

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Wednesday, June 12, 2019
Start & End Time:	9:00 a.m. to 12:46 p.m.
Location:	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

Council Members in Attendance

Insurance Cmmr. Jessica Altman (Designee: Megan Barbour)*	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Vini Portzline - <i>LTSS Consumer</i>
Eric Beittell – <i>LTC Insurance</i>	Holly Lange - <i>Area Agencies on Aging</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Janice Cameron - <i>PA Council on Aging</i>	Sec. of Health Dr. Rachel Levine (Designee: Susan Coble)*	Nicole Pruitt - <i>Adult Day Centers</i>
Brig. Gen. Anthony Carrelli (Designee: Andrew Ruscavage)*	Robert Marino – <i>Caregiver</i>	Mike Sokoloski - <i>Homecare</i>
Mark Gusek – <i>LTC Managed Care</i>	Joyce McClary - <i>LTSS Nurse</i>	Acting Sec. of Aging Robert Torres Council Chair
Anne Henry - <i>Nonprofit SNFs**</i>	Diane Menio - <i>Caregiver</i>	Matt Yarnell - <i>Consumer Advocacy</i>
Nancy Hodgson, PhD - <i>Academic Research**</i>	Sec. of Human Svcs. Teresa Miller (Designee: Jennifer Hale)*	Margie Zelenak – <i>Assisted Living Residences & Personal Care Homes</i>
Samella Hudson-Brewton - <i>Senior Community Centers</i>	Dr. David Nace – <i>LTSS Physician</i>	Heshie Zinman - <i>Consumer Advocacy</i>
Kathleen Kleinmann - <i>LTSS Consumer</i>	Shane Nugent - <i>For-Profit SNFs</i>	

*Attended on member's behalf

**Participated in Council meeting via teleconference

Council Members Not in Attendance

Sen. Michele Brooks (Designee: Ryan Dellinger)	Brian Hudson, Sr. (Designee: Gelene Nason)
Sen. Maria Collett (Designee: Tom Holroyd)	Ray Landis - <i>Consumer Advocacy</i>
Representative Pam DeLissio	Rep. Thomas Murt (Designee: Erin Raub)
Lydia Hernandez-Velez - <i>Consumer Advocacy</i>	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)

PDA Staff in Attendance

Maria Dispenziere, Deputy Legislative Director	Christine Miccio, Director of Aging Services
Glenda Ebersole, Executive Policy Specialist	Chuck Quinnan, Council Executive Director
Denise Getgen, Director of Protective Services Faith Haeussler, PA Council on Aging Executive Director	Sasha Santana, Executive Secretary

Committee Members & Guests in Attendance

Carl Berry, PA Providers Coalition Association WC	Lisa Robinson, My Independence at HOME WC
Jennifer Ebersole, Alzheimer's Association	Kate Routledge, The Hospital & Healthsystem Association of PA QC
Maria Maletta Hastie, LIFE Geisinger OC	Isaiah Smith, PA Dept. of Labor & Industry (L & I)
Vick Hoak, PA Homecare Association WC	Linda Walker, Educators, Inc. AC

Daniel Kleinmann, PA Health & Wellness OC	Eli Weikert, L & I
Vince Phillips, Phillips Associates OC	

OC = Outreach Committee; AC = Access Committee; QC = Quality Committee; WC = Workforce Committee

