Mayor's Council on African American Elders

C/O – Aging and Disability Services, Seattle-King County
Mailing Address: PO Box 34215, Seattle WA 98124-4215
Office Address: Seattle Municipal Tower, 700 5th Ave, 51st Floor
(206)684-0706 * TTY (206)684-0274 * FAX (206)684-0689
Website: www.seattle.gov/MCAAE

April 16, 2021
Zoom Meeting

Members Present – Dr. Benjamin Abe, Interim Chair, Dr. Brenda Jackson, Paul Mitchell, Claudette Thomas
Guests – Ishmahan Ali, Ciara DeGraff, Brenda Charles-Edwards, Juan Figueroa, Sheila Mary, Dr. Debby Tsuang, Paula Williams, Pamela Williams
ADS Staff – Brent Butler, Cathy Knight, Karen Winston

I. The Remote Cog Study

Following introductions, Dr. Debby Tsuang, Director of the Geriatric Research, Education, and Clinical Center, at the VA Puget Sound Health Care System, and her research coordinator, Ciara DeGraff, presented information about the Remote Cog Study. The study is an optimal *remote* assessment of cognitive aging and mental health in older African Americans during the COVID-19 pandemic.

Dr. Tsuang operates a Memory Disorders Clinic. Last year when the pandemic started, the clinic pivoted quickly to provide remote health care to clients. She discovered that the older Black veterans did not have access to an iPad or a smart phone. Most used telephones, which they felt comfortable with. It worked okay, but the missing component was being able to engage with them through telehealth. That is how the study started. She wanted to do something to help increase access, for older African Americans, for better health outcomes through telehealth. People prefer to have face-to-face visits with their medical providers, but during a pandemic it is imperative to expand access to remote health care.

The aim of the study is to identify effective, feasible, and patient-preferred approaches to remotely evaluate mental and cognitive health symptoms among Black elders. Recent published literature suggests that there has been an increase in anxiety and depression since the pandemic mandates. This is another crisis that we need to understand better and figure out the best way to conduct assessments.

Study and Devices

The study is a 10-week study, but only includes study activities for 6 weeks. Participants answer a questionnaire using paper and pencil, and telephone and videoconferencing are also optional. There are memory and thinking tasks, m-Health devices, and blood samples (optional).

Study Phases
Participants are randomized to start with either Phase A or Phase B.

Phase A	**Phase B**	**Phase C**
• Participants receive a pen and paper assessments	• Participants will use telephone assessments	• Participants use video conferencing and mHealth feedback

Ultimately, the findings are synthesized to determine the preferred modality to deliver the assessments. Note – Assistance will be provided to pick the best modality.

Weekly Measurements
Since COVID-19 is not completely under control, participants will also receive a thermometer, a high blood pressure monitor, and a pulse oximeter, and asked to report weekly measurements. To promote health awareness, participants will be allowed to keep the devices. Everyone will also have an option to receive an Actigraphy Wristwatch, to monitor daytime and nighttime physical activity. Since the pandemic, people have not been walking or exercising as much, but as they exercise more, they can achieve better sleep. This is the data the Actigraphy Wristwatch will collect. If anything is found that is medically concerning, (e.g., high blood pressure, fever, etc.) participants would be referred back to their primary care physician or to community resources.

Since the study involves dyads, the participant and the caregiver, wife, or child, will also be asked to answer questions about changes in their loved one. At the end of the study, they are asked for feedback about the different modalities in a satisfaction survey.

Who can help?
- If you are African American age 65 and older who would like to learn more about their mental and cognitive health.
- Volunteers in this study will receive up to $50 for their time and participation.
- Interested or know someone who might want to participate? Call our Research Study Coordinator, Ciara DeGraff, at (206) 277-1379.

This study is funded by the University of Washington, Garvey Institute for Brain Health Solutions.

Question: Is the study done in a clinic or at home?
Response: Except for the blood draw, everything is done from the home. Blood draws are optional if individuals are not comfortable coming into the clinic.

Question: How willing are people to participate in the study?
Response: This is a pilot study and we have just started looking for people. For the pilot, we would like to work with 15 people. Currently, we have five men, but would like to include women.

Question: Do participants need to live in King County, or can they live anywhere?
Response: Participants can live anywhere. In fact, we have a participant who lives in Hawaii!

