

HB

998

Governor's Council for the Handicapped and Gifted
600 University Avenue - Fairbanks, Alaska 99701 Phone: 479-6507

April 18, 1980

Representative Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

RE: HB 998

Dear Representative Buchholdt:

The Governor's Council for the Handicapped and Gifted supports the development of community programs for severely physically handicapped children and adults in need of personal attendant care or other medical/nursing support services.

There are 20 handicapped young adults in the Anchorage area who have been identified as needing these services who presently reside in nursing homes in order to receive services. These individuals could function very well in architecturally barrier-free small group residences or apartments with special home health aides and personal attendants to assist them in caring for themselves. Funding is also needed to provide physical therapy and related services to such individuals who are inappropriately placed in nursing homes at extremely high financial and social cost.

If HB 998 is intended to provide for these individuals we recommend that it be revised to clearly reflect this purpose. By making a simple amendment to existing statute AS 47.80 stating that the definition of developmental disability would be "as amended by a statutory umbrella for P.L. 95-603," services for this population would be provided.

A.S.
47.8.

Thank you for your support of these needed programs and services.

Sincerely yours,

Marsha Buck

Marsha Buck
Council Chairperson

MB:mc



**ALASKA ASSOCIATION
OF
ADMINISTRATORS FOR SPECIAL EDUCATION**



*Bill Hawkins, Vice President
Kotzebue, Alaska 99752*

*James L. Rich, President
2220 Nichols Street
Anchorage, Alaska 99504*

*Noreen Thompson, Secretary
Kodiak, Alaska 99615*

*Sharla Peterson, Executive Board
Peteburg, Alaska 99833*

*Joe Calderera, Executive Board
Bethel, Alaska 99559*

*Marsha Buck, Executive Board
Ketchikan, Alaska 99901*

*Kris Rogers, Executive Board
Soldotna, Alaska 99669*

April 18, 1980

MEMORANDUM:

TO : Representatives Buchholdt, Munson, Chatterton,
Hurlbert, Miles, Barnes and Beirne

FROM: James L. Rich, President

RE : Support of ALTERNATE HB 998

The Alaska Association of Administrators for Special Education is very concerned about alternative living facilities for severely handicapped children and young adults. We strongly support the Orthopedically Handicapped Action Group (OHAG) and their proposal for the construction of a barrier-free facility to house both long term and short term severely orthopedically impaired young adults. The State of Alaska is currently sending many of these individuals out of Alaska for their care. We feel that this solution is both expensive and totally inappropriate. We would hope that the State would seriously consider development of an Alaskan alternative for this group of handicapped individuals.

Therefore, AAASE requests that you support the alternate version of House Bill 998 to develop a residential program for mentally alert young adults who are severely orthopedically handicapped. For the purpose of planning this housing project, it is hoped that you would appropriate seed monies to HB 998 or support inclusion of the seed money request in House Bill 60.

Thank you for your consideration of this proposal.

c.c. AAASE Board Members
Audrey Aanes, Chairperson OHAG

Gary L. Aanes
SRA 1625 E
Anchorage, AK 99507

April 18, 1980

The Honorable Thelma Bucholdt
House of Representatives
State of Alaska
Capitol, Room 112
Juneau, AK 99811

Dear Representative Bucholdt:

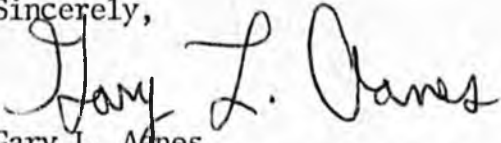
The purpose of this letter is to emphasize my support of House Bill 998. I am delighted to see that you are going to sponsor this bill. It is something that has long been a need in the community and for the state.

I understand there is a possibility that this bill might have been inadvertently directed toward medical care for children rather than severely disabled young adults. Although I do not for a moment denigrate the needs of handicapped children, I do feel that our current need in the rehabilitation community is for more and better services for severely handicapped young adults, many of whom are institutionalized in less than acceptable facilities.

