

H

B

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7

COMMITTEE REPORT

SENATE

3/18/81

FURTHER: Finance

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSSHB 17 (HESS) (efd am) establishing an Older Alaskans Commission

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s) same title
- replace with CS for _____ new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

[Handwritten signatures]

[Handwritten signature]

CHAIRMAN



Alaska State Legislature

House of Representatives

March 23, 1981

Pouch V
State Capitol
Juneau, Alaska 99811

Official Business

TO: All members, Senate HESS Committee
FROM: Representative Mike Belrne
REGARDING: HB 17, Older Alaskans Commissions

Due to a House HESS meeting I am unable to testify today. Therefore, I would like to submit in writing, a request that you take a look at the section of the bill which prohibits the Older Alaskans Commission from investigating, reviewing or undertaking any responsibility for the longevity bonus program or the Pioneers' Homes. (Page 6, Lines 35) I am interested in seeing this portion of the bill deleted.

If we are going to create a commission for the benefit of senior citizens why not allow them to look at all aspects of the state's senior citizen programs? Are the Pioneer Homes and longevity bonus so sacred that they cannot withstand scrutiny from the commission? Particularly when over 50% of all the state's senior citizen budget appropriations goes to just these 2 programs. Your consideration of this would be most appreciated. Thank you for your time.

Amendment # 1:

Amend title to read: "An Act establishing an Older Alaskans Commission; relating to Older Alaskans Service Programs; and providing for an effective date."

Amendment # 2:

Add to Section 1, a new subsection (c) on line 19, page 2 to read: (c) It is the intent of this Act to exclude the Alaska Pioneers' Homes and the longevity bonus program from the provisions of this act, and to exempt the Alaska Pioneers' Homes and the longevity bonus program from the scope of the authority and responsibility of the Older Alaskans Commission.

Amendment # 3:

Amend lines 14-15, page 6 to read: (l) the programs conducted under the Older Americans Act [OF 1965 (42 U.S.C. 3001 - 3056 (f))] , P.L. 89 -93, as amended and the persons who administer those programs in...

Amendment # 4:

Add to line 1, page 7 to read: meeting of the Older Alaskans Commission [.], but no later than 60 days after this Act takes effect.

Amendment # 5:

Amend Sec. 7, line 6, page 7 to read: Section 4 of this Act takes effect [JULY 1] January 1, 1982.

Amendment # 6:

Add a new section to read: AS 47.65.040 is repealed.

Amendment # 7:

Add a new section to read: AS 39.25.120 is amended by adding a new paragraph to read: (19) the executive director, but not other staff, of the Older Alaskans Commission located in the Department of Administration.

Amendment # 8:

Add a new section to read: AS 47.65.060 (4) is amended by adding a new subsection to read (C) an educational institution.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SCS CS SS HB 17 (HESS)
 Title An Act establishing an Older Alaskans Commission
 Requested by Senator Parr Date _____

II. FISCAL DETAIL

Agency Affected Administration
 Program Category Affected Social and Economic Assistance for the Aged
 BRU, Program, or Subprogram(s) Affected Older Alaskans Commission/Administrative Services
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		108.8	118.1	128.1	139.0	150.8
200 TRAVEL		41.7	46.7	52.3	58.6	65.6
300 CONTRACTUAL		177.1	79.3	81.6	84.1	86.9
400 COMMODITIES		2.1	2.3	2.5	2.7	2.9
500 EQUIPMENT		5.4				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		335.1	246.4	264.5	284.4	306.2

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		335.1	246.4	264.5	284.4	306.2
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		3	3	3	3	3
PART TIME						
TEMPORARY						

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

This fiscal note supersedes and modifies previous fiscal notes dated March 10, 1981 and March 23, 1981. The major change in the latest committee substitute is to delete responsibility and authority of the Commission for programs conducted under the Older Americans Act (administered by the Office on Aging in the Department of Health and Social Services) and the Governor's Advisory Committee on Aging. This means that the Commission will not be applying for and administering federal and/or state funds for the operation of these programs.

Staffing needs will be the same, i.e. an Executive Director (R24A), Accounting Clerk III (R10B), and a Clerk Typist III (R8B) for FY 82 through FY 86. These positions are the minimum needed to perform the administrative functions of the program, considering the complexities of coordination of

IV. DATE April 7, 1981 PREPARED BY George T. Michael
 AGENCY Administration
 PHONE 465-4401

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) Rep. Miller
 Office of the Governor Keith Specking

the elderly programs within the State of Alaska. Rationale for each new position shown above, and description of duties, is included on the attached Forms 13.

Travel and per diem expense is included for the eleven members of the Commission, the Executive Director and the Clerk Typist to attend six meetings of the Commission per year, and meetings of the Executive Director for research and public hearings.

Since no Planner position is included, the amount needed for special studies has been increased from the original fiscal note to \$150,000 for FY 82, and \$50,000 per year for subsequent years. Inflation at the rate of 8% per year has been included for years beyond FY 82, except for personal services which is estimated to be 8½% per year, and travel which is estimated at 12% per year.

1	POSITION TITLE Executive Director				RANGE/STEP 24A	BARG. UNIT. PX	LOCATION Juneau	GOV	APPROV.	DISAPP.				
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 1	FORM 12	PAGE/LINE	LEG.						
3	TYPE OF EXPENDITURE			AMOUNT		JUSTIFICATION: H.B. 17 calls for an Executive Director to be employed by the Older Alaskans Commission, serving at the pleasure of the Commission. The Executive Director will head the agency which has overall responsibility for coordination of all services to the elderly of Alaska, including but not limited to the following: 1) Review, evaluate and comment upon state programs; 2) Collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare and other concerns which bear upon the well-being of older Alaskans; 3) Provide information about public programs which are of interest or benefit to older Alaskans; 4) Appoint special committees, including persons who are not members of the Commission, to complete necessary studies; 5) Promote community education efforts; 6) Contract for necessary services; 7) Consult and cooperate with persons, organizations and groups interested in or concerned with programs of assistance to older Alaskans; 8) Advocate improved programs of benefit to older Alaskans; 9) Set standards for levels of services for older Alaskans for programs administered by the Commission; 10) Formulate a comprehensive statewide plan which identifies the concerns and needs of older Alaskans, and with reference to the plan, prepare and submit to the Governor and legislature an annual analysis and evaluation of the services which are provided to older Alaskans; 11) Make recommendations to the Governor and the legislature with respect to legislation, regulations and appropriations for programs or services which benefit older Alaskans; 12) Encourage								
	1	2	3											
4	PERSONAL SERVICES:													
	SALARY	4022/mo	48,264											
5	BENEFITS		7,621											
6	FICA		2,959											
7	HEALTH INS.		1,800											
8	TOTAL PERSONAL SERVICES			60.6										
9	TRAVEL			38.8										
10	CONTRACTUAL			161.3										
11	COMMODITIES			.7										
12	EQUIPMENT			1.8										
13	OTHER													
14	TOTAL COST			263.2										
	CODE	FUNDING SOURCE												
15		FED RCPTS. 1902												
16		GF MATCH. 1203												
17	100	GEN. FUND 1704		263.2										
18		I-A RCPTS. 1707												
19		PGM RCPTS 1708												
20		OTHER												
21	CONTINUATION													
22	ADDITION													
				FOR B&M USE ONLY										
4A KEY NUMBER				COLUMN NO.										

AGENCY Administration PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

13 REQUEST FOR NEW POSITION.

COMPONENT _____

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REVISED DATE _____

FY 82

and aid the development of municipal commissions and community-oriented programs serving Older Alaskans; 13) Request and receive reports and audits from state agencies and local institutions concerned with the conditions and needs of older Alaskans.

Costs are calculated as follows:

Travel		<u>38.8</u>
13 trips @ 325 =	\$4,225	
Per diem: 27 days @ \$70 =	\$1,890	
Commission Travel:		
11 members x 6 meetings x \$325 =	\$21,450	
Per diem: 11 x 6 x 2 x \$77.50 =	\$10,230	
Miscellaneous (cabs, limo, etc.)	\$ 1,000	
Contractual		<u>161.3</u>
Space	2.7	
Phones	1.1	
Postage	4.5	
Printing	3.0	
Study	150.0	
Commodities		<u>.7</u>
Office Supplies, etc.	\$700	
Equipment		<u>1.8</u>
Office Furnishings	\$1,800	

AGENCY Administration

PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

23 / 13 **CONTINUED**

COMPONENT _____
Page 2 of 4

REVISED _____
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1	POSITION TITLE Accounting Clerk III				RANGE/STEP 10B	BARG. UNIT. G	LOCATION Juneau	GOV	APPROV.	DISAPP.				
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 2	FORM 12	PAGE/LINE	LEG						
3	TYPE OF EXPENDITURE			AMOUNT		JUSTIFICATION: This position is needed due to the additional administrative workload which will be brought on the Department of Administration in its role of coordinating services to the elderly. A partial list of duties includes processing of travel authorizations and vouchers for the Commission for at least six scheduled meetings per year, plus several trips by the Executive Director for fact finding and public meetings; accounting and payment for expenses of operating the Commission; formulating and administering the Commission's budget; maintain fiscal control over contracts established by the Commission; and other fiscal or administrative duties assigned by the Executive Director. The Department of Administration does not presently have sufficient staff to handle these additional duties. Contractual costs include 2.7 for leased space and 1.1 for phones.								
	1	2	3											
4	PERSONAL SERVICES:													
	SALARY	1613/mo	19,356											
5	BENEFITS		3,056											
6	FICA		1,187											
7	HEALTH INS.		1,800											
8	TOTAL PERSONAL SERVICES		25.4											
9	TRAVEL													
10	CONTRACTUAL		3.8											
11	COMMODITIES		.7											
12	EQUIPMENT		1.8											
13	OTHER													
14	TOTAL COST		31.7											
	CODE	FUNDING SOURCE												
15		FED RCPTS. 1002												
16		GF MATCH. 1003												
17	100	GEN. FUND 1001		31.7										
18		I-A RCPTS. 1005												
19		PGM RCPTS 1009												
20		OTHER												
21	CONTINUATION													
22	ADDITION	X	FOR B&M USE ONLY											
4A KEY NUMBER		COLUMN NO.												

AGENCY Administration PROGRAM Centralized Administrative Services

BRU Administrative Services

COMPONENT Fiscal/Personnel

13 REQUEST FOR NEW
POSITION.

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REVISED
DATE _____

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1	POSITION TITLE Clerk Typist III				RANGE/STEP 8B	BARG. UNIT. G	LOCATION Juneau	GOV	APPROV	DISAPP.				
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 3	FORM 12	PAGE/LINE	LEG.						
3	TYPE OF EXPENDITURE			AMOUNT		JUSTIFICATION: This position will serve as support to the Executive Director and the eleven member Commission. Duties include acting as secretary receptionist, typing, filing, copying processing travel and per diem claims, recording of Commission meetings, making travel and meeting arrangements, etc. Costs are calculated as follows: Travel (to record meetings): 2.9 6 trips @ \$325 = \$1,950 Per diem (12 x \$80) = \$960 Contractual 12.0 Space 150 s.f. @ 1.50/mo = \$2,700 Phone \$1,100 Typewriter & recorder rental \$8,200 Commodities Office Supplies, etc. \$ 700 Equipment Office Furnishings \$1,800								
	1	2	3											
4	PERSONAL SERVICES:													
	SALARY	1433/mo	17,196											
5	BENEFITS		2,715											
6	FICA		1,054											
7	HEALTH INS.		1,800											
8	TOTAL PERSONAL SERVICES			22.8										
9	TRAVEL			2.9										
10	CONTRACTUAL			12.0										
11	COMMODITIES			.7										
12	EQUIPMENT			1.8										
13	OTHER													
14	TOTAL COST			40.2										
	CODE	FUNDING SOURCE												
15		FED RCPTS. 1002												
16		GF MATCH. 1002												
17	100	GEN. FUND 1001		40.2										
18		I-A RCPTS. 1001												
19		PGM RCPTS 1001												
20		OTHER												
21	CONTINUATION													
22	ADDITION	X	FOR B&M USE ONLY											
4A KEY NUMBER _____				COLUMN NO. _____										

AGENCY Administration PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

13 REQUEST FOR NEW POSITION.

COMPONENT _____

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REVISED DATE _____

FY 82

The state of Alaska has been generous in the provision of services and benefits to its elderly population.