II. Community Health Partners of WA (CHPW)

Ismahan Ali, Community Outreach Specialist, and Juan Figueroa, Account Manager, both from CHPW, presented information regarding the Apple Health & Medicare Advantage Plan. CHPW is a nonprofit organization that offers qualified health plans, including Medicaid and Medicare.

CHPW History

In 1992, Washington's community and migrant health centers created Community Health Plan of Washington to provide health insurance to people who were not being served by traditional insurance companies. Similar clinics include Neighbor Care, Health Point, ICHS, and Sea Mar. CHPW is the state's first nonprofit managed care plan motivated by the best interests of their members, providers, and community. They provide different health plan options to ensure that Washingtonians have access to healthcare.

All CHPW staff live in the same communities as their members. They know their members and their providers and can relate to the regional cultures throughout the state. CHPW staff work hand-in-hand with their Community Health Centers (CHC), local community resources and social service providers and support all aspects of their members' lives. They also work with their members to remove financial, cultural, linguistic, geographic, systemic, and other barriers to managed healthcare.

CHPW Plans

A few different plans are offered through CHPW for anyone throughout Washington state.

Washington Apple Health	Apple Health is the managed care Medicaid program in Washington State. Washington Apple Health allows more people access to care with a focus on preventive care and positive health outcomes.
Community Health Plans of Washington	Affordable Medicare Advantage HMO plans give members valuable extended coverage and additional benefits not offered through traditional Medicare.
Community Health Network of Washington	CHPW and its parent organization, Community Health Network of Washington, are partnering to offer affordable Cascade Select "public option" health plans in select counties.

What is Medicare?

Understanding Medicare may seem difficult and intimidating for some. It is highly regulated by CMS with lot of rules, time windows for signing up and making choices. CHPW works with members step-by-step, so that they understand with Medicare is.

Medicare is a federal health insurance program that pays for hospital and medical care for people who are older than age 65 and for some people with disabilities in the U.S. The program consists of: Part A and Part B (also known as Original Medicare) which is hospital and medical insurance; and Part C and Part D provide flexibility and prescription drugs.

Who Is Eligible?
Beneficiaries are eligible for premium-free Part A if they are age 65 or older and they or their spouse worked and paid Medicare taxes for at least 10 years. People over 65 who are not eligible for free Medicare Part A coverage can enroll in it and pay a monthly premium for the same coverage. The premium depends on the number of work credits they have earned. If they pay for Part A hospital insurance, they must also enroll in Part B medical insurance, for which there is an additional monthly premium.

The rules of eligibility for Part B are simpler than for Part A. The individual must be 65 or older and are either a U.S. citizen or a permanent resident who has been here lawfully for five consecutive years, they are eligible to enroll in Medicare Part B. This is true whether or not they are eligible for Part A hospital insurance.

Medicare is administered by the Centers for Medicare & Medicaid Services (CMS).

Part A Hospital insurance	**Part B Medical insurance**	**Part C Medicare Advantage Plans**	**Part D Medicare Prescription Drug Coverage**
• $1492 deductible for 1 –60 days • $352 per day for days 61 –90 • $704 per day for days 91 –150	• Beneficiary pay's $148.50 monthly premium (1) • Plus $203 Annual Deductible, then 20% (2)	• Premiums and benefits vary by plan	• Premiums and benefits vary by plan

1.Monthly premium will be higher if Beneficiary file's an individual tax return and annual income is more than $85,000 (if married, combined annual income of more than $170,000).

2.Beneficiary is responsible for a 20% co-insurance on most Part B services.

Note: Amounts could change in 2021.

What Medicare Part A Covers (Hospital Insurance) Deductible: $1,492* per benefit period helps cover:

- Inpatient care in a hospital
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home health care
- Inpatient care in a religious non-medical health care institution
- No premium for Part A if Medicare Beneficiary or spouse has made payroll contributions to Social Security for at least ten years and are not a high-income earner.

Note: Once Part A and Part B are activated, the 80/20 Rule is applied. This means that Medicare will cover 80 percent of the bill, while the remaining 20 percent is to be paid by the patient.

What Medicare Part B Covers (Medical Insurance) Helps cover medically necessary doctor's services, outpatient care, home health care services, durable medical equipment, mental health services, and other medical services. Part B also covers many preventative services.