Meeting Minutes

#	Discussion Items	Summary
1	Welcome	<p>Secretary of Aging Robert Torres opened the meeting by welcoming members and guests.</p> <p>Council Executive Director Chuck Quinnan went over housekeeping items (e.g., emergency evacuation protocol, Wi-Fi password, etc.), introduced councilmembers Anne Henry and Dr. Nancy Hodgson on the conference line, and informed members that Margie Zelenak, who serves as the executive director of the Pennsylvania Assisted Living Association, was appointed to fill the remainder of Tim Coughlin's term, as he recently resigned due to work obligations. Mr. Quinnan also noted that he is continuing to work with the Governor's Office on filling the council's academic research vacancy.</p>
2	Introduction of Members & Guests	Members and guests introduced themselves.
3	Approval of April 18, 2019 Meeting Minutes	A motion was made by Dr. David Nace and seconded by Commissioner Ted Kopas, and the April 18, 2019, meeting minutes were unanimously approved.
4	OPTIONS Program & Medicaid LTSS Enrollment Process Infographic	<p>As a follow up to the council's April 18 meeting, Secretary Torres explained that he had staff develop a draft infographic on the enrollment process for both the OPTIONS and Medicaid/Medical Assistance (MA) Long-Term Services and Supports (LTSS) programs as a resource for the council to use to understand the process and to identify potential opportunities for improvement, etc.</p> <p>Jennifer Hale, Director of the Bureau of Policy and Regulatory Management for the Department of Human Services' (DHS) Office of Long-Term Living, and Christine Miccio, Director of the Department of Aging's Bureau of Aging Services, walked members through the infographic for the OPTIONS and MALTSS programs, respectively, and provided an overview of each program. The following are highlights from their presentations:</p> <p><u>MALTSS Program</u> – Jennifer Hale</p> <ul style="list-style-type: none"> • OLTL manages five home and community-based service waivers, which include the fee-for-service waivers (e.g., Aging, Independence, Attendant Care, and OBRA) and the Community HealthChoices (CHC) Waiver. • The Aging, Independence, and Attendant Care waivers will transition completely to the CHC Waiver effective January 1, 2020. • As it stands currently, services can vary depending on the waiver program, but generally the home and community-based service waivers provide a range of services and supports to individuals in their homes and communities that include personal assistance services (e.g., assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), which

can include assistance with bathing, eating, dressing, taking medication, transportation, etc.).

- The CHC Waiver offers 32 home and community-based services, including, but not limited to, personal assistance services, adult daily living, employment services, community integration, home-delivered meals, home adaptations, nursing, physical, speech, and occupational therapies, etc.
- The independent enrollment broker (IEB) serves as the access point for the waivers.
 - While referrals can come in from any point (e.g., from family members and community agencies), they must go through the IEB for enrollment into one of the waivers.
- Once the IEB receives a referral, they check DHS' client information system to determine if the consumer is already receiving MA.
 - If that is the case, they make a referral to determine (assess) the consumer's clinical eligibility (e.g., are they a nursing facility clinically eligible for NFCE?) and obtain a physician certification, which are components of eligibility for the waiver programs.
 - If the individual is not receiving MA, the IEB will mail an application packet to the consumer, which includes the PA 600-L, the MA application used to determine financial eligibility.
- In terms of assessing an individual's clinical eligibility, the IEB sends a request to Aging Well, DHS' contractor that handles clinical eligibility assessments for individuals applying to the waiver programs.
- The entire process, which begins when the county assistance office (CAO) receives the completed PA 600-L, is federally regulated to take no more than 90 days.
 - The CAO has 45 days to complete their review of a consumer's PA 600-L.
 - With the recent implementation of the functional eligibility determination tool, Aging Well assessors have 10 days to complete the clinical eligibility determination.
- Once an individual is determined to be NFCE, that information is sent to the CAO so they can make their final determination and inform the consumer of the outcome.
- If an individual is found to be nursing facility ineligible (NFI), OLTL sends a notice to the individual, and the CAO assesses the consumer's eligibility for straight MA and informs them of the result.

A question was asked regarding whether assistance is available to help consumers complete the PA 600-L. Ms. Miccio explained that the Pennsylvania Department of Aging oversees the Aging and Disability Resource Centers (also referred to as the PA Link), which have person-centered counselors who can assist individuals of any age in completing the PA 600-L. Chuck Quinnan noted that he would provide contact information for the PA Link as well as a map of the regional PA Link coordinators. In addition, Ms. Hale noted that while this is something DHS requests the IEB to assist with when conducting home visits, it is

an area that they are looking to strengthen through their efforts to reform the enrollment services process, which began with the release of a request for information (RFI) in March.

Ms. Hale provided the following responses to additional questions:

- It is the role of the IEB to provide special accommodations, such as language translation services, to help individuals with the enrollment process.
- Individuals are eligible for additional services through the CHC Waiver. For example, those who are transitioning from one of the existing Fee for Service (FFS) Waivers (Aging, Attendant Care, Independence) will now have access to the 32 services available through CHC that may not have been available in the FFS Waiver. In addition, some of the CHC-MCOs offer “value added services, such as an adult vision benefits beyond Medicare or Medicaid coverage (e.g., eyeglasses).
- CHC will be implemented in the remainder of the state on January 1, 2020.