I also heartily recommend favorable action on House Bill 60 to initiate planning and implementation of a residential structure for this above-described population. I feel that the requested funding in House Bill 60 to initiate preliminary planning and eventual implementation of a residential structure for this population is imperative. Most severely physically handicapped young adults in Anchorage are institutionalized in less than adequate facilities. Moving these individuals into an appropriately designed and staffed residential structure will not only enable them to improve their independent living possibilities, but will enable them to seek and obtain gainful employment. This will, in turn, improve their self-concept and image and enable the taxpayers to receive some relief by removing them wholly or partially from public support.

I encourage you to support these two pieces of very needed legislation. I know from personal experience of your dedicated and knowledgeable service to the handicapped community. Thank you very much for considering my recommendations.

Sincerely,


Gary L. Aanes
Chief of Rehabilitation Services

Residential Services Forum
c/o Connie Rawlings
Employment & Training Center
2330 Nichols Avenue
Anchorage, AK 99504

April 18, 1980

The Honorable Thelma Bucholdt
House of Representatives
State of Alaska
Capitol, Room 112
Juneau, AK 99811

Dear Representative Bucholdt:

The Residential Services Forum which is composed of individuals as per the attached sheet supports the intent of House Bill 998. We do recommend that this legislation be directed to mentally alert young adults rather than children as indicated in the present draft of the legislation.

We also support the request for seed money as spoken to in House Bill 60 to initiate action on a residential structure for this population group.

Your support of these two pieces of legislation is encouraged.

If you have questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Constance E. Rawlings". The signature is written in dark ink and is positioned to the right of the typed name.

Chairperson

Kathe F. Parker
SRA Box 1728-L
Anchorage, AK 99507

April 18, 1980

The Honorable Thelma Bucholdt
House of Representatives
State of Alaska
Capitol, Room 112
Juneau, AK 99811

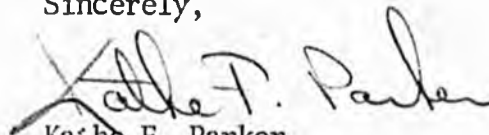
Dear Representative Bucholdt:

I want to express my support of House Bill 998, with some modification of the definition of the population discussed. I feel this legislation should be directed to mentally alert young adults rather than children as outlined in the present draft.

I also endorse the request for seed money as spoken to in House Bill 60 to initiate planning and action on a residential structure for this population. In most circumstances, their housing situations are not conducive to vocational training and placement.

I am hopeful that you will support these two pieces of legislation. If you have any questions or concerns, please contact me at 243-5600.

Sincerely,



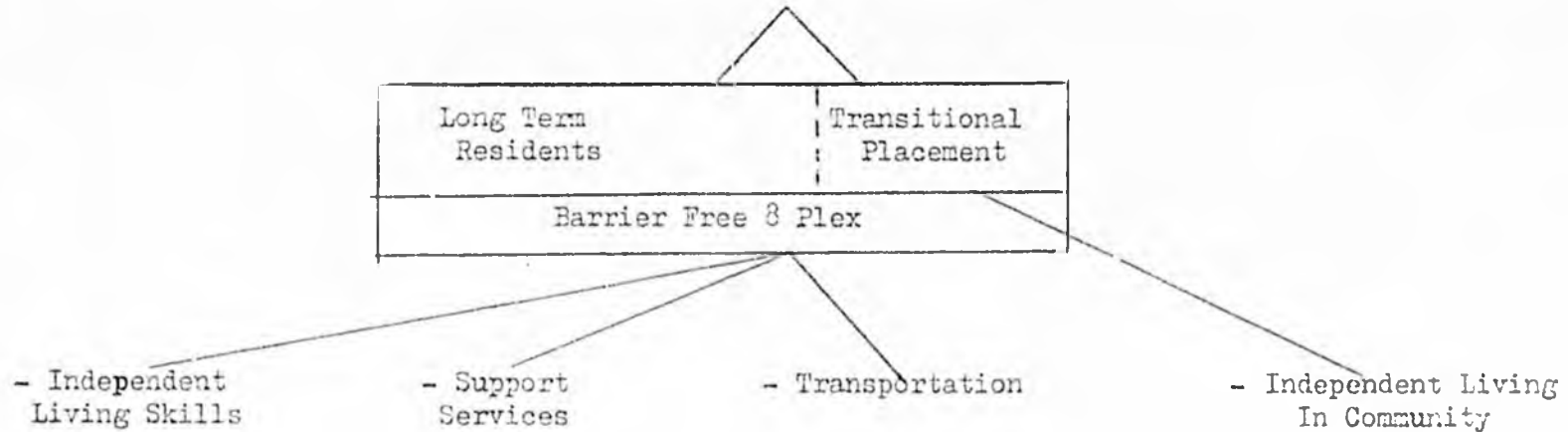
Kathe F. Parker
Assistant Chief of
Rehabilitation Services