There is the Pioneers' Homes program for those older Alaskans who have lived in the state for longer than 15 years. It serves about 500 persons.

For those older Alaskans who have lived in the state for longer than 25 years, there is the Alaska Longevity Bonus. This is worth \$200 per month for about 8,000 persons.

There is the Property Tax Exemption for seniors who are homeowners, and a Renters' Rebate for seniors who rent. As of FY '80, the homeowner program served about 3,600 persons with an average benefit of \$556; the renters' program served about 1,050 persons with an average benefit of \$268. This latter program was increased last session.

There is a Senior Housing program which has assisted in the construction of about 300 units of congregate housing with, perhaps, another 150 units soon to come on line. There's a Special Assessments program and a Winterization program.

The Office on Aging channels almost \$6 million in Older Americans' Act monies into about two dozen local communities throughout the state for the benefit of older Alaskans. There is a Senior Community Employment Program which provides employment opportunities for about 91 persons over the age of 55.

There is \$1 million in grants for Older Alaskans Service program.

There is a Homemakers-Home Health Aide program which assists about 500 persons; Medicaid which primarily is spent on about 400 persons in nursing homes; and General Relief Medical, of which seven percent of the budget is spent on the elderly.

For retired state employees and teachers, there is a good pension program. The University of Alaska offers free tuition to older Alaskans. Fish and Game provides free and permanent hunting and fishing licenses. The Marine Highway system offers free travel on the ferries for older Alaskans.

All totalled, in FY '80 the state plans to spend \$57,917,156 for benefits and services for approximately 20,000 older Alaskans, half of whom are over the age of 65.

How is the money administered? Who makes the decisions affecting us older Alaskans? At present, we are in the hands of three or four different departments, half a dozen different divisions and at least 24 different program managers.

Why not a single agency - an Older Alaskans Commission to develop a coordinated, comprehensive plan to enhance all these programs? Why not take a step forward in kindness on behalf of the elderly who are frustrated by the fragmentation in the delivery of these services and the poor planning in the development of these benefits? Finding one's way around is exhausting.

And why not include on this commission informed, aggressive men and women over 60 and over 65 as knowledgeable advocates? Let older Alaskans monitor their own programs, not merely recommend.

Why not focus on quality care, standards and economical administration? All of us over 60 years of age have lived through the Great Depression and have learned how to cope. Who knows better than we, what we need?

Why not structure this Older Alaskans Commission to develop a community-based, home-centered network of services and benefits?

We need a better delivery system, greater employment opportunities and more biomedical research on the aging process.

The state has been a great help to us, but why not let us help ourselves?

In December of 1979, Dr. Arthur Fleming (who is in his 70's) of the U.S. Commission on Civil Rights, decried the image of men and women considered "on the shelf" at age 60. He explained that non-involvement in the community and marketplace leads to physical, mental and spiritual deterioration. He predicted that legislation soon will remove all age barriers to employment.

Take advantage of us. Use us. Allow us to help you.

A majority of the 20,000 older Alaskans request our legislators and our governor to grant us self determination and our civil rights by creating an Older Alaskans Commission.

Thank you.

Dove M. Kull, M.S.W., A.C.S.W.



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Pouch V
State Capitol
Juneau, Alaska 99811

465-4907
465-4908

MEMORANDUM

TO: Senate HESS Committee Members
FROM: Rocky
DATE: March 26, 1981
RE: HB 17 - the Older Alaskans Commission

Liz Lauzen called from Anchorage and wants the Committee to know that the Older Person's Action Group wants the effective date of section 4 as soon as possible, or January 1, 1982, which is a proposed amendment by Senator Rodey.

POSITION PAPER
of
Department of Administration, and
Department of Health & Social Services
on

COMMITTEE SUBSTITUTE FOR SPONSOR SUBSTITUTE FOR HB 17 (HESS)(efd am)

"An Act establishing an Older Alaskans Commission; and providing for an effective date."

The Departments of Administration, and Health and Social Services endorse the concept of a Commission to advise in planning and coordinating services for the elderly across all state departments to avoid duplication of services and to address gaps in programs and services. The services and programs operated by the State of Alaska cross divisional lines within departments and cross departmental jurisdictions. The establishment of such a commission would provide a focal point for:

1. creating needed linkages between operational programs/services regardless of jurisdiction;
2. serving as a vehicle for comprehensive long term planning;
3. addressing short term management issues such as providing recommendations regarding the allocation of yearly budget resources for programs affecting the elderly; and,
4. recommending policy and administrative improvements with respect to all public services affecting older Alaskans.

Although the establishment of a Commission is supported, the following is recommended:

1. amend Section 2 to delete Section 44.21.230. (a) (5) regarding the administration of federal funds;
2. amend Section 2 to delete Section 44.21.230. (b) (6) regarding application and acceptance of grants for programs;
3. delete Section 4, "Transfer of Program Responsibilities"

delete sec. 7

*adopted
3-30-81*

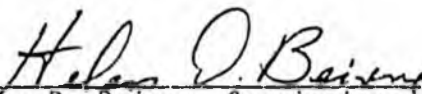
We do not support the transfer of the responsibilities for aging programs from the Division of Adult and Aging Services, Department of Health and Social Services, to the Older Alaskans Commission. We believe that removal of the aging programs and the staff responsible for these programs from the Department of Health and Social Services would:

1. fragment service delivery;
2. hinder the provision of a continuum of services to older Alaskans; and,
3. dilute the objectivity of the Commission if it were responsible for the daily administration of aging programs.

If an Older Alaskan Commission is established, however, it would be feasible to have a subcommittee of the Commission to serve in an advisory capacity to the aging programs of the Division of Adult and Aging Services. The Governor's Advisory Committee on Aging could continue in its role until the Commission is established and could be phased out following a transition period. This would eliminate duplicative functions.


In conclusion, if the bill is amended to delete the sections cited above, we would support its passage. The establishment of a Commission would enhance efforts to promote the independence of older Alaskans and would augment the efforts of the Department of Health and Social Services in the further development and implementation of a continuum of services to the elderly. In addition, an Older Alaskans Commission would contribute to the ongoing coordination efforts of the Departments of Administration, Community and Regional Affairs, and Health and Social Services.

Approved by:


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

Date: 3/23/81

Approved by:


William Hudson, Commissioner
Department of Administration

Date: 3/23/81



DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION ON AGING

Office of Human
Development Services

Region X
M/S809 Arcade Plaza Building
1321 Second Avenue
Seattle WA 98101

March 24, 1981

Documents 79-81

Elizabeth Muktarian, Director
Division of Adult & Aging Services
Pouch H, OIC
Juneau, Alaska 99811

Dear Ms. Muktarian^{Liz}:

This is in response to your March 24 telephone call to me, in which you asked whether a State Commission on Aging must have an independent advisory committee.

Administration on Aging policy requires State Agencies on Aging to establish independent advisory bodies. If the proposed Older Alaskans Commission were to have policy making or executive roles, as is the case in Sponsor Substitute for House Bill 17, the Commission itself would not be an independent advisory body. The State Agency on Aging would be required to have a separate advisory committee.

The Administration on Aging established the policy that a State Commission on Aging have a separate advisory committee to ensure that the Commission has the benefit of advice from persons who are not policy makers or responsible for day-to-day administration. This policy, however, does not stipulate the number of members the advisory committee must have. Therefore, in the interests of economy and efficiency, the State Agency could have an advisory committee with a small number of members to advise the Commission.

Sincerely,

Chisato Kawabori
Regional Program Director

the elderly programs within the State of Alaska. Rationale for each new position shown above, and description of duties, is included on the attached Forms 13.

Travel and per diem expense is included for the eleven members of the Commission, the Executive Director and the Clerk Typist to attend six meetings of the Commission per year, and meetings of the Executive Director for research and public hearings.

Since no Planner position is included, the amount needed for special studies has been increased from the original fiscal note to \$150,000 for FY 82, and \$50,000 per year for subsequent years. Inflation at the rate of 8% per year has been included for years beyond FY 82, except for personal services which is estimated to be 8½% per year, and travel which is estimated at 12% per year.

1	POSITION TITLE Executive Director				RANGE/STEP 24A	BARG. UNIT. PX	LOCATION Juneau	GOV	APPROV:	DISAPP.
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 1	FORM 12	PAGE/LINE	IRG		
3	TYPE OF EXPENDITURE			AMOUNT						
	1			2			3			
4	PERSONAL SERVICES:									
	SALARY	4022/mo	48,264							
5	BENEFITS		7,621							
6	FICA		2,959							
7	HEALTH INS.		1,800							
8	TOTAL PERSONAL SERVICES		60.6							
9	TRAVEL		38.8							
10	CONTRACTUAL		161.3							
11	COMMODITIES		.7							
12	EQUIPMENT		1.8							
13	OTHER									
14	TOTAL COST		263.2							
	CODE	FUNDING SOURCE								
15		FED RCPTS								
16		GF MATCH								
17	100	GEN. FUND		263.2						
18		I-A RCPTS								
19		PGM RCPTS								
20		OTHER								
21	CONTINUATION:									
22	ADDITION		FOR B&M USE ONLY							
4A KEY NUMBER				COLUMN NO.						

JUSTIFICATION:

H.B. 17 calls for an Executive Director to be employed by the Older Alaskans Commission, serving at the pleasure of the Commission. The Executive Director will head the agency which has overall responsibility for coordination of all services to the elderly of Alaska, including but not limited to the following: 1) Review, evaluate and comment upon state programs; 2) Collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare and other concerns which bear upon the well-being of older Alaskans; 3) Provide information about public programs which are of interest or benefit to older Alaskans; 4) Appoint special committees, including persons who are not members of the Commission, to complete necessary studies; 5) Promote community education efforts; 6) Contract for necessary services; 7) Consult and cooperate with persons, organizations and groups interested in or concerned with programs of assistance to older Alaskans; 8) Advocate improved programs of benefit to older Alaskans; 9) Set standards for levels of services for older Alaskans for programs administered by the Commission; 10) Formulate a comprehensive statewide plan which identifies the concerns and needs of older Alaskans, and with reference to the plan, prepare and submit to the Governor and legislature an annual analysis and evaluation of the services which are provided to older Alaskans; 11) Make recommendations to the Governor and the legislature with respect to legislation, regulations and appropriations for programs or services which benefit older Alaskans; 12) Encourage

AGENCY Administration PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

13 REQUEST FOR NEW POSITION.

COMPONENT _____

FY 82

and aid the development of municipal commissions and community-oriented programs serving Older Alaskans; 13) Request and receive reports and audits from state agencies and local institutions concerned with the conditions and needs of older Alaskans.

