

**District of Columbia Commission on Aging  
Draft Meeting Minutes<sup>1</sup> for  
Wednesday, April 27, 2016**

**Commissioners Present**

Romaine Thomas, Chairperson; Ron Swanda, Vice-Chairperson; Jacqueline C. Arguelles; Barbara Hair; Constance Woody; Grace Lewis; Carolyn Nicholas; Janet Heisse; George Arnstein; Clarence “Buddy” Moore.

**D.C. Office on Aging (DCOA) Staff Present**

Laura Newland, Executive Director; Garret King, Chief of Staff; Tanya Reid, Executive Assistant; Brian Footer, Director of Policy, Planning & Evaluation; Michael Kirkwood, General Counsel.

**Guests Present**

Gail Kohn, Age-Friendly D.C. Coordinator; Gulliford Bobo, Ward 8, Mini-Commission; Dr. Bonita Jenkins, D.C. Department of Health; Heather Foote, Ward 1 resident; and Katrina Polk, Community Preservation and Development Corporation.

**Call to Order**

Chairperson Thomas called the meeting to order at 10:05 a.m.

**Inspiration**

Chairperson Thomas expressed sadness for the recent loss of Commissioner Nathaniel Wilson. The commissioners, at the request of the Chairperson, shared a moment of silence in honor of Commissioner Wilson. Also, Chairperson Thomas passed around the funeral program to be viewed by those who were unable to attend his funeral service.

Afterwards, she read the poem “A State of Mind” by Walter D. Wintle.

**Review and Approval of Minutes**

The meeting minutes from the March 27, 2016 meeting were approved as read without corrections.

**Presentations**

**A. Home Health Aides: Dr. Bonita Jenkins, D.C. Department of Health**

**Overview:** Home Health aides were placed under the Board of Nursing (the “Board”) in 2012. New regulations regarding their governance were passed the same year. Since January 2013, the Board drafted curriculum and required aides to take an exam. On the first exam the applicants tested well but the Board had reason to believe the exam was compromised. As a result, the Board sought another vendor to re-draft the written exam and create a skills exam. The new exam focuses exclusively on home health aides. It should be in place by the end of this year.

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<sup>1</sup> The final (approved) meeting minutes will be posted on Wednesday, May 25, 2016, the Commission’s next meeting date.

**Questions/Concerns:** At her request, Dr. Jenkins addressed various concerns and multiple questions presented by the Commissioners: She expressed that English proficiency of a certain level is required of all applicants and that the certification exam is only offered in English. The curriculum course is now 125 hours; and certification is required.

With regards to payment for the program by students, some students pay out-of-pocket; however, D.C. residents may qualify for grants and the Department of Employment Services sponsors or pays the program costs for eligible D.C. residents.

Dr. Jenkins differentiated the different settings health care professionals worked in here in DC. According to her, certified nursing assistants (“CNAs”) work in long term care and Home Health Aides (“Aides”) work in homes. And patient care techs (“Techs”) work in hospitals. Medication aides Techs are above the CNAs.

Currently, applicants must complete separate tests should they desire to be a CNA and an Aide. The use of one certification test for CNAs and Aides was an issue but going forward the Board will have a separate test for Aides. Although CNAs and Aides will take separate certification tests, both positions will share core requirements (e.g. ethics, standards, etc.).

Before Aides are sent to senior’s homes they are to have undergone an orientation with their home care agency. If an Aide fails to have an orientation seniors can call the Department of Health’s Intermediate Care Division to report it. The point of contact is Sharon Melvin, (202) 727-8800. In addition, Ms. Melvin may be contacted if seniors have work-related issues with the Aides.

#### **B. D.C. Office on Aging Update: Laura Newland, Executive Director**

**Budget Oversight Hearing:** DCOA restructured its budget. Confusion exists in the advocacy community about what DCOA is planning for the fall. Director Newland expressed she was a little disappointed with some of DCOA’s providers who testified at the hearing because some of the information conveyed is untrue. Director Newland stated that DCOA’s services will not change in FY17.