:llm

Residential Care Program For
Mentally Alert Young Adults Who Are Severely Orthopedically Handicapped

Referrals From:

- Nursing Homes
- Home of Family
- Rehabilitation Facility
- Out of State Placements



THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

This is a proposed
bill by Audrey
Aanes

Introduced:
Referred: Health, Education &
Social Services

~~BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE~~

IN THE HOUSE

HOUSE BILL NO. 998

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act establishing a least restrictive residential care program for mentally alert young adults needing continuous medical care."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 47 is amended by adding a new chapter to read:

CHAPTER 9. RESIDENTIAL CARE PROGRAM FOR YOUNG ADULTS.

Sec. 47.09.010. RESIDENTIAL CARE PROGRAM. There is established in the Department of Health and Social Services a residential care program to provide needed services for mentally alert young adults who require continuous medical care, but who do not need to be kept in a nursing home or hospital. Care for the young adults in this program shall be provided in residential rather than institutional settings.

Sec. 47.09.020. ADMINISTRATION. (a) The department shall administer the residential care program. It shall adopt regulations to provide minimum standards for

- (1) residential care facilities, including accessibility requirements;
- (2) medical services to be provided;
- (3) live-in and day care programs; and
- (4) staff requirements.

(b) within the limits of appropriations made for the purpose, the department may enter into contracts for services with local or state agencies which are able to provide the required residential care for young adults.

Sec. 47.09.030. ELIGIBILITY REQUIREMENTS. (a) To be eligible

for long term services under the residential care program, the young adult must

(1) be at least 18 years of age and under 40 years of age;

(2) be under the care of a physician who diagnoses the young adult's condition as sufficiently serious to warrant consideration for the program;

(3) be in danger of institutionalization or of being placed out of state for purpose of receiving intensive support services;

(4) be diagnosed as having

(A) multiple physical impairment with congenital or acquired defects of the central nervous system or sensory motor systems requiring continued dependency for activities of daily living such as eating, hygiene, grooming, etc. and dependent for chronic or intermittent skilled medical care such as delivery of medications, nursing care, respiratory care, OT, PT, and communication on other rehabilitative measures; as well as impaired use of two or more extremities, causing the individual to be dependent on a wheelchair or other total body mobility device; or

(B) emotional and social adjustment disorders resulting from a significant motor impairment which impedes the person's ability to function normally in society.

(b) To be eligible for short term, transitional services under the residential care program, the young adult must

(1) be at least 18 years of age and under 40 years of age;

(2) be under the care of a physician who diagnoses the young adult's condition as sufficiently serious to warrant consideration for the program;

(3) be significantly motor impaired as to require training in independent living skills and have the potential for community living in less restrictive environment.

Sec. 47.09.040. PROGRAM PLAN (a) In cooperation with the client, the client's legal guardian and the client's physician, a written program plan shall be developed by the department for each young adult accepted for the residential care program.