Costs are calculated as follows:

Travel		<u>38.8</u>
13 trips @ 325 =	\$4,225	
Per diem: 27 days @ \$70 =	\$1,890	
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Miscellaneous (cabs, limo, etc.)	\$ 1,000	
Contractual		<u>161.3</u>
Space	2.7	
Phones	1.1	
Postage	4.5	
Printing	3.0	
Study	150.0	
Commodities		<u>.7</u>
Office Supplies, etc.	\$700	
Equipment		<u>1.8</u>
Office Furnishings	\$1,800	

AGENCY Administration

PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

FY82

23 / 13 CONTINUED

COMPONENT _____
Page 2 of 4

REVISED _____
DATE _____

1	POSITION TITLE Accounting Clerk III				RANGE/STEP 10B	BARG. UNIT. G	LOCATION Juneau	GOV.	APPROV.	DISAPP.
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 2	FORM 12	PAGE/LINE	LEG.		
3	TYPE OF EXPENDITURE			AMOUNT		JUSTIFICATION: This position is needed due to the additional administrative workload which will be brought on the Department of Administration in its role of coordinating services to the elderly. A partial list of duties includes processing of travel authorizations and vouchers for the Commission for at least six scheduled meetings per year, plus several trips by the Executive Director for fact finding and public meetings; accounting and payment for expenses of operating the Commission; formulating and administering the Commission's budget; maintain fiscal control over contracts established by the Commission; and other fiscal or administrative duties assigned by the Executive Director. The Department of Administration does not presently have sufficient staff to handle these additional duties. Contractual costs include 2.7 for leased space and 1.1 for phones.				
	1	2	3							
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6	FICA		1,187							
7	HEALTH INS.		1,800							
8	TOTAL PERSONAL SERVICES		25.4							
9	TRAVEL									
10	CONTRACTUAL		3.8							
11	COMMODITIES		.7							
12	EQUIPMENT		1.8							
13	OTHER									
14	TOTAL COST		31.7							
	CODE	FUNDING SOURCE								
15		FED RCPTS.								
16		GR MATCH.								
17	100	GEN FUND		31.7						
18		I-A RCPTS.								
19		PGM RCPTS								
20		OTHER								
21	CONTINUATION									
22	ADDITION		X	FOR B&M USE ONLY						
4A KEY NUMBER _____ COLUMN NO. _____										

AGENCY Administration PROGRAM Centralized Administrative Services

BRU Administrative Services

COMPONENT Fiscal/Personnel

13 REQUEST FOR NEW POSITION.

FY 82

Page 3 of 4

REVISED DATE _____

1	POSITION TITLE Clerk Typist III				RANGE/STEP 8B	BARG. UNIT. G	LOCATION Juneau	GOV	APPROV	DISAP						
2	TYPE OF POSITION PFT	STAFF MONTHS 12	RP No.	PCN No.	PRIORITY 3	FORM 12	PAGE/LINE	LEG								
3	TYPE OF EXPENDITURE			AMOUNT	JUSTIFICATION:											
	1		2	3												
4	PERSONAL SERVICES:				<p>This position will serve as support to the Executive Director and the eleven member Commission. Duties include acting as secretary receptionist, typing, filing, copying processing travel and per diem claims, recording of Commission meetings, making travel and meeting arrangements, etc.</p> <p>Costs are calculated as follows:</p> <p>Travel (to record meetings): 2.9 6 trips @ \$325 = \$1,950 Per diem (12 x \$80) = \$960</p> <p>Contractual 12.0 Space 150 s.f. @ 1.50/mo = \$2,700 Phone \$1,100 Typewriter & recorder rental \$8,200</p> <p>Commodities Office Supplies, etc. \$ 700</p> <p>Equipment Office Furnishings \$1,800</p>											
5	SALARY	1433/mo	17.196													
6	BENEFITS		2.715													
7	FICA		1.054													
8	HEALTH INS.		1.800													
9	TOTAL PERSONAL SERVICES		22.8													
10	TRAVEL		2.9													
11	CONTRACTUAL		12.0													
12	COMMODITIES		.7													
13	EQUIPMENT		1.8													
14	OTHER															
15	TOTAL COST		40.2													
	CODE	FUNDING SOURCE														
15		FED RCPTS.														
16		GF MATCH.														
17	100	GEN. FUND		40.2												
18		I-A RCPTS.														
19		PGM RCPTS														
20		OTHER														
21	CONTINUATION															
22	ADDITION	X			FOR B&M USE ONLY											
4A	KEY NUMBER			COLUMN NO.												

AGENCY Administration PROGRAM Social and Economic Assistance for the Aged

BRU Older Alaskans Commission

13 REQUEST FOR NEW POSITION.

COMPONENT _____

Page 4 of 4

REVISED DATE _____

FY 82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

cc

I. REQUEST

Bill/Resolution No. CS SSHB 17 (HESS)
 Title Act establishing an Older Alaskan Commission
 Requested by House Finance Committee Date 3/12/81

II. FISCAL DETAIL

Agency Affected Administration
 Program Category Affected Social & Econ. Assistance for Aged/Centralized Admin. Svcs.
 BRU, Program, or Subprogram(s) Affected Older Alaskans Commission/Admin. Services
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		91.6	100.8	110.9	122.0	134.2
200 TRAVEL		38.8	42.7	47.0	51.7	56.9
300 CONTRACTUAL		55.0	5.5	6.1	6.7	7.4
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		185.4	149.0	164.0	180.4	198.5

FUNDING (Thousands of Dollars)

GENERAL FUND		185.4	149.0	164.0	180.4	198.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		2.0				
PART TIME						
TEMPORARY						

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

- 100 Salary for Executive Director & Accounting Technician II
- 200 Travel for Executive Director & 11 Commission Directors
- 300 Study \$50,000; Other \$5,000 (rent, phones, etc.)
(Study is one time only)

Inflation figured at 10% for fiscal years 1983-1986

IV. DATE 3/12/81 PREPARED BY Jerry Schilz, Fiscal Analyst
AGENCY Legislative Finance Division
 Original: Legislative Finance PHONE 465-3795
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS SS HB 17 (HESS) (efd am)
 Title An Act establishing an Older Alaskans Commission
 Requested by Senator Parr Date 3/23/81

II. FISCAL DETAIL

Agency Affected Administration
 Program Category Affected Social Services
 BRU, Program, or Subprogram(s) Affected Older Alaskans Commission/Administrative Services
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		108.8	201.4	221.5	243.7	268.1
200 TRAVEL		41.7	48.1	52.9	58.2	64.0
300 CONTRACTUAL		177.1	38.2	42.0	46.2	50.8
400 COMMODITIES		2.1	3.9	4.2	4.7	5.1
500 EQUIPMENT		5.4	3.6			
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		335.1	291.6	320.6	352.8	388.0

FUNDING (Thousands of Dollars)

GENERAL FUND		335.1	291.6	320.0	362.8	388.0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		3.0	5.0	5.0	5.0	5.0
PART TIME						
TEMPORARY						

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

This Fiscal Note modifies the fiscal note for SS HB 17 dated 3/10/81 (attached). FY 82 costs now include an Executive Director, Accounting Clerk, and Clerk Typist and \$150.0 for special planning studies. Since grant funds will remain in the Department of Health and Social Services in FY 82, and no planner position is included, the amount needed for special studies has been increased from the original fiscal note. The three positions are required in FY 82 to provide support to the Commission. Meetings and planning functions remain the same as in SS HB 17 and the positions are required for support functions including processing travel claims, planning and coordination. FY 83 costs include the additional positions requested in the original fiscal note. These will be required when the administrative functions are transferred from H&SS.

IV. DATE 3/23/81 PREPARED BY Judy Condit
 AGENCY Administration
 PHONE 465-2277

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) Representative Miller
 Governor's Office Keith Specking

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSS HB 17 (HESS)(efd am)
 Title "An Act establishing an Older Alaskans Commission."
 Requested by HESS Committee Date 3/6/81

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Social Services
 BRU, Program, or Subprogram(s) Affected Ageing & Adult Services and Ageing Grants
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		0	0	0	0	0
200 TRAVEL		0	0	0	0	0
300 CONTRACTUAL		0	0	0	0	0
400 COMMODITIES		0	0	0	0	0
500 EQUIPMENT		0	0	0	0	0
600 LAND & STRUCTURES		0	0	0	0	0
700 GRANTS, CLAIMS, ETC.		0	0	0	0	0
TOTAL		0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		0	0	0	0	0
PART TIME						
TEMPORARY						

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

There is no fiscal impact on the Governor's Budget on either the effective date July 1, 1981 or July 1, 1982.

IV. DATE March 20, 1981 PREPARED BY Marsha Hubbard
 AGENCY Department of Health and Social Services
 PHONE 465-3331
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

STATE OF ALASKA
ESTIMATED EXPENDITURES IN BEHALF OF ELDERLY PERSONS

	Program	FY 81 Appropriation	Estimated % Elderly(source)	Estimated \$ for Elderly
LEAST RESTRICTIVE	LONGEVITY BONUS	\$19,947,300	100%(a)	\$19,947,300
	AID TO THE BLIND	\$140,900	0%(b)	0
	AID TO THE DISABLED	\$4,691,700	0%(b)	0
	ENERGY ASSISTANCE*	\$7,367,600	31%(c)	\$2,284,000
	GENERAL RELIEF*	\$800,000	10%(d)	\$80,000
	DISPLACED HOMEMAKERS	\$151,800	2%(e)	\$3,000
	SOCIAL WORK SERVICES*	\$6,388,600	13%(e)	\$830,500
	AGING GRANTS			
	TRANSPORTATION			
	LEGAL SERVICES	**\$3,552,087	100%(a)	**\$3,552,087
	COMMUNITY SERVICES			
	CONGREGATE MEALS			
	SENIOR SERVICE EMPLOYMENT	\$1,545,200	100%(a)	\$1,545,200
	OLD AGE ASSISTANCE	\$4,479,500	100%(a)	\$4,479,500
	SENIOR CITIZENS			
	HOME OWNERS TAX RELIEF	\$2,787,000	100%(a)	\$2,787,000
	RENTERS REBATE	\$316,000	100%(a)	\$316,000
	WATER AND SEWER REBATE	\$46,600	100%(a)	\$46,600
	MOTOR VEHICLE EXEMPTION	\$150,000	100%(a)	\$150,000
	HOUSING	\$1,295,800	100%(a)	\$1,295,800
FREE FERRY SERVICE		Estimated value -	\$60,000	
FREE SPORT FISHING, HUNTING & TRAPPING LICENSE		- (m)	Unknown	
FIELD NURSING*	\$4,420,900	7%(n)	\$309,500	
COMMUNICATIVE DISORDERS*	\$471,300	7%(r)	\$33,000	
HOLISTIC HEALTH*	\$500,000	- (l)	\$86,500	
OTHER PUBLIC HEALTH SERVICES	\$9,079,000	2%(k)	\$181,600	
MODERATELY RESTRICTIVE	HOMEMAKER AND HOME HEALTH AID*	\$2,438,900	70%(e)	\$1,707,200
	AGING GRANTS			
	IN-HOME SERVICES			
	HOME DELIVERED MEALS	**	100%(a)	**
	HOME HEALTH AID	\$100,000	100%(a)	\$100,000
HOME HEALTH SERVICES*	\$420,400	70%(o)	\$294,300	
COMMUNITY MENTAL HEALTH CENTERS*	\$4,281,300	2%(g)	\$85,600	
MORE RESTRICTIVE	DOMESTIC AND FAMILY VIOLENCE*	\$1,805,900	1%(e)	\$18,100
	ADULT FOSTER CARE	\$108,000	Program not in operation.	
	MEDICAID - PHYSICIANS*	\$4,669,900	11%(h)	\$513,700
	GENERAL RELIEF MEDICAL PHYSICIANS*	\$2,610,900	11%(h)	\$287,200
	ALCOHOL ABUSE TREATMENT*	\$13,620,000	4%(i)	\$544,800
MOST RESTRICTIVE	PIONEER HOMES	\$11,816,400	100%(a)	\$11,816,400
	ADULT RESIDENTIAL CARE	\$598,000	5%(c)	\$29,900
	MEDICAID - HOSPITALS*	\$10,132,300	11%(h)	\$1,114,600
	NURSING HOMES*	\$19,419,600	61%(j)	\$11,846,000
	GENERAL RELIEF MEDICAL HOSPITALS*	\$6,455,800	11%(h)	\$710,100
	NURSING HOMES*	\$449,900	61%(j)	\$274,400
	CATASTROPHIC ILLNESS*	\$905,000	-	Unknown
	RESIDENTIAL/HOME CARE	\$166,400	Program not in operation.	
	ALASKA PSYCHIATRIC INSTITUTE*	\$8,574,100	2%(q)	\$171,500
	HARBORVIEW DEVELOPMENT CENTER*	\$5,710,600	0%(g)	0
	\$162,414,687		\$67,501,387	