- Automatically enrolled if already receiving Social Security benefits
- Can see any doctor that will accept Medicare
- Does **not** cover vision, dental, or hearing
- Premium: $148.50* per month
- Deductible: $203* annually

Medicare Part C (Medicare Advantage) A Medicare Advantage Plan (like an HMO or PPO) is another way to get Medicare coverage. Combines Parts A, B and D into one.

- Offered by private insurance companies
- CMS contracts are renewed annually
- Combine coverage for hospital care, doctor visits, medical services and may include a prescription drug plan and additional benefits
- Network based and county specific
- The beneficiary must continue to pay Part B premium
- Plans may have a premium and some have deductibles
- All have out-of-pocket limits
- Plans have an annual enrollment period: October 15th-December 7th
- Eligibility
  - Must have Medicare Parts A and B.
  - Must live in approved Plan service area.

Medicare Part D (Drug Prescription Coverage) Medicare prescription drug coverage is an optional benefit. Even if someone does not take drugs, they should consider joining a plan. By not joining when first eligible, a late enrollment penalty will apply when joining a plan. There are 2 ways to get Medicare prescription drug coverage:

- Stand-alone prescription plan (sometimes called "PDPs").
- Medicare Advantage Plans or other Medical health plans that offer Medicare prescription drug coverage.

Medicare Supplemental Plans (Medigap) Original Medicare pays for much, but not all, of the costs for covered health care services and supplies. Medicare supplement plans help pay some for the remaining cost.

- Are offered by private insurance companies.
- Supplemental plans (Medigap) cover only what Original Medicare covers.
- May cover copayments, coinsurance, and some deductibles.
- Must continue to pay Part B premium.
- Plans have a premium and some have copays and deductibles.
- Cannot have a supplemental plan (Medigap) and Medicare Advantage at the same time.

Medicare Choices when Enrolling – A patient must be enrolled in both Medicare Part A and Part B in order to enroll in other benefits.

Option 1 - Medicare Supplemental Ins.	**Option 2 - Medicare Advantage (Part C)**
• Covers some, or all, of the costs not covered by Parts A & B; and/or • Medicare Part D – Covers prescription drugs	• Combines Parts A & B • Additional Benefits including vision, dental, gym membership and more • Most Plans cover prescription drugs

When can you enroll?

- Enrollment usually happens when a person turns age 65. They have three months before their before their birth month to apply, and three months after their birth month to enroll into additional coverage, following enrollment in Part A & B.
- Annual Election Period (AEP - open enrollment) from October 15 to December 7. During the AEP anyone enrolled in Medicare can enroll in a different plan.
- Open Election Period (OEP) – from January 1 to March 31. During this period, anyone enrolled in a plan, can change plans. Note: You must be enrolled in Medicare Advantage or Supplemental Plan in order to change plans. You can also add or drop Part D.
- If you move to a different county or state, you can apply to enroll during the month prior to your move, the month you move, and up to 2 months (60 days) after your move.
- If you have Medicare and Medicaid or qualify for low-income subsidy, you can only change plans once per quarter.

Medicare vs. Medicaid

- Medicare is federal insurance for seniors and the disabled.
- Medicaid is state assistance for people who qualify based on their income.
- There are instances when people have both Medicare and Medicaid (dual-eligible).

Medicare Savings Plan – Helps pay for Part B premiums but must be income eligible.

- Depending on level may also pay co-pays and coinsurance
- Income of less than 135% of Federal Poverty Level
- Eligibility is determined by the Department of Social and Health Services (DSHS)

Low Income Subsidy Program (LIS) With extra help:

- Your Monthly Part D Premium can be reduced or eliminated. Some individuals may only qualify for a partial reduction.
- Your prescription drug copays will be reduced
- The drug coverage gap (donut hole) is eliminated

You automatically qualify if you are a Dual Eligible and your copays are:

- $3.70 for generic drugs
- $9.20 for brand name drugs

To see if you qualify, call:

- **1-800-MEDICARE:** (1-800-633-4227); TTY users should call:1-877-486-204824 hours a day 7 days a week
- **Social Security Office:** 1-800-772-1213 between 7 a.m. to 7 p.m., Monday through Friday; TTY users should call: 1-800-325-0778
- **WA State Dept. of Social and Health Services:** 1-800-562-3022

Why Medicare Advantage? Medicare Advantage provides all the same benefits of the original Medicare.

- It often has additional benefits like vision and dental
- Offers coverage abroad
- Most plans include Part D (Prescription Drug Coverage)
- Has a cap on out-of-pocket health spending
- May have no deductibles
- And it is all under one care!