(b) The plan shall provide for the coordination of all required services. The services to be available as required by each individual's needs shall include

(1) nursing care;

(2) medical care, including any needed treatment by a specialist on a referral, consultative, or on-going basis;

(3) respiratory therapy or devices;

(4) routine and emergency dental care;

(5) nutritional consultation from a trained professional;

(6) communication disorder therapy;

(7) physical and occupational habilitation and rehabilitation therapy and devices;

(8) education;

(9) leisure time activities and opportunities for recreation and socialization in the community;

(10) group or individual psychological counseling;

(11) transportation; and

(12) employment.

(c) A portion of these required services can be provided from state and local agencies having primary responsibility for such services, but the ultimate responsibility for ensuring and coordinating the delivery of all necessary services shall rest with the department.

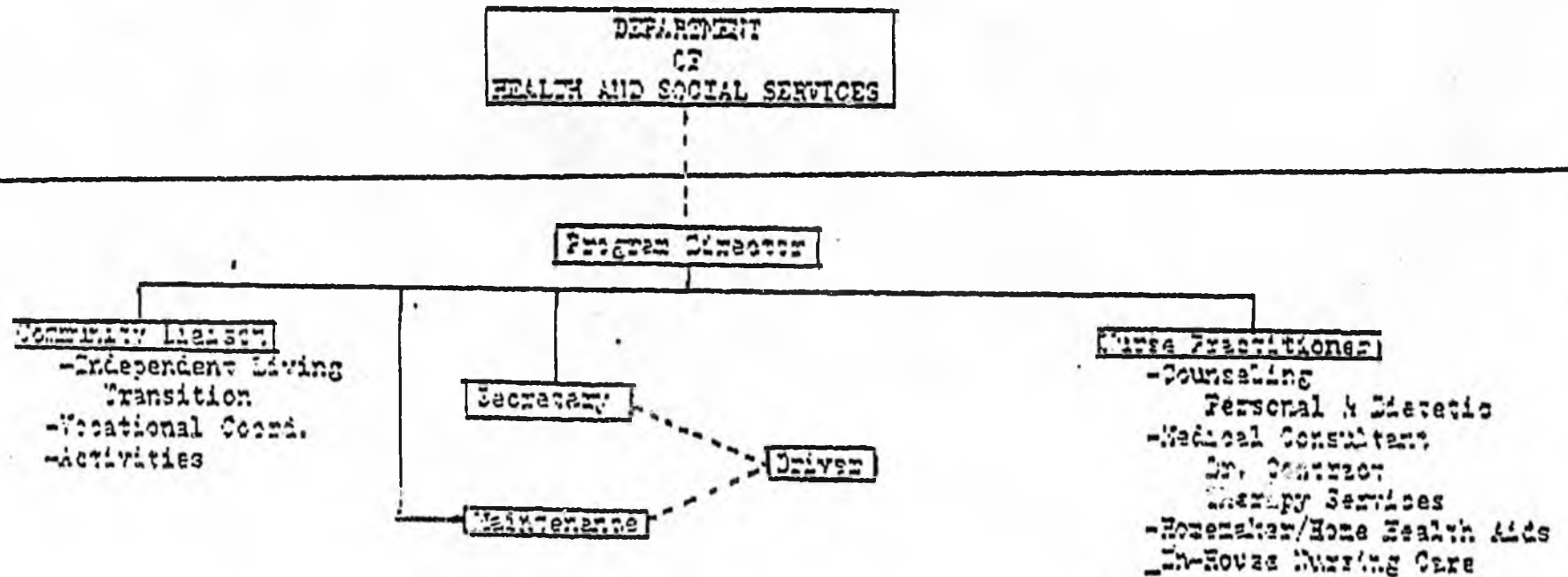
Sec. 47.09.050. COST. Within the limits of appropriations made for the purpose, the residential care program shall be made available to eligible young adults at no cost or at partial cost. However, medical insurance

benefits available to a young adult shall be used as payment for the young adult's medical treatment under the residential care program.

Sec. 47.09.060. DEFINITION. In this chapter "department" means the Department of Health and Social Services.