She stressed that for the next fiscal year DCOA will not pay double for certain services. Specifically, DCOA is intent on working with Medicaid (at DHCF) on transportation and case management because a duplication of services exists in these two areas. DCOA has received numerous complaints about services from providers, however, nothing tangible that would enable the agency to hold the responsible providers accountable. Director Newland has asked people in the community to help DCOA hold providers accountable by way of documented complaints.

**Case management:** Through the EPD waiver program, people who would otherwise be regulated to a nursing home can be cared for in their own homes. The program has struggled with multiple challenges for years. For instance, lead agencies have complained that case managers hired through the EPD waiver program fail to show-up and when they do, they oftentimes fail to perform.

Also, there were providers providing care and case management which is a conflict. As a result, Medicaid pushed to create a conflict-free case management system. Subsequently, Medicaid has revamped its case management system and made case management independent of care. Providers now must choose; they must either provide care or case management services.

DCOA has discussed with some of its lead agencies the possibility of them becoming Medicaid providers. And Medicaid is excited about the possibility because it needs “good” agencies. But some providers are reluctant because of reimbursement and payments.

Reservations have also been expressed about the enrollment process. In response, DCOA has helped establish a new process whereby clients are properly tracked and the enrollment time is decreased. Also, DCOA hired a team of Medicaid enrollment specialists and additional temporary staff to assist with the enrollment backlog.

Director Newland has requested a meeting with Seabury and Medicaid. This will be the first of a series of meetings and discussions DCOA will be conducting to reach providers and agencies in the Senior Services Network, in attempt to earn and foster trust. For the month of May, Director Newland will be meeting with providers as she did with seniors during the month of April.

**Questions/Concerns:** Commissioner Moore suggested that DCOA not wait until the budget process is in full swing but to address the budget throughout the year with the community and other stakeholders, as way to counter rumors and provide information earlier in the process.

Commissioner Nicholas asked Director Newland about a blind senior in need of care she contacted the agency about. Specifically, she inquired as to how long it takes for seniors to get needed assistance. Director Newland, and her staff, assured Commissioner Nicholas they were aware of the senior’s needs and, therefore, immediately assigned a DCOA social worker to assist her with getting support and were monitoring her case.

Commissioner Lewis asked if Director Newland foresaw any relief in the “transportation situation”. Director Newland stated, “I foresee relief!” According to her, a transportation collective, consisting of all district agencies that provide funding and transportation services for seniors and people with disabilities, was established and has begun meeting to devise a simpler way for seniors to connect to a provider, regardless of who the provider is. The collective is working to establish a “one call, one click” program similar to an existing initiative in Maryland.

Commissioner Moore asked for information about \$5 cab program for seniors. According to Director Newland, The DC Taxicab Commission has created a pilot program allowing Metro Access customers to get rides for \$5. Seniors can call and get a cab within an hour versus having to call ahead to schedule a ride.

Commissioner Hair suggested that a discussion on Medicaid transportation be a workshop at the Senior Symposium because people have so many questions about it. For instance, many seniors don’t know you can get transportation thru Medicaid. Also, those seniors who are aware think it is easier to connect Seabury because it’s easier to remember just one telephone number.

Commissioner Heise suggested, in the spirit of collaboration, that DCOA bring Seabury into the transportation coalition.

**Miscellaneous:** George Washington University (“GWU”) was chosen to conduct the needs assessment. GWU will reach out to the Commission to ask questions and get a sense of what the community thinks. With regards to the Commission’s retreat, Garret King will reach out to the R.I.S.E. center to determine if its space is available for the retreat. Director Newland encouraged all of the Commissioners to attend the Centenarian event tomorrow at the Gallaudet University. And she apologized for issuing the State Plan survey without discussing it with the Commission first; in the future, she’ll make sure the Commission has a chance to look at items such as the survey first. Lastly, Director Newland agreed to follow-up on her letter to commission; as a result of preparing for the Budget hearing, she regrets she was unable to complete it sooner.