* These services are partially directed toward adults and aged.

**Aging Grants are not broken out by particular service.

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT

STATE OF ALASKA
SERVICES FOR ELDERLY PERSONS

		Program	FY 81 Estimated Dollars*
CONTINUUM OF CARE	LEAST RESTRICTIVE	LONGEVITY BONUS	\$19,947,300
		ENERGY ASSISTANCE	\$2,284,000
		GENERAL RELIEF	\$80,000
		DISPLACED HOMEMAKERS	\$3,000
		SOCIAL WORK SERVICES	\$830,500
		AGING GRANTS	
		TRANSPORTATION	
		LEGAL SERVICES	**\$3,552,087
		COMMUNITY SERVICES	
		CONGREGATE MEALS	
		SENIOR SERVICE EMPLOYMENT	\$1,545,200
		OLD AGE ASSISTANCE	\$4,479,500
		SENIOR CITIZENS	
		HOME OWNERS TAX RELIEF	\$2,787,000
		RENTERS REBATE	\$316,000
		WATER AND SEWER REBATE	\$46,600
		MOTOR VEHICLE EXEMPTION	\$150,000
		HOUSING	\$1,295,800
		FREE FERRY SERVICE	Estimated value - \$60,000
		FREE SPORT FISHING, HUNTING AND TRAPPING LICENSE	Unknown
FIELD NURSING	\$309,500		
COMMUNICATIVE DISORDERS	\$33,000		
HOLISTIC HEALTH	\$86,500		
OTHER PUBLIC HEALTH SERVICES	\$181,600		
MODERATELY RESTRICTIVE	MODERATELY RESTRICTIVE	HOMEMAKER AND HOME HEALTH AID	\$1,707,200
		AGING GRANTS	
		IN-HOME SERVICES	
		HOME DELIVERED MEALS	**
		HOME HEALTH AID	\$100,000
		HOME HEALTH SERVICES	\$294,300
COMMUNITY MENTAL HEALTH CENTER	\$85,600		
MORE RESTRICTIVE	MORE RESTRICTIVE	DOMESTIC AND FAMILY VIOLENCE	\$18,100
		ADULT FOSTER CARE	Program not in operation.
		MEDICAID - PHYSICIANS	\$513,700
		GENERAL RELIEF MEDICAL PHYSICIANS	\$287,200
		ALCOHOL ABUSE TREATMENT	\$544,800
MOST RESTRICTIVE	MOST RESTRICTIVE	PIONEER HOMES	\$11,816,400
		ADULT RESIDENTIAL CARE	\$29,900
		MEDICAID - HOSPITALS	\$1,114,600
		NURSING HOMES	\$11,846,000
		GENERAL RELIEF MEDICAL HOSPITALS	\$710,100
		NURSING HOMES	\$274,400
		CATASTROPHIC ILLNESS	Unknown
		RESIDENTIAL/HOME CARE	Program not in operation.
ALASKA PSYCHIATRIC INSTITUTE	\$171,500		

*Based on FY 81 appropriation and estimated portion of program serving elderly.
**Aging Grants are not broken out by particular service.

STATE OF ALASKA
ESTIMATED EXPENDITURES IN BEHALF OF ELDERLY PERSONS

	Program	FY 81 Appropriation	Estimated % Elderly(source)	Estimated \$ for Elderly
LEAST RESTRICTIVE	LONGEVITY BONUS	\$19,947,300	100%(a)	\$19,947,300
	AID TO THE BLIND	\$140,900	0%(b)	0
	AID TO THE DISABLED	\$4,691,700	0%(b)	0
	ENERGY ASSISTANCE*	\$7,367,600	31%(c)	\$2,284,000
	GENERAL RELIEF*	\$800,000	10%(d)	\$80,000
	DISPLACED HOMEMAKERS	\$151,800	2%(e)	\$3,000
	SOCIAL WORK SERVICES*	\$6,388,600	13%(e)	\$830,500
	AGING GRANTS			
	TRANSPORTATION			
	LEGAL SERVICES	**\$3,552,087	100%(a)	**\$3,552,087
	COMMUNITY SERVICES			
	CONGREGATE MEALS			
	SENIOR SERVICE EMPLOYMENT	\$1,545,200	100%(a)	\$1,545,200
	OLD AGE ASSISTANCE	\$4,479,500	100%(a)	\$4,479,500
	SENIOR CITIZENS			
	HOME OWNERS TAX RELIEF	\$2,787,000	100%(a)	\$2,787,000
	RENTERS REBATE	\$316,000	100%(a)	\$316,000
	WATER AND SEWER REBATE	\$46,600	100%(a)	\$46,600
	MOTOR VEHICLE EXEMPTION	\$150,000	100%(a)	\$150,000
	HOUSING	\$1,295,800	100%(a)	\$1,295,800
	FREE FERRY SERVICE		Estimated value -	\$60,000
	FREE SPORT FISHING, HUNTING & TRAPPING LICENSE		- (m)	Unknown
	FIELD NURSING*	\$4,420,900	7%(n)	\$309,500
COMMUNICATIVE DISORDERS*	\$471,300	7%(f)	\$33,000	
HOLISTIC HEALTH*	\$500,000	- (l)	\$86,500	
OTHER PUBLIC HEALTH SERVICES	\$9,079,000	2%(k)	\$181,600	
CONTINUUM OF CARE MODERATELY RESTRICTIVE	HOMEMAKER AND HOME HEALTH AID*	\$2,438,900	70%(e)	\$1,707,200
	AGING GRANTS			
	IN-HOME SERVICES			
	HOME DELIVERED MEALS	**	100%(a)	**
	HOME HEALTH AID	\$100,000	100%(a)	\$100,000
HOME HEALTH SERVICES*	\$420,400	70%(o)	\$294,300	
COMMUNITY MENTAL HEALTH CENTERS*	\$4,281,300	2%(g)	\$85,600	
MORE RESTRICTIVE	DOMESTIC AND FAMILY VIOLENCE*	\$1,805,900	1%(u)	\$18,100
	ADULT FOSTER CARE	\$108,000	Program not in operation.	
	MEDICAID - PHYSICIANS*	\$4,669,900	11%(h)	\$513,700
	GENERAL RELIEF MEDICAL PHYSICIANS*	\$2,610,900	11%(h)	\$287,200
ALCOHOL ABUSE TREATMENT*	\$13,620,000	4%(i)	\$544,800	
MOST RESTRICTIVE	PIONEER HOMES	\$11,816,400	100%(a)	\$11,816,400
	ADULT RESIDENTIAL CARE	\$598,000	5%(e)	\$29,900
	MEDICAID - HOSPITALS*	\$10,132,300	11%(h)	\$1,114,600
	NURSING HOMES*	\$19,419,600	61%(j)	\$11,846,000
	GENERAL RELIEF MEDICAL HOSPITALS*	\$6,455,800	11%(h)	\$710,100
	NURSING HOMES*	\$449,900	61%(j)	\$274,400
	CATASTROPHIC ILLNESS*	\$905,000	-	Unknown
	RESIDENTIAL/HOME CARE	\$166,400	Program not in operation.	
	ALASKA PSYCHIATRIC INSTITUTE*	\$8,574,100	2%(g)	\$171,500
HARBORVIEW DEVELOPMENT CENTER*	\$5,710,600	0%(g)	0	

* These services are partially directed toward adults and aged.

**Aging Grants are not broken out by particular service.

FOOTNOTES

- (a) Program by definition serves only elderly.
- (b) Aid to the Blind, Aid to the Disabled
Division of Public Assistance, Randy Moore, indicates that recipients are automatically transferred to OAA when they reach age 65. However, the consistency with which this is done is not known. 3/4/81.
- (c) Energy Assistance
 The estimate of energy assistance is based on the following:
- | | Number of Households | | |
|-----------|----------------------|---------|-----------------------|
| | Total | Elderly | |
| 1st month | 969 | 356 | |
| 2nd month | 1,900 | 526 | |
| Total | 2,869 | 882 | percent elderly = 31% |
- Federal allocation is \$9,600,000. Average payment is \$475. Have received 6,000 to 6,200 applications.
- (d) Conversation with Gordon Landis on 3/6/81. Estimates that less than 10% of program is related to elderly.
- (e) Memo from Margaret Levitt to Elizabeth Muktarian dated 3/5/81(attached).
- (f) Memo from Dave Bruce to Deborah Behr dated 3/3/81(attached).
- (g) Memo from Verner Stillner to Deborah Behr dated February 27, 1981. Age 65 and over.
- (h) Medically assistance programs. Based on conversation with Jeff Hubbard on 3/5/81. Data from HCFA 120 report for the period 1-80 to 6-80 indicates that for both hospital and physician services there were expenditures of \$6,381,135 of which \$676,422 were for OAA recipients equals 11%. This is for Medicaid only - there is no data available for GRM. Used Medicaid data for GRM.
- (i) Memo from Robert Cole to Deborah Behr on 2/25/81 and conversation with Loren Jones on 3/5/81.
- (j) Nursing home estimate is based on data from 3 month sample of Nakoya provided by Jeff Hubbard on 3/6/81.
- (k) Based on age distribution of total state population. Includes following BRUs: Nursing(Admin component only), Communicable Disease Control, Child and Family Health(Nutrition & Spec. Ed. Grants only), Labs, Admin, and EMS.
- (l) Holistic Health estimate based on conversation with Nils Amnerud on 3/9/81. Includes \$76,500 for the Fairbanks Pioneers Home and an estimate of \$10,000 for various other grants.
- (m) Licenses are granted for life - data not available on value of licenses in existence.
- (n) Based on PCIS data for four quarters provided by Jana Mowat on 3/10/81.
- (o) Based on estimate provided by Jana Mowat on 3/9/81.