ORGANIZATIONAL CHART

Residential Care Program
for
Mentally Alert Young Adults Needing Continuous Medical Care



THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.



REGION X

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ANCHORAGE AREA OFFICE
334 WEST FIFTH AVENUE
ANCHORAGE, ALASKA 99501

March 19, 1980

IN REPLY REFER TO:

10.1HDI

Audrey Aanes, Chairman
OH Interest Group
Wahley Center
2220 Nichols
Anchorage, AK 99504

Dear Ms. Aanes:

We have been directed to provide response to your letter of February 11, 1980 to Mort Leeds of HUD Central Office.

The most viable and workable program for handicapped housing within the National Housing Appropriation is the Section 202 program, which provides direct loan financing. The interest rates for this program at this time are as follows: Interest during construction is 9.0 percent per annum and 8.5 percent per annum thereafter. Each year a specific amount of loan funds for Section 202 is set aside by HUD for use in developing senior citizens' and handicapped housing. There are many more applications than can be funded in each annual appropriation. Therefore the applications are funded on a competitive basis based on their merits, and unsuccessful proposals must be resubmitted annually.

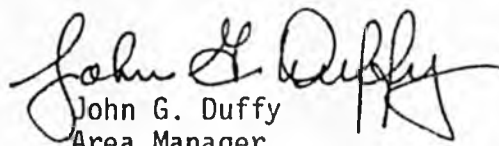
The Anchorage Area Office has not received an allocation of Section 202 funds in FY 1980. If applications are submitted, we may receive some 202 funding in FY 1981. There are also limited discretionary authorities in the office of the Asst. Sec. for Housing.

Included for your information is a copy of HUD 4571.1 Rev. which describes processing procedures for the program. If you wish to prepare an application this handbook will provide most of the information you need, as well as explain HUD processing procedures.

→ Obtaining Section 202 funding is a difficult and complicated process. While we in the Anchorage Office are prepared to render what assistance we can, your organization should be prepared to spend considerable time and funds in preparation of an application. The Department expects and requires demonstration of a long term well-organized commitment from 202 sponsors.

Please address your questions regarding an application to Bill
Arterburn, Multifamily Housing Representative at 271-4177.

Sincerely,


John G. Duffy
Area Manager

cc: Morten Leeds
Office of Independent Living
Seattle Regional Office
Debbie Peaveler

NAKOYIA HEALTH CARE CENTER

A Division Of HEALTH CARE SERVICES - ALASKA, INC.

4895 CORDOVA • POUCH 6617 • ANCHORAGE, ALASKA 99502

March 18, 1980

Audrey Aanes
Orthopedically Handicapped
Interest Group
Whaley Center
2220 Nichols
Anchorage, Alaska 99504

Dear Audrey:

We certainly commend your energy and interest for handicapped individuals in Alaska.

The "severely handicapped, medically fragile, young adults, with average intelligence" do require "skilled" care. Your source of expertise for meeting their needs is the Department of Social Services, Division of Certification and Licensure. With explicit guidelines from the Federal and State regulations for the provision of skilled care, we feel many of your questions will be answered. Unfortunately, it is a financial fact that it is next to impossible to cost-effectively provide care for less than one-hundred patients. You may want to contact Hope Cottage for cost information that may be similar, as they do have group homes.

From your letter you infer that a less restrictive environment is beneficial to "medically fragile, severely handicapped" persons. The only restriction in institutional settings that we are aware of is the reimbursement system that does not allow meeting more than basic physical and mental needs.

As 90% of our patients are Medicaid-funded, we feel that until we can provide basic care for all, we cannot support specialized care for a few.

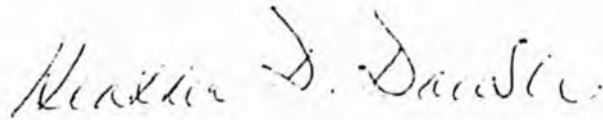
The Nakoyia population, per Computerized Patient Assessment, December 31, 1979 statistics showed that 31% of the patients were less than 60 years of age. We wish you the best of luck in developing "small group home type" skilled care facilities as we agree that some of these patients' psycho-social needs could possibly be better met in smaller living situations.