OPTIONS Program – Christine Miccio

- OPTIONS is the Department of Aging’s program for home and community-based services for individuals who are not financially and/or clinically eligible for the MA LTSS services that Ms. Hale discussed.
 - To receive OPTIONS services, an individual must be 60 years of age or older, a Pennsylvania resident, a U.S. citizen or lawful permanent resident, and have unmet needs that impact daily functioning.
- The OPTIONS Program is primarily funded by state Lottery dollars and is administered by the 52 area agencies on aging (AAAs).
- The AAAs are required to provide the following services under OPTIONS:
 - Care management (each consumer receives a care manager)
 - In-home meal service or home-delivered meals
 - Personal care services
 - Adult daily living services
- In addition to the aforementioned services, there are a variety of other services that AAAs can offer based on funding availability, including:
 - Emergent services
 - An example would be providing emergency heating assistance if someone’s heating source breaks during the winter
 - Home health services
 - This includes physical, occupational, and speech therapy and skilled nursing care that is not covered by a third-party payor.
 - Home modifications
 - Home supports services

		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ➤ This includes things like shopping, laundry, and assistance with cleaning. ○ Medical equipment, supplies, and assistive devices ○ Pest control and fumigation ○ Personal emergency response/alert systems ○ Specialized medical transportation <ul style="list-style-type: none"> ➤ This is nonemergency transportation for individuals who need to be transported on a gurney, etc., or have a medical assistant accompany them. • The program does not have any financial eligibility requirements, but, depending on income, an individual may be required to share in the cost of the services via a sliding scale, which ranges from 133% of federal poverty level up to 300% of federal poverty level. <ul style="list-style-type: none"> ○ For example, an individual who is at 133% or less would have a 0% cost share, with the cost share increasing by 10% increments up to 300% of poverty. <ul style="list-style-type: none"> ➤ An individual over 300% of poverty would have a 100% percent cost share. ○ There are some services that the cost share does not apply to, such as care management and in-home meal services. • The OPTIONS Program has a \$765 monthly care plan cost cap for services. However, depending on an individual's need, AAAs may authorize a higher amount. <ul style="list-style-type: none"> ○ The following services do not count towards the cost cap: care management, emergent services, home modifications, and home-delivered meals. • In terms of enrollment for purposes of the infographic, when an individual is referred to an AAA, whether they are self-referred or referred by someone else, the AAA will typically begin by collecting information. <ul style="list-style-type: none"> ○ AAAs differ in how they handle the intake process. For example, some begin by gathering information up front on an individual's assets and income to assess possible MA eligibility, others may make an immediate referral to the IEB if the individual is interested in the MA LTSS Program (this would initiate the process that Ms. Hale explained), and others will make an internal referral to a care manager to determine which program would best meet the person's needs. • If an individual is interested in OPTIONS services, they are assigned a care manager who goes out and does a formal needs assessment on the individual to assess their needs and identify any gaps in informal supports they may be receiving. <ul style="list-style-type: none"> ○ Based on the assessment, the care manager will help develop an individualized person-centered care plan with the individual and arrange for the provision and coordination of services.
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- During the needs assessment, if it appears that the individual might be nursing facility clinically eligible and fall within the financial thresholds, the care manager will make a referral to the IEB to begin that process. If an individual does? meet the eligibility criteria for MALTSS, they are required to apply for those services as they would be better served in CHC or the Aging Waiver given the robust menu of available services.

Ms. Miccio provided the following additional information and clarification in response to questions:

- Individuals enrolled in the OPTIONS Program can be referred to the IEB at any point for MA LTSS if their level of functioning declines (identified as part of the annual review process or reassessment, which can occur at any time based on changes to the participant's health status, etc.) and they become nursing facility clinically eligible; they would still have to meet the financial eligibility requirements.
 - The Department of Aging has a process in place with DHS to transition people between OPTIONS and MA LTSS, so that individuals can continue receiving services while they go through the process.
- There are approximately 55,000 individuals currently being served in the OPTIONS Program, with a little under 4,000 individuals on the waiting list.
 - Some of these individuals may be receiving some services but waiting for others.
 - In terms of supplemental services, the AAAs have autonomy in terms of how they serve individuals in the OPTIONS Program and prescribe to different philosophies based on the unique needs of their service area/county. For example, some AAAs will attempt to meet all of an individual's service needs, while others will provide fewer services to each consumer in an effort to serve more people.
- Under the OPTIONS Program, the AAAs can utilize the following three provider payment models for services provided by direct care workers:
 - The agency model - where the AAA arranges and coordinates the provision of services with a home care agency
 - The consumer reimbursement model - in which the consumer finds their own worker and submits for reimbursement to the AAA
 - The fiscal agent model - in which a consumer hires their own worker and the fiscal agent is responsible for employer-related tasks such as the handling of payroll, taxes, etc.