AD HOC COMMITTEE ON SOCIAL AND ECONOMIC

ASSISTANCE TO THE AGED

JANUARY 19, 1981

- I. Introduction
- II. Review of Existing Major State Programs
 - A. Department of Administration
 - B. Department of Community and Regional Affairs
 - C. Department of Health and Social Services
- III. New and Expanded Program Concepts
 - A. Health Needs of the Elderly
 - B. Catastrophic Health Insurance Program
 - C. Congregate Housing for the Frail Elderly
 - D. Other
 1. Comprehensive Health Care Study by Health and Social Services
- IV. Legislation
- V. Conclusion
 - A. Summation
 - B. Next Meeting

II. REVIEW OF EXISTING MAJOR STATE PROGRAMS

A. Department of Administration

MEMORANDUM

TO: Fred Muller
Deputy Commissioner
Division of Personnel Management
Department of Administration

DATE: January 5, 1981

FILE NO:

TELEPHONE NO: 4400

SUBJECT: Aging Services



FROM: Vernon L. Perry *VLP*
Director
Division of Pioneers' Benefits
Department of Administration

The Division of Pioneers' Benefits in the Department of Administration has two programs. They are the Longevity Bonus Program and the Pioneers' Homes.

The Longevity Bonus Program provides a monthly payment of \$200.00 per month to every Alaskan resident over 65 years of age, who has lived in the state a minimum of 25 years and was living in Alaska at the time of statehood, January 3, 1959. The Bonus is not predicated upon need but is provided as a reward for helping to develop the state and to help enable those elderly Alaskans to remain in the state who might not otherwise be able to do so. If a person leaves the state for over 30 days he is not eligible to receive the bonus for that month. If he remains outside Alaska over 180 days he becomes ineligible until he returns to Alaska and establishes residency of 12 months at which time he may again enter the program.

The Pioneers' Home system consists of four operating Homes. There is a 150 bed Home in Sitka, a 96 bed Home in Palmer, a 119 bed Home in Fairbanks, and a 153 bed Home in Anchorage.

A new Pioneers' Home is being built in Ketchikan. It will have 49 beds. A 96 bed nursing wing addition at the Anchorage Home is also in the early stages of construction. The Ketchikan project is scheduled for completion in December 1981, and it is expected that the Anchorage project will be finished in April 1982.

In addition to responsibility for the Longevity Bonus and the Pioneers' Home Programs, the Division also is responsible for the administration of the Kotzebue Senior and Cultural Center.

The objective of the Pioneers' Homes is to provide a sheltered living environment for pioneers of Alaska who can no longer maintain their own daily living requirements without assistance. The average pioneer is 80 years of age when entering a Home. The residents realize they are being provided with the help and care they can no longer provide nor acquire elsewhere for themselves. The Home allows them to retain their dignity by feeling they are not on "welfare" but are being rewarded for what they have done in helping develop the State of Alaska.

Mr. Muller

(2)

January 5, 1981

A number of state programs exist which provide aid to segments of the elderly population. These range from financial aid to housing, nutrition, transportation, and help in the form of a homemaker in the home. The Pioneers' Home is the only program providing all these services including physical, mental, and social opportunities. Each applicant to the Homes is interviewed to determine if alternate services are available and can be utilized. More often, these alternate programs refer applicants to the Pioneers' Homes when they can no longer meet the needs of their elderly clients.

VLP/dm
C9/Z1

II. REVIEW OF EXISTING MAJOR STATE PROGRAMS

B. Department of Community and Regional Affairs

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

DIVISION OF LOCAL GOVERNMENT ASSISTANCE

POUCH B - JUNEAU 99811

January 6, 1980

Local Government Assistance Division
Senior Citizen Tax Relief
Benefit Residents Age 65 and Over
State General Fund

Homeowner's Property Tax Exemption - The original intent of the program, as is standard in over 40 states, was to extend property tax relief in order to avoid confiscatory property action against citizens experiencing disproportionate impact to limited income. The law provides that the permanent place of abode of a resident 65 years of age or older may be eligible for exemption from property tax levied by a municipality. State reimbursement through this program is provided to the municipality for revenue lost in operation of the program.

FY 80: About \$1.9 million paid for 3,393 households, an average payment = \$560. With spouses, about 5,500 seniors served.

Renters' Equivalency Rebate - This program may be viewed as a companion to the Homeowner's Property Tax Exemption. This program grants direct payments to eligible senior citizens who are renters to reimburse them for the amount of property tax which is included as part of the rent.

FY 80: About \$123,000 paid to 738 households, an average payment = \$167. With spouses, approximately 1,000 seniors served.

Special Water and Sewer Assessment - This program provides deferred payment of special assessment levied by municipalities for sewer or water systems installation. Properties owned and occupied by permanent residents of the State, 65 years of age or older, may be eligible. State reimbursement is provided by this program to the municipality for revenue lost in operation of the exemption. At the time of reimbursement, the municipal lien is satisfied and a lien in favor of the State is recorded in the amount of assessment

levied upon the property. The lien becomes due and payable upon sale or transfer of the property except to spouse, widow, widower or minor heir. Qualification criteria must be verified each year by March 15, in order to retain the deferment.

FY 80: About \$134,000 paid for 44 households, an average payment = \$3,055. In four years operation, 39 liens have been paid back and about \$30,000 returned to the general fund.

Motor Vehicle Exemption - This program was enacted by the Tenth Legislature to exempt residents 65 years of age or older from tax for one motor vehicle subject to State registration. This program reimburses boroughs and cities for the amount of registration tax for each senior citizen, regardless of whether an exemption has been granted.

FY 80: About \$50,000 paid to 21 municipalities for approximately 2,700 affidavits. The average affidavit is for just under \$19.

Housing Assistance Division
Senior Citizen Housing
Benefit Seniors Age 60 and Over
State General Fund

It is the objective of this Department to use financial resources from the Senior Citizens Housing Development Program as a lever for extending the already existing federal, local, and private non-profit corporate funding sources to that segment of the elderly population that cannot now gain access to them. The proceeds from the local, and private sector mix in various formulas to provide the housing need by the elderly. Typically, the State participates with a federal agency in the financing of a project.

State CETA Division
Service for Senior Citizens
Federal Funding

The State CETA Division operates programs funded through the Federal Comprehensive Employment and Training Act. The programs are designed to train and place in jobs, Alaskans who are unemployed and have low incomes. These programs include classroom training in vocational skills and paid work experience with private and public employers. CETA Division counselors assist each participant in drawing up a career development plan. The State CETA Division operates programs throughout Alaska, except in Anchorage, where the Municipality runs its own programs. In FY 80, the State CETA Division served 83 persons aged 55 and over.

The State Manpower Services Council, an advisory group appointed by Governor Jay S. Hammond, recently identified older workers as people who should be specially targeted for CETA services. As a result, the State CETA Division is giving special weight (2 points) to each older worker when his/her application is processed through the computer.

II. REVIEW OF EXISTING MAJOR STATE PROGRAMS

C. Department of Health and Social Services

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Department of Health and Social Services administers a number of programs directed specifically towards meeting the problems created as a result of the aging process. In addition most of the programs operated by the Department for the general population have a high usage rate by the aged population. There are an estimated 20,000 individuals age 60 and over in Alaska.

The programs operated specifically for the aged population are:

Old Age Assistance	Division of Public Assistance
Transportation	Division of Adult & Aging Services
Information and Referral	Division of Adult & Aging Services
Escort Services	Division of Adult & Aging Services
Congregate Meals	Division of Adult & Aging Services
Home Delivered Meals	Division of Adult & Aging Services
Legal Services	Division of Adult & Aging Services
Personal Advocacy & Long-term Care Ombudsman	Division of Adult & Aging Services
Employment Services	Division of Adult & Aging Services
Senior Citizen Centers	Division of Adult & Aging Services
Recreation Activities	Division of Adult & Aging Services
Shopping Assistance	Division of Adult & Aging Services
Telephone Reassurance	Division of Adult & Aging Services
Companionship/Visitation	Division of Adult & Aging Services
Outreach	Division of Adult & Aging Services
Chore Services	Division of Adult & Aging Services

The programs operated for the general population with high usage by the aged population:

Homemaker	Division of Adult & Aging Services
Home Health Aide	Division of Adult & Aging Services
Home Health	Division of Public Health
Residential Care	Division of Public Assistance
Residential Care	Division of Adult & Aging Services
Adult Foster Care	Division of Adult & Aging Services
Individual & Family Counseling	Division of Adult & Aging Services
Protective Services	Division of Adult & Aging Services
Residential Care Licensing	Division of Family & Youth Services
Immunizations	Division of Public Health
Medicaid	Division of Public Assistance
General Relief Medical	Division of Public Assistance
Energy Assistance	Division of Public Assistance

The programs operated for the general population with some usage by the aged population:

Community Mental Health	Division of Mental Health
Alaska Psychiatric Institution	Division of Mental Health
Harborview	Division of Mental Health
Community D.D. Residential Care	Division of Mental Health
Community D.D. Family Support	Division of Mental Health

Alcoholism & Drug Abuse Treatment
Emergency Medical Services
General Relief Assistance
Food Stamps

Office of Alcoholism & Drug Abuse
Division of Public Health
Division of Public Assistance
Division of Public Assistance

CONTINUUM OF CARE

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Alaska Department of Health and Social Services (DHSS) has a primary goal to improve or maintain the physical, emotional, social and economic well being of Alaskans so that each citizen may be self-sufficient. DHSS is the State agency primarily responsible for the provision of health care, social services and correctional activities to eligible populations. Its programs and activities are designed to complement programs and activities available through other sources.

Health programs and services are viewed as being part of a continuum, ranging from preventive and health promotional programs in hospital care. The Department's emphasis is placed on assisting individuals to function independently in their own homes; when an individual's needs can no longer be met in his own home, placement in the most appropriate residential or medical care setting will occur. In addition to the programs and services listed in the following description, there are a variety of ambulatory programs such as mental health clinics and alcoholism counseling services made available through the Department. An individual may simultaneously receive several services in the continuum, e.g., home health care as well as homemaker support.

The following section includes descriptions of the services and programs which comprise the continuum of care, including a definition of the service and/or program, examples of individuals for whom the service would be appropriate, funding sources and availability.

Although these services and programs are available for all adults, the majority of the recipients of in-home services, i.e., homemaker, home health aide and home health care services are elderly. Sixty-seven percent of the clients receiving homemaker support and 80% of the individuals receiving home health care are 60 and over.

The descriptions which follow primarily address those services and programs which enable an elderly adult to remain in his own home or when out-of-home care is necessary the various options available. There are numerous other supportive services available to the elderly which are not included in the descriptions. Specific services and programs available for the elderly include mental health, nutrition, transportation and employment services.

Although the continuum of services addressed in this paper is comprised of available services and/or programs (or those for which funding is available), it is important to acknowledge the gaps in services to adults including the elderly. These gaps include preventive health services, day care, respite care, attendant care and prosthetics, including dental care.