Audrey Aanes:
Mar. 18, 1980
Page Two

We welcome your visits to Nakoyia and any further need for information
in regards to your project.

Sincerely,

NAKOYIA HEALTH CARE CENTER

A handwritten signature in cursive script, appearing to read "Heather D. Double".

Heather D. Double, R. N.
Director of Rehabilitation Services -
for Donna M. Stephens, Administrator

HDD:mlc

NAKOYIA HEALTH CARE CENTER

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4895 CORDOVA • POUCH 6617 • ANCHORAGE, ALASKA 99502

March 18, 1980

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Heather D. Double, R. N.
Director of Rehabilitation Services -
for Donna M. Stephens, Administrator

HDD:mlc

POSITION PAPER
ON
HOUSE BILL NO. 998

"An Act establishing a residential medical care program for children needing continuous care."

House Bill 998 provides authority to the Department of Health and Social Services to provide directly, or through contracts, needed medical care in a residential setting the certain chronically-ill children. To be eligible for assistance, the child must:

- (1) be under the age of 18 years;
- (2) be diagnosed by a physician as having a covered serious medical condition in need of this type of care;
- (3) be presently residing in, or in immediate need of residing in a hospital or other medical facility in order to receive intensive support medical services; and,
- (4) be suffering from a chronic medical condition listed in Section 47.09.030(4) of the bill.

The Department is responsible for developing a written program plan for each child in cooperation with the child's parents or legal guardian and the child's physician. Subject to the limits of the appropriation, the residential medical care program shall be made available to eligible children at no cost or partial care. The State is required to bill any existing family medical insurance benefits which would cover the costs of care provided under this program.

Overview of this Type of Care in Alaska

Since the bill is primarily focused on the provision of medical services, this level of care would be classed as intermediate or skilled nursing home services, rather than residential care. Residential care is primarily concerned with non-medical support services (such as bathing, dressing) for persons who cannot live independently and are in need of some degree of supervision, but do not require medical or nursing care on a regular basis.

The Department of Health and Services is able to cover such nursing home care for these children through either the Medicaid or General Relief-Medical programs. Currently, the Division of Public Assistance is paying for care for 71 persons aged 18 years of age or younger, at the following facilities:

<u>Nursing Home</u>	<u>No. of Children</u>
Harborview Development Center (Valdez)	33
Hope Cottages (Anchorage)	28
Careage North (Fairbanks)	2
Nakoyia (Anchorage)	6
St. Ann's (Juneau)	<u>2</u>
 Total	 71

Only two (2) nursing home programs, Harborview and Hope Cottage, in the State have specialized care for children, and these programs are primarily for the developmental disabled with mental handicaps.

Nursing home care in Alaska is very costly, averaging about \$3,000 a month. Most insurance programs do not cover such care. Medicaid currently pays for the costs of care for a significant number of children residing in nursing homes. The State also limits the parental financial responsibility to \$50 a month for children in intermediate care facilities for the mentally retarded.

Currently on a statewide average, nursing homes have an occupancy rate of approximately 70%, leaving 30% of the home's available beds unfilled. The occupancy range of the occupancy rate is from 41% (Careage House in Anchorage) to 100% (Norton Sound Hospital in Nome). (Attachment #1)

Discussion of Issues

1. Clarification of Nursing Home and Residential Care Services - The bill appears to confuse residential care and nursing home care services. Since the bill appears to address the provision of medical services, in lieu of hospitalization, this type of care would be classified as intermediate or skilled nursing care services. It would be helpful for the Committee to consider specification of level of care services to be provided:
 - a. intermediate (ICF) and skilled nursing home (SNF) services;
 - b. residential care services; or
 - c. both intermediate and skilled nursing home services and residential care services.