		<ul style="list-style-type: none"> • The Caregiver Support Program, which follows the same enrollment process as OPTIONS, provides support to primary caregivers (e.g., care management for the caregiver, education, counseling, etc.) to help alleviate stress associated with their caregiving role and to provide reimbursement (based on a sliding scale) for caregiving-related services, such as respite care, and supplies (e.g., incontinence supplies, nutritional supplements, etc.). <ul style="list-style-type: none"> ○ The program allows for reimbursement for home modifications (e.g., installation of a chair lift or a wheelchair ramp) and assistive devices up to a certain amount. There are currently approximately 4,000 individuals enrolled in the program and no waiting list. ○ The Department of Aging recently conducted a media campaign to raise awareness of the program. • In terms of preventive services, seniors have access to health and wellness programs through senior centers. <p>Councilmembers engaged in a robust discussion regarding the draft infographic, and Secretary Torres noted that the department would update the flowchart to include timeframes where appropriate and to clarify that the assessment of a consumer’s needs for MALTSS is reflected in the “Request Level of Care Determination/Physician Certification” portion.</p>
5	Older Americans Act Reauthorization	<p>Samantha Koehler, Senior Policy Aide to U.S. Senate Special Committee on Aging Ranking Member Senator Bob Casey, provided the following update on the reauthorization of the Older Americans Act (OAA), which expires on September 30, 2019:</p> <ul style="list-style-type: none"> • She and Senator Casey began the reauthorization process at the end of last summer with a series of in-person and tele-roundtables with area agencies on aging (AAAs) to obtain their feedback in terms of what is working and not working as they try to serve seniors in their region. <ul style="list-style-type: none"> ○ 66% of the AAAs participated in the roundtable discussions. • The bipartisan negotiation process began earlier this year and includes six offices: Senators Casey, Bernie Sanders from Vermont, and Patty Murray from Washington state on the Democratic side, and Senators Lamar Alexander from Tennessee, Mike Enzi from Wyoming, and Susan Collins (the Senate Special Committee on Aging Chair) from Maine on the Republican side. <ul style="list-style-type: none"> ○ The process at a very high level includes advocates – both at the national and local level – submitting their priorities for modernizing/improving the act to better serve seniors as well as different Senate offices submitting priorities based on what they are hearing from the aging community and advocates in their home states. ○ The overall feedback has been that the act works well in serving seniors and small tweaks around the edges are what most groups, including the AAAs in Pennsylvania, are requesting.

		<ul style="list-style-type: none"> ➤ The primary request from all stakeholders focused on funding – increasing appropriations to provide more meals, more caregiver support services, etc. ➤ During the roundtables, the AAAs also noted their desire to address the needs of serving seniors in rural communities, the increase in grandparents or older relatives caring for children due to the Opioid epidemic, and LGBTQ seniors as part of the reauthorization. Discussion also included guardianship, protective services, and elder justice. <ul style="list-style-type: none"> • Last week, a bipartisan draft of the bill (called a “discussion draft”) was released to stakeholders and advocates in Pennsylvania and across the country, as well as to other senators to share with groups in their states. <ul style="list-style-type: none"> ○ The draft represents our effort to modernize the OAA. ○ We are currently seeking comments to get a sense of whether we hit the nail on the head or if we missed anything. <ul style="list-style-type: none"> ➤ Comments are due by close of business Friday, June 14. ○ There are a couple of things that have not gone into the discussion draft that are still up for bipartisan negotiation, including changes to Title VI of the act, which is the section on serving tribes and Native Americans, and specific language around LGBTQ seniors. ○ After the comments on the discussion draft are collected, we will work together on a bipartisan basis to review them and go forward. <p>In response to a question, Ms. Koehler clarified that Senators Casey and Collins’ bill’s language on early onset Alzheimer’s disease is included in the discussion draft. She also noted that she would forward the discussion draft/accompanying section by section highlights and her e-mail address to Chuck to share with the council and committee members. She asked that they submit their feedback directly to her by close of business Friday, June 14.</p>
6	Protective Services Overview	<p>Denise Getgen, Director of the Department of Aging’s Protective Services Office, provided a PowerPoint presentation on the department’s efforts regarding protective services for older Pennsylvanians. In addition to discussing the Older Adult Protective Services Act (OAPSA), Ms. Getgen provided information on the following:</p> <ul style="list-style-type: none"> • Pennsylvania elder abuse statistics • The Office of State Inspector General’s report findings and recommendations regarding the Older Adult Protective Services Program • The Department of Aging’s efforts to address the findings, including actions taken by the department prior to the OIG investigation to improve the delivery of protective services, etc. • Contact information for reporting suspected abuse, neglect, exploitation, or abandonment