ADULT FOSTER HOME AND RESIDENTIAL CARE

FOSTER CARE

DEFINITION: Adult foster care refers to the care of an adult in a family home setting licensed by the Department. Adult foster care is designed to serve Adult Protective Service clients who, because of physical, mental, or emotional limitations, are unable to live in their own home even with supportive services and have no relatives willing and able to care for them. Adult foster care is appropriate for adults who do not need a medical level of care, but who require supervision, personal and social care, and who would benefit from the support and security of family living. This program is currently under development and should be operational in early 1981.

FUNDING: Adult Foster care will be purchased on an individual client basis for eligible adult protective service clients. Funds are budgeted for FY 81.

AVAILABILITY: Availability of adult foster care is dependent upon the availability of licensed foster homes. This service is not currently available.

LEVEL I RESIDENTIAL CARE

DEFINITION: Level I Residential Care refers to the level of care offered by adult residential care facilities licensed to provide care for adults who have been certified in a physician's report as ambulatory and who are able to perform basic activities of daily living with minimal supervision. Adult residential care provides protective oversight to Adult Protective Service clients who cannot manage to live independently, but who do not need a medical level of care. Adult residential care encourages independent functioning to the extent possible for each resident.

FUNDING: Level I residential care is purchased on an individual client basis for eligible Adult Protective Service clients.

AVAILABILITY: Currently Level I residential care is only available in Anchorage

LEVEL II RESIDENTIAL CARE

DEFINITION: Level II Residential Care refers to the level of care offered by adult residential care facilities licensed to provide care for adults who are not ambulatory without physical assistance but who are not bedridden and who do not need continuous nursing supervision or skilled nursing care. Level II residential care is for Adult Protective Service clients who require substantial support and protective care. There are currently no Level II facilities operating.

FUNDING: Level II residential care will be purchased on an on an individual client basis for eligible Adult Protective Service clients. Funds are budgeted for FY 81.

AVAILABILITY: Availability is dependent upon licensure of Level II adult residential. This service is not currently available.

RESIDENTIAL FACILITIES WITH SKILLED NURSING CARE

PIONEER HOMES

DEFINITION: The Pioneer Home concept was established in territorial days to provide homes to older Alaskans who had fifteen uninterrupted years of residence in the state. Pioneer Homes have been established in Fairbanks, Palmer, Anchorage and Sitka, and a home is under construction in Ketchikan. Skilled nursing care is available in Pioneer Homes to permit continuous care to the residents.

FUNDING: Residents pay only a monthly rate of \$225 for their residence and only \$275 per month for skilled nursing care; the State of Alaska underwrites all other costs. In addition to the monthly rates, residents pay for their own prescriptions and other individual costs, when able. Eligibles who cannot afford the monthly rate can still be accepted.

AVAILABILITY: The four Pioneer Homes are shown on Figure 1.

LONG TERM CARE FACILITIES

INTERMEDIATE CARE FACILITIES

DEFINITION: A facility which provides health related care to individuals whose physical or mental conditions require care and service above the level of room and board but less than skilled nursing care.

FUNDING: Payment for skilled nursing facility care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Intermediate care is often offered in conjunction with skilled nursing care; both may be offered in conjunction with an acute care hospital. Alaska has five facilities which offer only intermediate care and an additional 16 facilities which offer skilled and intermediate care (this does not include any skilled nursing care provided in the four Pioneer Homes which have a total of 175 skilled nursing beds). Figure 1 shows the distribution of long-term care facilities in Alaska.

SKILLED NURSING FACILITIES

DEFINITION: A skilled nursing facility offers medical and nursing services on a 24-hour per day basis to individuals who do not require hospitalization for acute conditions but who, because of illness, disease or physical or mental infirmity, require constant medical and nursing services. Persons disabled by strokes or those who have disabling paralytic conditions could be admitted to skilled nursing facilities, for example.

FUNDING: Payment for skilled nursing facility care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Intermediate care is often offered in conjunction with skilled nursing care; both may be offered in conjunction with an acute care hospital. Alaska has five facilities which offer only intermediate care and an additional 16 facilities which offer skilled and intermediate care (this does not include any skilled nursing care provided in the four Pioneer Homes which have a total of 175 skilled nursing beds). Figure 1 shows the distribution of long term care facilities in Alaska.

ACUTE CARE HOSPITALS

HOSPITAL

DEFINITION: A hospital is any public or private institution which provides facilities to the general public over a continuous period of 24 hours each day for the bedside treatment and care for conditions requiring medical and/or surgical services. Individuals would be admitted by a physician to a hospital for medical emergencies, for diagnosis and treatment of illnesses, and for surgeries, for example.

FUNDING: Payment for hospital care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Alaska has 17 public hospitals, 7 U. S. Public Health Service Hospitals and 3 military hospitals located throughout the state (see Figure 2). These hospitals range in size from 6 beds at Faith Hospital in Glennallen to 250 beds at Providence Hospital in Anchorage.

The major problems with respect to health care for the elderly are listed below:

1. Lack of coverage for dental care;
2. Lack of coverage under Medicare for costs of drugs and medications. This can be a pretty substantial cost in a course of a year for an individual on a fixed income;
3. a tendency on the part of people with marginal incomes to delay seeking of health care to the point that when they finally do, they wind up with truly tremendous bills. This is accounted for by the fact that even individuals with Medicare coverage do have substantial out-of-pocket payments to make; and
4. the lack of alternatives to institutionalization. Alternatives include attendant care, day care, respite care, residential care; which would tend to keep a person at home or at least in a less restrictive setting.

The problems with medicare are numerous. Medicare does not cover dental care, hearing aids, pharmaceuticals or routine refractions or eye glasses in most cases. Medicare also requires that the beneficiary pay a deductible (currently \$16 .00 in a given year) plus a co-insurance amount for physician costs which is currently 20% of the reasonable cost. In ambulatory care the failure of Medicare to cover costs of medications is a particularly glaring gap.

Also in Medicare there is the problem of "assignment". A participating physician can, on an individual basis, accept assignment which means that he accepts Medicare payments plus a 20% co-insurance collected from the patient as the total reimbursement due. If he does not accept assignment he receives whatever Medicare will pay and then is free to attempt to collect from the individual patient up to the physician's usual and customary fee.

Neither Medicare or GR Med covers routine dental work. They do cover pharmaceutical costs for out-patient care.

Financing of long-term institutional care at the skilled nursing or intermediate levels is very difficult to obtain under Medicare. Quoted recent study in-state which showed that only about 2% of individuals who are admitted to nursing homes with the anticipation that they would be covered by Medicare actually wound up covered by Medicare. In other words there was a 98% denial rate. Current rates for nursing care in the state are about \$3,200 per month at a skilled nursing facility and about \$3,000 per month in an intermediate care facility.

The current income level for Medicaid in the state is \$714.00. For General Relief Assistance, the level is \$752.00 per month. Both of these figures are arrived at after juggling the patient's income, assets, etc., in a rather complicated manner. However, it is worth noting that there is relatively little

difference between Medicaid and GR Med levels so that GR Med covers only a relatively small proportion of the population whose income is \$38.00 a month higher than an individual eligible for Medicaid.

Recommendations for addressing the cost and accessibility of health related services for the elderly are briefly described below:

1. Expansion of the Catastrophic Illness Program or the addition of special provisions for the elderly;
2. development of a State funded comprehensive health insurance program (at the present time this is being addressed by the Medical Management Information System Study and the Health Care and Financing Study);
3. establishment of financial eligibility criteria for existing services which are provided free of charge without regard to income, e.g., homemaker and home health aide services;
4. establishment of sliding fee scales for various ambulatory and in-home service programs which are provided free of charge without regard to income; and

5. development of reimbursement mechanisms for health promotion and prevention programs as a means of avoiding costly hospital and long-term care.

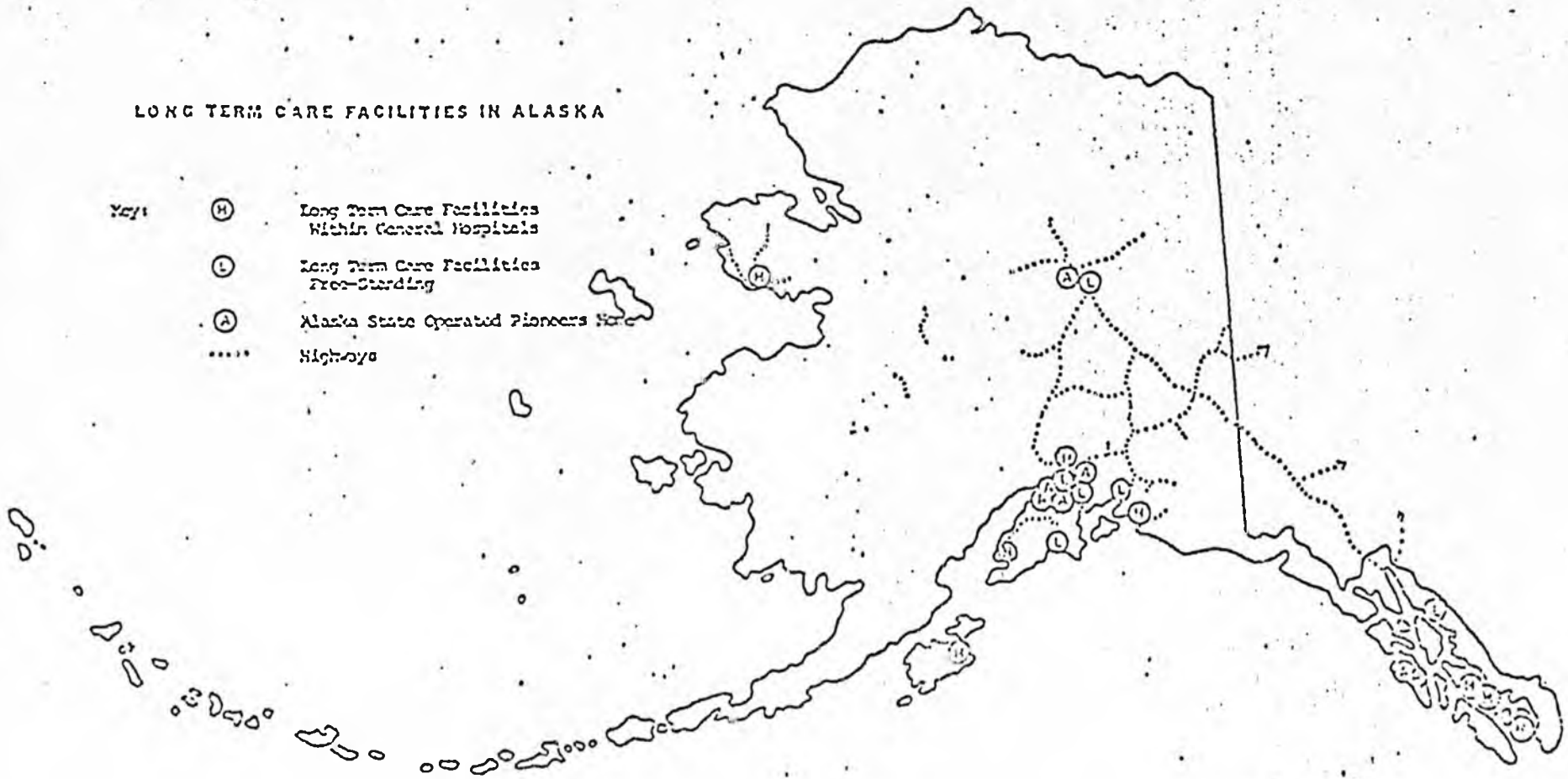
This outline of health care services and programs is not intended to be comprehensive. Additional information on any program or service is available from:

Commissioner
Department of Health and
Social Services
Pouch H-01
Juneau, Alaska 99801
(907) 465-3030

LONG TERM CARE FACILITIES IN ALASKA

Key

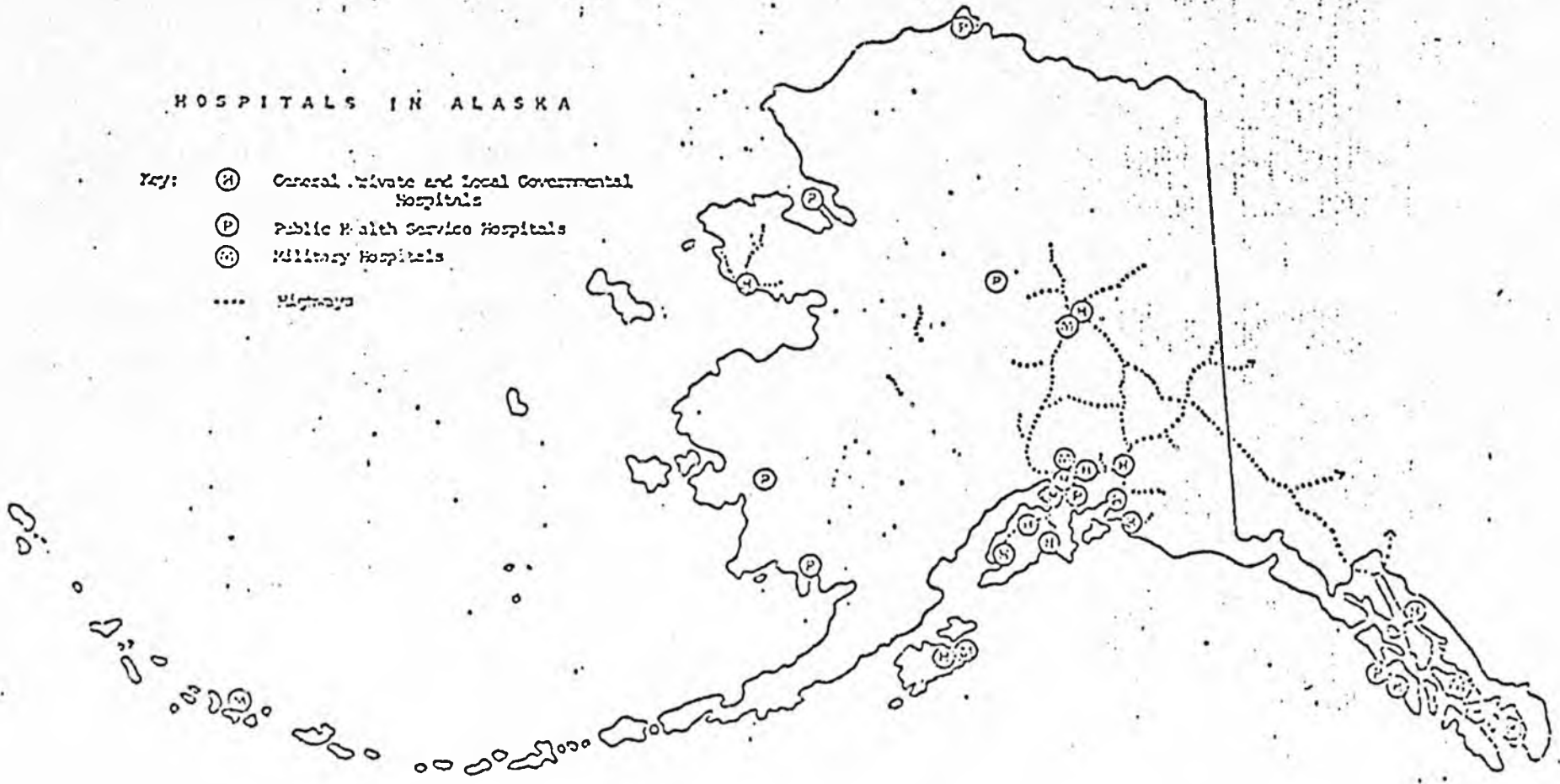
- Ⓜ Long Term Care Facilities Within General Hospitals
- Ⓛ Long Term Care Facilities Free-Standing
- Ⓐ Alaska State Operated Pioneer's Home
- Highways



Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1980 Annual Hospital Survey.

HOSPITALS IN ALASKA

- Key:
- (H) General, Private and Local Governmental Hospitals
 - (P) Public Health Service Hospitals
 - (M) Military Hospitals
 - Highways



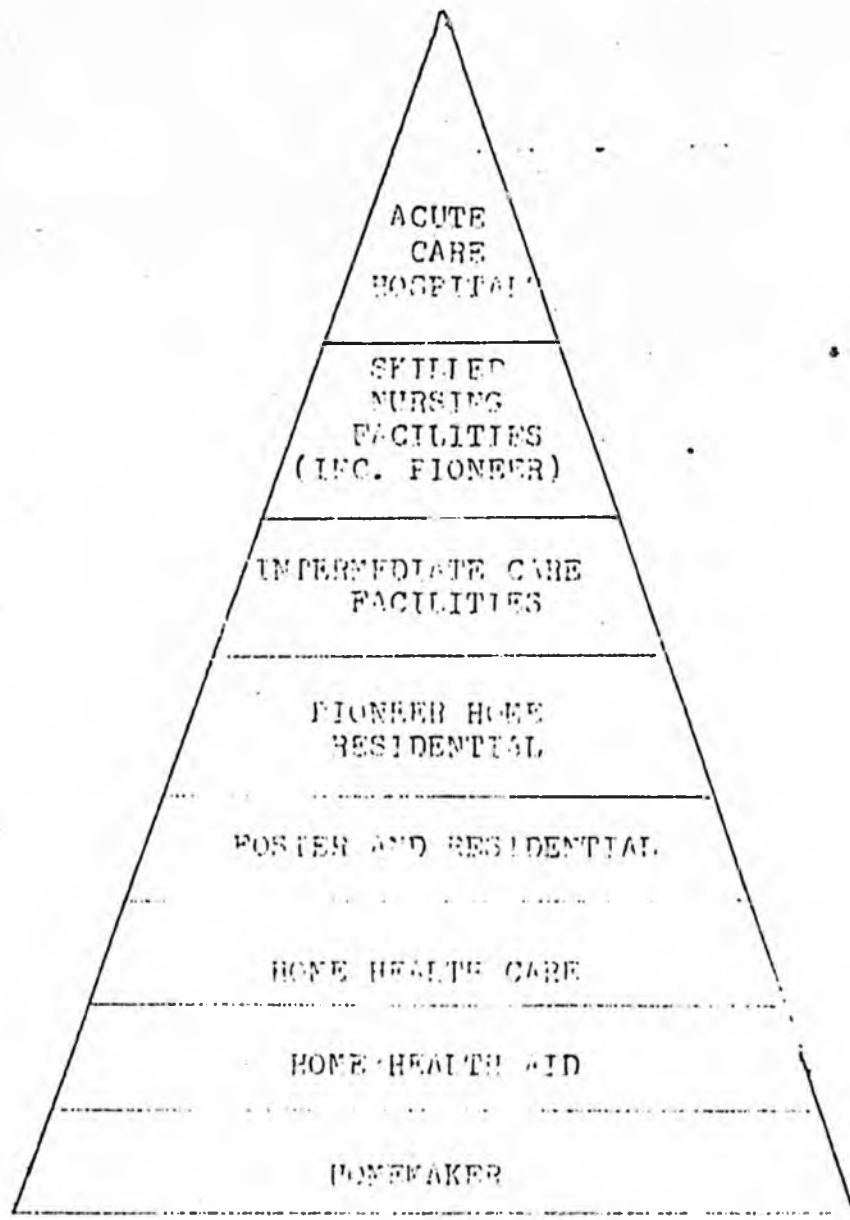
Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1960 Annual Hospital Questionnaire.

FIGURE 2

III. NEW AND EXPANDED PROGRAM CONCEPTS

A. Health Needs of the Elderly

CONTINUUM OF CARE



IN-HOME CARE

HOMEMAKER

DEFINITION: Homemaker support is available to assist adults who are at risk and who are capable of independent living with homemaker assistance on a limited basis to maintain a level of care that will promote physical and emotional well-being and allow the adult to safely remain in his home. Homemaker tasks include assistance in home management, household chores, meal planning, purchasing and preparation, and non-health related personal care tasks.

FUNDING: Homemaker support is provided to Adult Protective Services clients without regard to income through a contract with the Easter Seal Society on an individual client basis depending on availability of units of service. Homemaker support may also be purchased directly from a provider by an individual.

AVAILABILITY: Statewide

HOME HEALTH AIDE

DEFINITION: Home Health Aide Support is available to adults who are at risk and who are in need of health related personal care services to remain in their own homes. It is provided to Adult Protective Service clients whose overall medical plan indicates that this service is appropriate to meet the adult's health care needs. Home health aide tasks include personal care, toileting, transfers, exercise, and other duties. The home health aides are supervised by licensed registered nurses.

FUNDING: Home Health Aide Support is provided to Adult Protective Service clients without regard to income through a contract with Easter Seal Society. Home health aide support may also be purchased directly from a provider by an individual.

AVAILABILITY: Anchorage, Fairbanks, Juneau, Bethel, Nome, and Ketchikan. In 1981, services will be expanded to include other communities, depending upon the availability of nursing supervision of home health aides. It is also available in Anchorage as a part of the Anchorage Municipality's Home Health program.

HOME HEALTH

DEFINITION: Home Health care is the provision of part-time skilled nursing care and other therapeutic services to individuals and families in their place of residence. The services are applicable to persons suffering from diseases and disabilities of all kinds. They apply to the acutely ill, convalescent and chronic long-term illnesses. Home care may be used instead of institutional care or may be an intermediate step to enable the person to move from hospital dependency to relative independence in their place of residence. The service may be designed to assist a person to achieve optional adjustment to chronic illness or permanent disability.

FUNDING AND AVAILABILITY: The service is provided by Division of Public Health staff in Fairbanks, Juneau, and Ketchikan without regard to income. In Anchorage home health care is available through the Anchorage Municipality's Home Health Program and payment is made under Medicaid, private pay and health insurance.

DRAFT

Discussion Paper:

HEALTH NEEDS OF THE ELDERLY

Introduction

The number of Alaskans over the age of 60 is estimated to be about 20,000 but, pending the results of the decennial census, these figures should be regarded with some skepticism. If correct, older Alaskans would account for about 4.8 percent of the total population in contrast to approximately 3.9 percent in the 1960 and 1970 censuses.

Health Status of the Elderly

In considering health programs for the elderly, prevalence and severity of disability should be taken into account. Unfortunately, data on disability are unavailable for the state but perhaps national figures can be used to indicate some probable magnitude of health problems in this population segment.