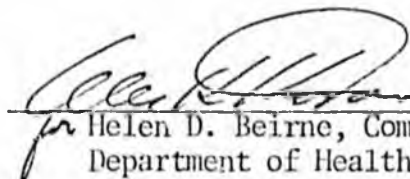
2. Certificate of Need Requirements - In the implementation of this Act, the health care facilities that would provide this service would be subject to the health care facilities certificate of need statute. Each residential medical care facility as proposed would be reviewed in light of the existing facilities and the degree to which appropriate services are being provided or can be provided, and the degree of utilization of these facilities.

- 3. Modification of Existing Programs Rather Than of Construction of New Facilities - Certainly children have special needs and most generally SNF and ICF facilities in the State do not especially tailor their programs to meet these special needs. The Department favors the use of programs that meet children's needs in the least restrictive environment for the children's care, instead of constructing new facilities.
- 4. Expansion of Specified Medical Conditions - The bill presently details rather specifically the chronic conditions that the Department is able to cover under this program. This list of conditions excludes coverages of other chronic conditions that affect children that may require continuous medical care. We would recommend more general language to allow for coverage of needed services for persons with significant disabilities. The Department recommends amending AS 47.80.900(7) to include the federal definition of developmental disability as contained in Title V of P.L. 95-602 (Attachment #2). This amendment would open the range of services as specified in AS 47.20 to this additional population.
- 5. Age Cut-off of 18 years - The Department questions the inclusion of the age of 18 years as a cut-off for services. These children have long-term disabilities and a continuation of services above 18 might be appropriately addressed, as well, in this bill.

Department Position

The Department approves the concept of programs designed to meet the specific needs of the clients, but believes that amendments are necessary to effectively and efficiently implement this concept.

Approved by:



 for Helen D. Beirne, Commissioner
 Department of Health and Social
 Services

4/21/80
(DATE)

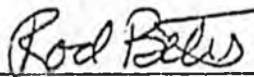
NURSING HOMES

CENSUS: February 29, 1980

	Current Rate		Certified Capacity			Current Occupancy				Current Vacant		% Occupancy of Total Beds	
	ICF	SNF	ICF	SNF	Total	Medicaid DPA*		Non-DPA Placements		Census	Beds	Overall	Medicaid
						ICF	SNF	Medicare	Other***				
Careage House (Anchorage)	55.00		101**		101	39	0	0	2	41	60	41%	39%
Careage North (Fairbanks)	84.50	'93.00	101		101	58	17	0	1	76	25	75%	74%
Cordova Hospital L.T.C.	135.68		8		8	5	1	0	0	6	2	75%	75%
Ketchikan Hospital L.T.C.	73.31		48		48	38	0	0	0	38	10	79%	79%
Nakoyia (Anchorage)	103.00	125.00	116**	100	216	95	54	0	6	155	61	72%	69%
Norton Sound Hosp. L.T.C. (Nome)	100.00		6**		6	6	0	0	0	6	0	100%	100%
Petersburg Hosp. L.T.C.	51.30	57.00	12		12	7	0	2	2	11	1	92%	58%
South Peninsula Hosp. L.T.C. (Homer)	108.00		4		4	3	0	0	0	3	1	75%	75%
St. Ann's (Juneau)	126.56		45		45	26	3	1	0	30	15	67%	64%
Valley Hospital L.T.C. (Palmer)	104.85		6		6	3	0	0	0	3	3	50%	50%
Wrangell Hospital L.T.C.	75.00	82.50	14		14	13	0	0	1	14	0	100%	93%
Wesleyan (Seward)	52.00		64		64	49	0	0	7	56	8	88%	77%
Kodiak Hospital L.T.C.	100.00		19**		19	11	0	0	0	11	8	58%	58%
TOTAL			544	100	644	353	75	3	19	450	194	70%	60%

ICF Certified Capacity means that all beds are certified for both SNF and ICF unless otherwise noted.