### **C. D.C. Office on Aging Update: Brian Footer, Director of Policy and Planning**

**The State Plan:** Mr. Footer reminded the Commission the plan is a guiding tool for two (2) years. DCOA is in the process of engaging with the community. Currently, it’s received 233 completed surveys. The surveys were issued last week; this is week two. The surveys will continue to be disbursed over a six (6) week period, through the end of May. The survey can be accessed via link on DCOA’s webpage and via paper. DCOA staff distributed them at the Wellness Centers and plan to visit senior villages and other sites. Mr. Footer asked for the Commission’s help with spreading the word about the survey. May 31<sup>st</sup> is the deadline for which the surveys must be completed and/or submitted to DCOA.

**Questions/Concerns:** Commissioner Arguelles expressed concern that more people be reached in an environments where seniors are. She suggested DCOA contact as many churches as possible for surveys to be completed. Mr. Footer expressed that DCOA’s community outreach team does visit churches but more could be done to share the survey with churches. Commissioner Lewis cautioned the agency to be careful visiting churches because many Maryland seniors attend church in DC.

Commissioner Swanda expressed dismay that the Commission was not asked for input prior the survey being done. Especially since there were other things being done that DCOA could have piggy backed on but failed to do so. He pointed out examples of what might lead to some issues.

**Safe at Home:** Mr. Footer shared how well the program has been received by the community and shared some of its positive statistics. As of March 31, 2016, 607 referrals or an expression of interest in the program were received. There have been 242 intakes completed. To date, 98 people have been enrolled. The occupational therapists have conducted 50 visits. And 18 projects were begun and 11 of them completed. On average it takes 18.2 days between the occupational therapist coming into someone’s home and a project being completed. Also, additional two staff persons have been hired since March.

Mr. Footer also shared that seniors may access program funds multiple times. They may do so after 36 months have passed from the completion of their project; when their functional status has changed, making them re-eligible; and if they move, such as a renter, the senior may re-qualify for the program. The hope is that if you when a renter moves the upgrades will remain in the unit for someone else to benefit from them. Director Newland chimed in to say that this program is the perfect example of what DCOA wants its relationship with the community to look like; it is the ideal it is hoping to achieve for all DCOA programs.

**Questions/Concerns:** In response to Commissioner Lewis’s question about the permanency of the program, Mr. Footer shared that although it is a pilot program, DCOA is confident that the program will extend into next year.

Commissioner Hicks asked if there a process for certifying the contractors. According to Mr. Footer, the contractors must be on a pre-approved list and they must be licensed and bonded. And all of their work is warranted for one year after installation. Similarly, the Occupational therapist must be certified.

#### **D. Age Friendly DC- Gail Kohn, Coordinator**

**Age-friendly’s Progress Report:** Since 2012 the office is showing progress towards making DC a more age-friendly community. The District has to show evidence of it in 2017. In 2017, the District will report to the World Health Organization (“WHO”) its accomplishments since 2012. The District submits the report in October 2017, and WHO will decide whether to designate DC an age-friendly city. Currently, only New York City and Portland, OR have been designated as such.

A task force meeting will be held on Thursday, May 5, 2016 at the Wilson Building. There will be a report from each committee regarding their accomplishments. Interested Commissioners are welcome to attend.

The American Institute of Arthritis wants to identify age-friendly neighborhoods in DC. The project will also help identify accessible homes. For instance, The District will be able to map where accessible houses are in DC, as a result of the modifications being done via the Safe at Home Program.

**Age-Friendly Businesses:** Businesses in DC are beginning to realize the monetary potential that seniors represent in the city. The office is asking DC residents to nominate businesses. To date, there have been 58 businesses nominated, and they are being secretly shopped to determine if they are as good, or as friendly as nominees claim. Businesses that are deemed “age-friendly” will be given a special seal. The Department of Housing and Community Development is hosting a housing exposition and Age-Friendly is asking for the age-friendly businesses to give discounts to seniors who attend the exposition. It will enable them to grow their customer base and benefit seniors.

