



Ensuring Equity in Aging Webinar Series Culturally Informed Policy & Programs: The Culture of LGBTQ Older Adults Questions & Answers

From Kristy to All Panelists: 10:28 AM

Can you give an example of Off Label drugs that would be used?

JP: I did give a broader example in the chat. I tried to find more specific information about drugs that would be denied, but I could not get specific medication names. I think that is because pharmaceutical companies and medication names change. I did find that hormone replacement therapy should be covered as medically necessary so I think it is more about specific medications not FDA approved for HRT being covered by Part D (or Part C/Medicare Advantage) plans.

[Medicare | National Center for Transgender Equality \(transequality.org\)](https://www.transequality.org)

From Arien to Everyone: 10:31 AM

so Medicare covers gender affirming surgery but not gender affirming hormones? interesting. does Medicare cover mental health counseling for gender dysphoria, electrolysis, or vocal training?

JP: Medicare does cover the surgery and hormone replacement therapy. I cannot find answers from Medicare about electrolysis or vocal training. My best advice is for the beneficiary to work closely with their provider. If they can assert that a treatment is medically necessary and support it with documentation then Medicare would be obligated to cover it. Sometimes Medicare denies coverage for things that can be won on appeal.

[Medicare | National Center for Transgender Equality \(transequality.org\)](https://www.transequality.org)

Anonymous Attendee - We have been given forms to implement that still seek M/F identity - are the state forms gradually being reviewed to correct this?

I cannot speak for all state forms, but agencies should be changing their forms to be in compliance. At our agency we changed out intake form in June 2018 for July 2018 roll out so

that we could show that we are in compliance. (Also because asking these questions is the right thing to do.)

From Annette to All Panelists: 10:54 AM

Any known LGBTQ skilled nursing facilities in the Bay Area? I looked a few years ago to no avail.

JP: I did find a website that lists one location in Santa Rosa: [LGBTQ+ Retirement Communities and Cities in the US \(seniorliving.org\)](https://seniorliving.org)

1. **Fountaingrove** in Santa Rosa, California is one of the first community for lesbian, gay, bisexual and transgendered seniors with its continuous class of services. It consist of spacious and well-designed apartments with an allotted patio and balcony for every unit owner. The kitchens are full-sized and equipped with high-end facilities and appliances. Fountaingrove lodge also have wide areas for fitness centers, a salon and day spa, gardens, swimming pools and as well as parking garage for residents. Its nearly perfect luxury living and environment is a bit expensive but it is truly good to be true.

I was also able to identify Los Angeles LGBT Center's Triangle Square — a 104-unit apartment complex in Hollywood for low-income elders. (obviously not in the Bay Area)

Barbara:

Many of LGBTQ+ seniors live isolated having been alienated from the early segregation they suffered for trying to live their authentic selves while younger and if they have not forged a cadre of supporters through the years that stay with them these seniors are again subjected to abuse and fraud either by distant family members, home care providers etc. and it seems that the agencies such as adult protective services still are unable to provide safety for them. In some cases the law is used to their detriment adding further injury. How can this outrageous situation be rectified?

JP: I agree that it is outrageous that agencies meant to help can become detrimental or injure the person they are meant to help. One step in rectifying this is to train these providers with presentations like the one we offered today. The more we can talk about how to work with an intersectional lens and view the person for all the things that have brought them to the point of intervention, the more we can identify solutions that will actually work for the person. There is a lot of work being done around trauma-informed care right now as well so I encourage providers to explore what that means and how they can use it in their own work.

Albert: Do any of these groups work with UCLA's Williams Institute which collects data?

JP: I don't know if anyone else works with them. Legal Assistance for Seniors does not.

SASHA & Alexandria: When it comes to developing transparent LGBTQ inclusive services in an agency for seniors, is it more appropriate to market those services as "LGBT" or "LGBTQ", regarding the feelings surrounding the usage of "queer" for the elderly population?

JP: I have 2 schools of thought on this.

1. If the target population older adults 70+ then it may make sense to use LGBT.
2. LGBTQ+ doesn't mean that a client has to identify with "Q" and having that is better than not having anything.

How do you think seniors or agencies providing services to seniors feel about adopting the usage of asking for personal pronouns in conversations? Do LGBTQ seniors and staff respond positively to those conversations?

JP: I'd love the opinions of my co-presenters on this one. As I see it there will be people who feel positively about it and those who feel it isn't necessary. What asking these SOGI questions allows us to do (beyond data collection) is honor and affirm someone's identity. I don't care if 100 cisgender people are surprised about something they've never been asked before (which in no way harms them) if 1 transgender/non-binary person can feel affirmed by including these questions.