- * includes GR Medical placements
- ** beds are certified for ICF only
- *** includes V.A., private pay & insurance


 Rod Betit, Director
 Division of Public Assistance

3/19/80
 Date



Current
STATUTE

(1) "council" means the Governor's Council for the Handicapped and Gifted created by sec. 30 of this chapter;

(2) "department" means the Department of Health and Social Services;

(3) "facilities for persons with handicaps" means publicly or privately operated facilities, or specified portions of facilities, designed primarily for the delivery of services to these persons; the term includes but is not limited to residential facilities;

(4) "habilitation" means education or training for the handicapped to enable them to function better in society;

(5) "least restrictive setting" means a residential or other setting for meeting the needs of a handicapped person which requires the least amount of restriction of personal liberty by enabling the person to function in as normal an environment as possible and to live as normally as possible, within the limitations of the handicap;

(6) "person with a handicap" means a person with a developmental disability as defined in (7) of this section or a person who is hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically or otherwise health impaired, or who has a specific learning disability; the term includes but is not limited to "exceptional children" as defined in AS 14.30.-350(1) and AS 47.20.050(1);

(7) "person with a developmental disability" means a person having a disability which

(A) is attributable to

(i) mental retardation, cerebral palsy, epilepsy, or autism;

(ii) any other condition found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to impairment resulting from mental retardation; or

(iii) dyslexia resulting from a disability described in (i) or (ii) of this subparagraph; and

(d) constitutes a substantial handicap to the person's ability to function normally in society;

(8) "residential facility" means a publicly or privately operated facility which provides 24-hour care for four or more persons with handicaps, excluding family, foster family, or adoptive homes;

(9) "substantial handicap" means a disability which prevents or substantially impedes the person's participating in and benefiting from the social, economic, educational, recreational, or other opportunities generally available to peers in the community who are not similarly handicapped.

Current
Federal

→ Definition of "Developmental Disability" as defined in Title V of Public Law 95-602

The term "developmental disability" means a severe, chronic disability of a person which--

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity; (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic sufficiency; and
- (E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 998
 Title "Residential Medical Care for Children"
 Requested by House HESS Date April 21, 1980

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Developmental Disabilities
 BRU, Program, or Subprogram(s) Affected Grants and Contracts

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		579.2	859.6	945.5	1040.1	1144.1
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		579.2	859.6	945.5	1040.1	1144.1

FUNDING (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
GENERAL FUND		579.2	859.6	945.5	1040.1	1144.1
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

- The bill does not specifically address the construction of new facilities. Since the Department believes that the redirection of programs in existing facilities would be the most cost-effective approach to the problem, we have not included any cost for construction of buildings.
- The only privately run facility in the state for this age population is Hope Cottage. The daily rate at Hope Cottage presently for this type of care is \$130 per day.
- The population to be served is estimated to be 10 individuals in Anchorage and 5 individuals in Fairbanks.
- Inflation in future years is 10%.

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Deborah Behr
 Prepared by: D. Behr Date: 4/21/80
 XXXXXX/Office: Commissioner *MAJ* PH: 3030

5. Implementation of the program would require promulgation of regulations and the issuance of a contract in accordance with the State administrative policies. We estimate this will necessarily delay the implementation of first year of the project, such that only a 9-month appropriation will be needed.

FY 81 Calculations:

<u>Anchorage</u> 10 children	X	<u>FY 80 Rate + Inflation</u> \$143	X	<u>9 Mos. of Svc.</u> 270 days	=	<u>Total</u> \$386,100
<u>Fairbanks</u> 5 children	X	<u>FY 80 Rate + Inflation</u> \$143	X	<u>9 Mos. of Svc.</u> 270 days	=	<u>Total</u> \$193,050
				Grand Total		\$579,150

FY 82 Calculations:

<u>Anchorage</u> 10 Children	X	<u>FY 81 Rate + Inflation</u> \$157	X	<u>Days</u> 365	=	<u>Total</u> \$573,050
<u>Fairbanks</u> 5 children	X	<u>FY 81 Rate + Inflation</u> \$157	X	<u>Days</u> 365	=	<u>Total</u> \$286,525
				Grand Total		\$859,575