and explained some of the differences between Utah and Vermont. The first difference is Vermont's expenditures per person are dramatically higher than Utah's. There could be a dramatic savings if Utah expanded its community-based care model. Utah's acuity level is, on average, slightly higher than Vermont's. One of the primary differences is that Vermont's approach is to avoid caregiver burnout; they are instituting a program to pay the spouse of someone on Medicaid. They also did not see a "woodwork" effect; also, Vermont's medical threshold is less sick than Utah's.

Vermont is the only state in the nation that has created an entitlement for all care settings for those who are eligible for long-term care. The federal government only uses the entitlement program in the nursing facility environment. Vermont can be used as a test case; however, one issue that needs to be looked at is why Utah has such low occupancy rates in long-term care facilities. It was suggested that demographics and the Alternatives Program has contributed to these figures.

Vermont started the process of increasing community-based care in 1996. They received a commitment from the Legislature to increase the number of slots on their aging waiver equivalent each year – any reduction in the cost for facility-based care was put into a fund to be used to build up the infrastructure. They also did an infrastructure analysis during this process; one of the Commission's concern is addressing the urban/rural issues regarding infrastructure.

At the next Long-Term Care Subgroup Meeting, Maureen will go through the Vermont Model, as well as continue the visioning as to what long-term care should look like in 20 years. The goal is also to start making recommendations to the Medicaid Interim Committee as well as the Legislature as a whole regarding workforce, data, and infrastructure, regardless of what the end point looks like in 20 years.

- Transportation – Maureen Henry for Bill Cox
  - The Rand Center looked at the aging driver issue, and looked at the impact of public policy issues concerning this issue. Some of the suggestions in the report were to require drivers to take a driving test at a certain age, as well as eye tests. Their conclusion was that drivers have a tendency on the

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whole to self-limit, and the number of miles driven tends to decrease as a person ages. This self-selection process takes older drivers off the road, without creating new policies. The trend in state government is to move away from in-person renewal. In Utah, physicians report impairments and make restriction recommendations to DMV. The need for improved safety for older drivers is the main conclusion drawn from the report, as aging drivers are more at risk of dying in accidents than any other age group.

The second issue is the discussion of older driver programs; such as the very active one in Utah at AARP, that helps people self-administer driving assessments, as well as providing road schools for older drivers to improve their skills. There is no data that proves the effectiveness of these interventions. The youngest drivers have been proven to be the riskiest drivers on the road, not only in terms of miles driven, but in terms of amount of time driven; the impact of accidents of younger drivers on the aging population is more significant than targeting older drivers.

California is using a model for screening older drivers; however, most states are struggling on how not to make this issue one of age discrimination, but of safe driving.

- End of Life – Maureen Henry
  - The Committee worked with Utah State Bar and the Needs of the Elderly Committee to put on a two-day Advanced Care Planning Facilitator Training. 80 people attended. This 12-hour, detailed training was designed to train those people who will be helping people fill out the Advanced Directive forms. There was also a Train-the Trainer session; those people (approximately 20) could then bring the training back to their organizations. There will be follow up in December or January with more nuts and bolts information on the law itself for those whose job it will be to interpret the forms. Senator Valentine met with committee members, and he wants to make sure that the information is out on the street when the law takes effect.
  
- Mental Health/Guardianship – Maureen Henry
  - Maureen and Kent are continuing to participate in the Judicial Council Ad- Hoc Committee on Probate Law; it is looking at overhauling some of the guardianship statutes. At the same time, the Mental Health Committee will be looking at the broader structural issue of how to get decisions made for people who lack capacity but don't have a guardian in place. There may be as many as 10,000 people in the State of Utah who lack decision-making capacity and also lack a surrogate decision maker.

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- Workforce – Maureen Henry
  - Maureen testified before the Workforce Committee. One of the findings was that there are programs for low-income workers at the county level, but there is no comprehensive approach to keeping older workers engaged and in the workforce, particularly at the professional level. There are some companies that hire and retrain older workers; more research needs to be done to find these role models.
  
- CareSource Survey – Maureen Henry
  - CareSource Foundation funded a Dan Jones & Associates research poll regarding issues affecting Utah’s aging population. Two of the relevant issues that were recently polled are: Medicaid participation rates and financial security.
  
- Proposed Formation of Assisted Living Committee – Kent Alderman
  - Assisted care facilities are not regulated to the extent that nursing homes are regulated. As the acuity creep moves more and more to assisted living, the question arises as to whether the Commission should form an Assisted Living Subcommittee to collect data from the community, as well as from assisted-living providers, for the purpose of making recommendations. **A motion was made, seconded, and passed to form an Assisted Living Committee.**
  
- Utah Advance Health Care Directive Act – Maureen Henry
  - Maureen asked that the members look through the materials related to the Act. This will be the first discussion on the agenda at the next meeting in December.

The meeting adjourned at 3:05 p.m.