And how do you suggest we challenge homophobia/transphobia and microaggressions in RCFEs if an elderly person is "set in their ways" and they don't want to be accepting of LGBTQ folks in the long-term facilities?

JP: Talk about it! No one is too old to learn some, but people can be too stubborn. Look for resources in you area like speakers who can offer training or talk about history or experience of marginalized groups. It doesn't mean everyone will suddenly change their views, but we do learn a lot from interacting with people who aren't exactly like us. Make sure people know what microaggression means so they can check themselves in their own interactions. It's ok to realize that the way we did something in the past wasn't great as long as we are willing to grow. I would also assume that facilities have rules about hate speech/resident safety rights so they can use those as a reason to start the conversation with the resident who is violating those rules.

Lastly, I heard that there were no SNFs that provided LGBTQ centered care. I don't know if that response was for SNFs in the USA or in the state of California, but I did some research and I found this website:

<http://www.canhr.org/lgbt/affirmative-and-cognizant-facilities.html>

They list Country Villa Wilshire and Country Villa Pavilion and being Long-term LGBT centered SNFs... but that's just from taking that information at face value.

JP: CANHR is a really reputable site so I would say that the information is reliable. I also did a search that turned up 1 location in Santa Rosa. [LGBTQ+ Retirement Communities and Cities in the US \(seniorliving.org\)](#)

Therese: What complications have you seen with Alzheimer's and LGBTQ people? (For example, people forgetting they have shared their status and been accepted for who they are, so revert back to the state of stress of being young and struggling with who they are.)

We will try to circle back to this- if you are interested in it, Openhouse has a partnership with FCA and Alzheimer's Association specifically providing training about dementia and LGBTQ seniors. Feel free to take a look at our website or Alzheimer's Association or reach out for more info

Elaine: Does Lavender Seniors reach Solano County?

JP: LSEB focuses on Alameda and Contra Costa Counties.

What steps can we take to ensure we are reaching all people through the services we provide?

JP: We can influence people to seek our services and welcome them by creating a safe environment. It can be something like a small rainbow sticker on the door or somewhere at the front desk. Most non-LGBT people probably won't even notice it, but someone from the community will see it and know what it means. Also, having policy statements that expressly state that the agency/organization values working with people regardless of race, sex, gender identity, etc and displaying it where it can be easily seen can help put people at ease. Using those same tools in our marketing/outreach can draw people in. Have resources (brochures, posters, etc) that reflect all kinds of people so that someone seeking services has an image that they identify with. We can't guarantee that we can reach all people, but the more inclusive outreach you can do, the better results you will get.

Lilly: I have a few questions for Jennifer. I am curious - has Medicare issued a national coverage determination for gender confirmation surgery? If there is not an NCD or LCD, have you found that this has affected providers' willingness to perform gender confirmation surgeries for Original Medicare beneficiaries due to concern of denied claims?

JP: According to CMS there is no NCD currently. Here is the link to how coverage is decided: [Decision Memo for Gender Dysphoria and Gender Reassignment Surgery \(CAG-00446N\) \(cms.gov\)](#)

If a provider is unwilling to meet the patient's need I suggest that they consider switching providers. If the provider is just concerned about denial then they can contact Medicare to ask what steps they need to take to ensure coverage. A HICAP counselor could also assist the beneficiary in contacting Medicare to get that information for their provider.

Scotty King scotty@sebastopolseiorcenter.org - that "sex at birth" question really offended folks at my senior center! how should we respond?

For many people they have never been asked these questions. We used that as an education opportunity to explain that many agencies are now asking these questions. We may just be the first one they've encountered and now they won't be surprised by the next one. I don't know if it will help your senior center, but I hope it does.

Gabrielle: What brings LGBT seniors to a center - what are incentives?

JP: First and foremost, I would say feeling like it is a safe place for them to be. Ways to do that include offering programming that highlights LGBT issues or history; maybe having a support group, social program, or some other event that specifically uses LGBTQ+ in the name and marketing.

Jenny: Can you share information on your Humility LGBTQ training? How can we participate or get the training?

Contact Openhouse and we can help you

In addition to the links embedded in answers above, here are 2 additional resources that people may find useful:

[New Resources to Help LTC Facility Staff Work with LGBT Older Persons and Their Families | Center for Medicare Advocacy](#)

[LGBT Aging Center.org - Featured Resources](#)