		<p>During the question and answer period, Ms. Getgen clarified that in the near future, AAA staff will have three attempts to pass the protective services' competency evaluation that follows required trainings. She also noted that the department will be working with the AAAs on updating protective services-related forms and will include information to capture sexual orientation and gender expression data. Ms. Getgen said that she would reach out to Heshie Zinman for his input once that process begins.</p> <p>Other issues discussed included engaging district attorneys and law enforcement on protective services cases (mention was made of elder abuse taskforces and the Advisory Council on Elder Justice in the Courts), addressing increasingly heavy caseloads carried by protective service investigators, and exploring grant opportunities for AAAs (e.g., Victim of Crime Act grants) in the area of protective services.</p> <p>Secretary Torres noted that the governor's proposed Fiscal Year 2019-2020 State Budget includes an additional \$2.8 million for protective services, which would equate to \$5 million in additional funding over the last two years (\$2.1 million in the current fiscal year), to help the AAAs address the increased demand for protective services.</p>
7	Commonwealth Updates	<p><u>Department of Human Services (DHS)</u> – Jennifer Hale, Director of the Office of Long-Term Living's Bureau of Policy and Regulatory Management, provided the following updates:</p> <ul style="list-style-type: none"> • DHS continues to monitor the implementation of Community HealthChoices (CHC) in the southwest (SW) and southeast (SE) zones. • The end of the continuity of care period for the SE Zone is June 30, 2019. <ul style="list-style-type: none"> ○ Participants can expect the following at the end of the continuity of care period: <ul style="list-style-type: none"> ➤ A comprehensive needs assessment completed by the CHC Managed Care Organization (MCO) service coordinator ➤ A person-centered service planning meeting ➤ A revised person-centered service plan if appropriate based on the result of the comprehensive needs assessment • DHS also continues to prepare for the Phase III implementation, which will occur on January 1, 2020. <ul style="list-style-type: none"> ○ Phase III includes the Lehigh/Capital Zone, the Northwest Zone, and the Northeast Zone. ○ Last week, OLTL concluded its provider education sessions/workshops. They included <ul style="list-style-type: none"> ➤ Lehigh/Capital Zone: workshops in Harrisburg, Shippensburg, and Kutztown with approximately 600 attendees ➤ NW Zone: workshops in Edinboro, Lock Haven, and Bradford with approximately 420 attendees ➤ NE Zone: workshops in East Stroudsburg, Scranton, and Bloomsburg with approximately 520 attendees