CHPW Medicare Advantage

- CHPW plans have no or low monthly premiums
- Two plans offer $0 deductibles on dental, vision, hearing aid, and gym membership
- Current monthly premiums range from $25 to $36
- All plans include vision, fitness, and 2 meals/day for 14 days upon inpatient discharge from hospital or SNF, up to 6 occurrences/year, alternative medicine, and non-Medicare podiatry.
- Additional no-cost items include a scale, blood pressure cuff, and a Personal Emergency Response System (PERS)

For more information or if you have questions, contact Juan Figueroa, Account Manager at 206-399-4456, or email juan.figueroa@chpw.org.

III. Anti-Asian Hate, Violence, and Crime Funding

The Seattle Human Services Department set aside $300,000 to address the recent anti-Asian hate and violent crimes against Asians throughout Seattle. ADS planner, Angela Miyamoto, attended the meeting to get input from MCAAE members on how the funding could be used to address this issue. The funding is a one-time only opportunity, and the must be spent by the end of the year.

Comments

- People tend to be more friendly when they know you. Perhaps the funding can be used to broadcast what the Asian community has been doing in Seattle and King County to let people know who you are. Maybe a large community event that would allow people to get to know each other.
- What I have witnessed, like never before, is the Black, Brown, and Asian communities coming together. It seems there is common ground for us to get together and fight against hate and racism.

- A lot of people are misinformed about Asians and have the wrong impressions. I think you need a town meeting so that everyone can have input about what can be done. I think people need to know that we are all the same. Somehow, we have to bridge the gap. We are all American citizens. I think young people are who you should work on.
- Is it possible to have young people to produce educational videos for social media? Perhaps a public messaging campaign.
- We need to be mindful that this is not a competition among minorities, and that we need to work together.
- There might also be a role for faith-based institutions to be involved in addressing this issue.

IV. Legislative Updates

Federal

- There is good news about where things stands, in terms of the investments in the services that ADS provides in King County. Funding will be coming from the federal and state governments that focuses on COVID recovery. There is still a lot of work to do.
- In President Biden's Jobs Bill, there is a big investment in paid caregivers and the caregiver work force. Time will tell if these bills get passed.

COVID-19 Vaccine Update

- We still have a long way to go to, but we are showing a greater recognition and investment in reaching communities of color. ADS has been working closely with King County Public Health to reach those communities who really need the vaccine.

Cathy announced that, after four years as director of ADS, she will be leaving ADS and returning to advocacy work with the Washington Area Agencies on Aging Association (W4A). She acknowledged that voices like the MCAAE are missing at the state level and that there is not enough focus on racial equity issues. She added that she has learned a lot from the commission and will miss everyone.

Members expressed appreciation for Cathy's attendance at meetings and for keeping members informed about important news and information impacting older adults.

Question: Who will replace you?
Response: There are plans to fill the position on an interim basis. Helen Howell, interim HSD Department director, will lead a very extensive, open, competitive, and inclusive process.

Age Friendly

- Brent reported that Age Friendly continues work on three-point the strategies, including: 1) Connectivity, 2) Inclusion, and 3) Access.
- Vaccination hesitancy continues. Age Friendly is looking into creating videos about individuals who have changed their minds about getting vaccinated.
- Naisha Williams, Public Health Lead for COVID Vaccination in BIPOC Communities, will be facilitating a **COVID Vaccine Community Conversation** on April 29, from 5 - 6:30 p.m. Panelists represent local non-profits, medical professionals, King County Public Health staff, and faith-based representatives. The panel will address any questions regarding the vaccine.
- Age Friendly is also partnering with the Seattle Office of Immigrants and Refugees Affairs to have trusted messengers share their stories about why they chose to get the vaccine. If you know of someone who may want to participate, email Brent at brent.butler@seattle.gov.

V. MCAAE Recruitment Updates

- Karen reported that the paperwork submitted for re-appointments, for Claudette Thomas, Dr. Jackson, Dr. Abe, and Paul Mitchell, have all been review and approved by the Mayor's Office.
- Also, five individuals have applied for appointment to the MCAAE, and those names have been submitted for review.
- Everyone was invited to participate in meetings while waiting for their appointments to be confirmed.

VI. May Meeting

- The next meeting is scheduled for Friday, May 21, 2021.

The meeting was adjourned at 3:30 p.m.