**End of Reporting Period:** The flaw of the WHO’s program is that it runs in five (5) year cycles. Ms. Kohn does not know what the plans are for the age-friendly initiative at the end of 2017. She intends to advocate that the office continue its work.

**Questions/Concerns:** Commissioner Arguelles asked what has been accomplished. According to Ms. Kohn, as a result of her office’s efforts, a plan is now in place that articulates what 31 District agencies will be doing to make DC age-friendly; measures are in their performance plans outlining objectives that must be accomplished by them. And her office has increased its community partners. (Director Newland chimed in to offer that Ms. Kohn is being humble; her office, with the support of the deputy mayor’s office, has defined what it means to age in the city. As a result of a comprehensive strategic plan Ms. Kohn helped devise, every single District agency that touches seniors looks at its services for seniors differently.)

Commissioner Nicholas expressed that it is incumbent upon the Commission to push for the initiative to continue to exist. She inquires if there have been articles published on age-friendly DC. According to Ms. Kohn, an article appeared in the Beacon but not in the Post or the Times.

Chairperson Thomas urged Commissioners to be aware of the program and to promote its continuation and considers it part of the Commission's responsibilities.

### **Committee Reports**

**Elder Abuse and Financial Exploitation:** Commissioner Nicholas shared with the group the recent success of the bill on financial exploitation. She indicated the bill was approved by the Judiciary committee and is moving.

### **Ward Reports**

Commissioner Swanda expressed his willingness to send a request for information regarding what Commissioner would like to learn about health and wellness.

Commissioner Moore did not have a report but shared that he and his wife suffer vision loss and have gotten some needed assistance recently. They established a relationship with Prevention of Blindness Society. The Society directed he and his wife to the Low Vision Center, Bethesda, MD, where they obtained special glasses he uses and a reading lamp. Other Commissioners may contact him for more information about the glasses and reading lamp.

Commissioner Hair proffered that Family Matters, Inc. has equipment for people who are hard of hearing. She will bring more information next month.

Commissioner Nicholas shared that Advocates for Elder Justice, Hilda and Charles Mason Charitable Foundation, Inc. will be hosting a workshop concerning steps seniors can take to prevent financial exploitation. It will be held at Plymouth United Congregational Church of Christ, 5301 North Capitol Street, NE, DC.

### **New Business**

There was no new business.

### **Announcements**

Katrina Polk, Seniors Supportive Services Network Manager, of Community Preservation and Development Corporation offered her assistance to the Commission. Specifically, she shared that she submitted a grant application to the Department of Housing and Urban Development for seniors in the Edgewood community to receive supportive services. An open house regarding the initiative will be held on Friday, May 20, 2016, at 12 p.m. at the Edgewood Commons, Edgewood Street, NE.

She also shared that she has been involved with the Ward 8 Legacy Collaborative on Aging, a senior village initiative that will be starting there soon.

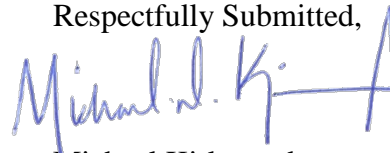
Chairperson Thomas invited Ms. Polk to attend and present at a future meeting.

**Adjournment**

The meeting adjourned at 12:13 p.m.

These minutes were recorded by Michael Kirkwood, General Counsel, D.C. Office on Aging, and were formally approved by the Commission on Aging on May 25, 2016.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Michael Kirkwood". The signature is stylized, with the first name "Michael" written in a cursive-like font, and the last name "Kirkwood" written in a more blocky, slightly cursive font. The signature is positioned above the printed name.

Michael Kirkwood  
General Counsel  
District of Columbia Office on Aging