- In addition to the provider education workshops, OLTL also conducted transportation summits based on lessons learned in the SW.
 - Key takeaways included:
 - Evaluating potential areas for innovation to support the informal transportation supports currently being provided by direct care workers
 - Continuing to facilitate discussion to ensure that the MCOs, providers, and other stakeholders understand the various transportation resources offered through commonwealth programs
 - Increasing communication to service coordinators regarding the role of the transportation brokers in CHC.
- Our communication strategy also includes participant communications. We have begun some broader communications with participants and welcome any opportunities to communicate with participants about CHC.
 - More formal communications will begin in July and August.
 - An awareness flyer on CHC – otherwise known as an initial touch-point flyer – will be distributed to participants on July 15.
 - Our contractor, Aging Well, will host a series of participant learning sessions and invitations will go out to participants for sessions in their area beginning in August.
 - Pretransition notices and enrollment packets will be mailed to participants beginning in August; service coordinators will begin outreach to their participants to inform them about CHC beginning in August, and nursing facilities will begin discussions with their residents in August as well.
 - The communications include references to and information on the Living Independence for the Elderly (LIFE) Program as an alternative to CHC.
 - Participants will receive a flyer on the LIFE Program and also a brochure in their enrollment packet, which outlines the program and explains that it is an alternative to CHC.
- As mentioned earlier in the meeting, DHS published an enrollment services concept paper (a request for information) on March 22.
 - The 30-day public comment period ended on April 22, and we are currently compiling all comments into a summary document and will share that information with our responses.
 - The goal is to have the draft Request for Application (RFA) released by the end of June
 - The draft RFA will also have a 30-day public comment period.
 - The hope is to have the RFA (the actual solicitation) out by the end of July.

Department of Aging – Secretary Torres noted that the department recently launched a Facebook page and provided the following updates:

- The department’s monthly newsletter *Inside Aging* now contains a link to a section on our website that includes highlights (e.g., topics of discussion, action items, etc.) from meetings of the various aging-related councils, task forces, and workgroups.
 - This is the result of an effort that he previously discussed to share information and create greater synergy between these bodies. For example, he noted that after the council adopted the direct care worker Blueprint report, Chuck Quinnan presented on the report at the PCoA meeting and they endorsed it.
- The department’s Cultural Diversity Advisory Council met on May 9.
 - As part of the meeting, the executive directors of the governor’s affinity commissions on African American, Asian Pacific American, Latino, and LGBTQ Affairs presented on their commissions.
 - Similar to the department-related bodies, the goal is to align and complement the work of these commissions.
- LTCC councilmember Bob Marino and I reconvened the Alzheimer’s Disease and Related Disorder Task Force on May 9.
 - One of the actions steps decided at the meeting was that all task force and committee members are going to take dementia friendly training.
 - There is another level of training to become a dementia champion and work at the grassroots level to mobilize communities to become more dementia friendly.
 - The goal is for the members to take the training within the next two months.
 - There was also discussion regarding the November Alzheimer’s Forum.
 - Last year’s forum was canceled due to an early winter storm.
- There have been two meetings of the Grandfamilies Workgroup.
 - The first two meetings focused on health and human services and legal issues (primarily reunification and representation in the courts), respectively.
 - Karen Buck, executive director of the SeniorLaw Center, helped bring in Philadelphia Family Court Judge Margaret Murphy and Judge Paula Francisco Ott of the Pennsylvania Superior Court and chair of the Advisory Council on Elder Justice in the Courts, who spoke to the workgroup.
 - The workgroup has discussed ways to sensitize the courts (e.g., training/updating judge’s bench books) to some of the issues that grandparents are facing and the inherent tensions in the legal system between a grandparent and the child’s parent.

8	Lunch	
9	Pennsylvania Council on Aging Overview	<p>Faith Haeussler, Executive Director of the Pennsylvania Council on Aging (PCoA), provided a PowerPoint presentation on the PCoA. In addition to discussing the history of the PCoA, the presentation covered the following areas:</p> <ul style="list-style-type: none"> • PCoA membership composition • Regional Councils on Aging • Interaction between Area Agency on Aging Advisory Boards, Regional Councils on Aging, the PCoA, and the Department of Aging • PCoA priorities • PCoA strategies <p>Ms. Haeussler also discussed the PCoA's endorsement of the Long-Term Care Council's direct care worker Blueprint report and provided information regarding term lengths for PCoA members, as well as the process for joining the PCoA's regional councils on aging.</p>
10	Open Session & Announcements	<p>There were no public comments during the open session portion of the meeting.</p> <p>Chuck Quinnan mentioned that the council's next meeting, which will include a planning session, will be held at the Governor's Residence on August 29.</p> <p>Bob Marino reminded members and guests that June is Alzheimer's and Brain Awareness Month.</p>
11	Adjournment	The meeting was adjourned at 12:46 p.m.

New Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	Provide PA Link/ADRC contact information and regional map of regional coordinators	Chuck Quinnan	ASAP	Completed
2	Forward members the Older Americans Act reauthorization draft language	Chuck Quinnan	By end of day June 12	Completed