Older people, of course, suffer from many of the same acute illnesses and injuries to which the general population is subject. Recovery from such illnesses may perhaps take longer in the older person and thus contribute to greater period of relative disability. However, chronic conditions occur more frequently in the older age groups. National figures indicate a prevalence of 20 percent or greater for arthritis, vision and hearing impairments, heart conditions and hypertension. Dental problems are common. Estimates in 1971 indicated that about half

the people over age 65 had no natural teeth. Of these, six percent had no false teeth and 28 percent reported that their dentures needed refitting or replacement.

The proportion of elderly people whose activity is limited due to illness differs with demographic variables, particularly age. Only about 42 percent of people aged 65-74 report limitations in activity in contrast to 56 percent of those 75 years or older. Since the number of individuals in this latter population group is growing relatively rapidly with increases in life expectancy, at least on the national scene, the proportion of older individuals with some degree of disability can be expected to increase during the decade.

Utilization of nursing homes increases rapidly with age. In 1974, nationally, the utilization rate for persons aged 65-74 was only 12 per 1,000 population in that age group. At ages 75-84 there were 59 residents per 1,000 persons. Among persons who had reached their 85th birthday, 237 per 1,000 (nearly a quarter) were in nursing homes.

Health Care Financing

Health status can reasonably be expected to be affected by costs and accessibility of health care. Since prevalence of chronic conditions and disability increases with advancing age, costs of preventive, curative and rehabilitative services can also be expected to rise. These high health care costs occur at a time when many older people are least

able to afford them since incomes tend to be fixed or to decline in later years.

For some individuals, attainment of age 65 brings eligibility for medicare coverage. However, coverage is not universal and some Alaskans, although eligible, have failed to enroll. In 1976, the number of Alaskans age 65 and older who were enrolled in medicare hospital insurance was reported to be 8,585. An even smaller number (7,174) was enrolled in the supplemental medical insurance coverage (Part B) of the medicare programs..

These figures seem suspiciously low. However, even if all older individuals were enrolled, it should be borne in mind that benefits are limited. There are deductibles for hospital insurance (currently \$160 per year) and co-insurance costs for supplemental medical coverage (currently 20 percent of reasonable charges) which must be paid by the individual. In long term illnesses, there are limits to the total period of coverage. Moreover, some common conditions are not covered at all including routine refractions, purchase of eyeglasses or hearing aids and the cost of prescribed medications.

In order to be eligible for medicaid coverage, an older person must also be eligible for one of the categorical assistance programs such as Old Age Assistance, Aid to the Blind or Aid to the Disabled. Currently there are about 2,200 Alaskans enrolled in OAA while Aid to the Blind and Aid to the Disabled cover 63 and 2,000 individuals respectively and

these numbers include persons of all ages. Older persons may also be eligible for the General Relief and Catastrophic Illness programs.

Approximately four percent of the Native population is over age 65. These individuals are eligible for health care through the Alaska Native Health Service. Under P.L. 94-437, ANHS health facilities may receive 100 percent federal reimbursement for care given to the medicaid eligible Indians and Alaska Natives.

Current Service Programs

The elderly may participate in any of the programs offered by the State. In recent years, a number of programs have been developed which are intended to provide a continuum of care in the most independent environment possible to all Alaskans needing some form of assistance. Many of these programs are used primarily by the older age groups. The continuum ranges from services designed to help an individual remain in his own home through foster and residential care programs to various levels of institutional care. The programs are described in the paper entitled "Continuum of Care". Health care is a part of the continuum.

It should be pointed out that there are some services which are unavailable, particularly in alternatives to institutional care. At present, there are few organized preventive health programs designed specifically for the elderly. An exception is the nutrition program. There is no adult day care program and attendant care and respite care programs do.

not exist. In the minds of the elderly even some existing programs such as homemaker and home health programs carry with them a certain stigma of "welfare" because of their categorization as adult protective services.

Comments

State policy governing development of health programs and services for the elderly has largely been predicated on the idea that it is preferable to maintain the older person in his or her home because of the value of maximum independence and because aggregate costs to the individual and the state are thought to be less. Through other programs in the state such as the Pioneer Home System and various income maintenance schemes, state policy seems to recognize a positive value for the individual, the family and society in enabling older Alaskans to remain in the state rather than forcing out-migration due to high costs of continued residence. In general, however, there has been little deliberate examination of policy.

In the relatively short term, some actions can be suggested to address some of the more obvious problems. These include:

1. A greater emphasis on preventive health services to avoid or minimize disability. Such programs could focus on the probable prevalent conditions affecting the elderly and could include, for example, general nutritional education and counseling, maintenance of mobility, weight control, hypertension detection and control and

- the use and abuse of prescription medication. The possibility of grants to community groups to design and implement such programs should be investigated.
2. Pilot projects could be considered in order to obtain experience with costs and service delivery problems in providing services such as dental care and vision and hearing services for the elderly in both urban and rural locations.
 3. The Health Care Financing Study, now underway, should be encouraged to take a specific look at the needs of the elderly, particularly at the problem areas which impede care in early stages of illness or disability and at the adequacy of coverage in cases of catastrophic illness.
 4. A projection should be made of probable requirements for nursing home and other long term care institutions by location. State policy needs to address the roles of the private sector and of the state in the direct operation of such facilities.

In the longer term, some difficult decisions will have to be made regarding policy. The interaction of physical and emotional needs, service demands, abilities to pay and rights to services based on age or residence will have to be addressed. Overall philosophical views will have to be balanced against probable costs. The upcoming White House Conference on Aging and its antecedent statewide conference plus the results of the 1980 census may help provide guidance in this regard.

III. NEW AND EXPANDED PROGRAM CONCEPTS

B. Catastrophic Health Insurance Program

WILLIAM M.
MERCER
INCORPORATED

Benefit Services / Consulting Actuaries
December 10, 1980

Mr. Fred Muller
Deputy Commissioner
Department of Administration
State of Alaska
Post Office Box C
Juneau, Alaska 99811



Catastrophic Health Program
For All Alaska Residents

Dear Fred:

This is a follow-up to conversations you have had with Bob Richardson and Art Weatherford of our offices, regarding the possibility of providing a Catastrophic Health Program for all Alaska residents.

To our knowledge, this type of program has never been done before. Therefore, we would be breaking new ground.

Our thoughts regarding establishing this type of program are as follows:

- The design would encompass some type of Catastrophic wrap-around Health Care Program for all Alaska residents. It would probably have a front end deductible of \$5,000, \$10,000 or \$15,000 with specific benefits paid after the deductible is satisfied.
- The benefit plan, after satisfaction of the front end deductible, would probably pay 80% of all covered charges. The plan design would cover a broad base of medical benefits.
- The design of the plan and the administration would be very important. We would have to differentiate between those Alaska residents that now have a group employee benefits program (such as the State of Alaska employees) and residents that are not covered by a group program. The residents that are covered by a group program would have coordination of benefits among their employer's underlying group plan and the Catastrophic Health Program.
- There would probably need to be specific legislation set up to offer this plan unless the State of Alaska was in a position to act as the "employer". In this case, the State of Alaska would be signator to the contract and would make all the decisions regarding funding, benefits, eligibility, etc.

Mr. Fred Muller
December 10, 1980
Page Two

- After the benefit program had been designed, we would then need to bid the program to the eligible health carriers licensed to do business in the State of Alaska. Based upon the responses received, we would provide you with our analysis and recommendations regarding the selection of the carrier to underwrite this new program.

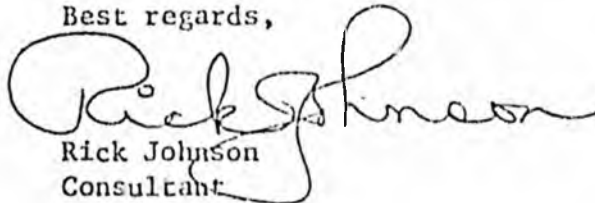
Since this would be a new program, I feel it would take approximately two months to design the system. This would include, but not be limited to, discussions with you and Paul Arnoldt, designing the benefits and administrative procedures of the plan, designing the bid specifications, and deciding whether or not specific legislation is needed.

We are ready to begin this project immediately.

I would be pleased to discuss this with you further, at your convenience.

Thank you.

Best regards,


Rick Johnson
Consultant

RJ/cmw

cc: Paul Arnoldt
Bob Richardson

III. NEW AND EXPANDED PROGRAM CONCEPTS

C. Congregate Housing for the Frail Elderly

THE FRAIL ELDERLY

A PROPOSAL FOR CONGREGATE HOUSING WITH RESIDENTIAL ENVIRONMENT AND A HOLISTIC APPROACH

Rapid increase in the aging population in the United States has led to a sharp change in the traditional methods of care of the aging. These changes are made in the light of new knowledge. The present figure of 25,000,000 citizens age 65 and over will double in the next fifty years. Simultaneously, controlled population is decreasing the number of younger persons who chiefly assume part or full upkeep of the aging through personal resources and government programs.

Older people are being encouraged to keep mentally and physically fit, provide a maximum of self-care and enjoy independence or semi-independence as long as possible. Throughout the United States, gerontologists, as Dr. Robert Butler, Director of the National Institute on Aging, are serious advocates of home health, or in-home care which is less traumatic for the aging and less expensive for the government.

WHO ARE THE FRAIL ELDERLY?

Recently Dr. Butler stated that 25% of the aging, because of lack of suitable facilities, suitable services, careful planning and screening, are placed in nursing homes. These are the frail elderly. My friends who become frail through strokes, heart attacks or decreasing physical strength, need an alternative to the nursing home. They are still ambulatory and semi-independent - two strengths to build around. As soon as a wheel chair is slipped under them, they cease walking and doing the things for themselves that they can do. An institution is operated for the convenience of the staff, not to encourage self help. HEW is just now beginning to see and change the fact that persons in institutions have no civil rights. They have no control over their own lives. They are victims of routine and staff efficiency. Frail elderly persons need, first of all, a patient-focused evaluation for service that will enhance their ability for self care. In a nursing home, they are deprived of the right to retain personal property. They suffer the loss of a familiar environment, the loss of self determination and involvement in their services and daily activities. Some begin to lose their sense of reality; and so they drift into a haze.

If they exhibit disturbance, chemical restraints may be used.

Often the frail elderly live in a nursing home which includes severely mentally deficient and retarded persons of varying ages. Physical and visual nearness to these persons is depressing and hastens the deterioration of the frail elderly. They are victims

of the vestigial remnants of the Old Elizabethan Poor Law which our ancestors brought with them from Europe. Their special needs cannot be met in this kind of care.

HOW CAN WE MEET THEIR NEEDS?

Alaska can meet their needs by careful planning and utilization of local, state and federal resources. Alaska now has these resources including qualified personnel.

Connecticut, a faraway neighbor, enacted a statute that requires the Commissioner of Community Affairs and the Commissioner of Aging to be responsible together for designing, implementing, operating and monitoring a program of congregate housing that includes a residential environment. Vermont and Ohio are moving toward this plan.

HOME HEALTH CARE in the home or in congregate housing is rapidly becoming an international policy as in Sweden and Great Britain. Institutionalization is reserved only for three to five percent of the elderly citizens who require skilled nursing care.

The ideal location for congregate housing is within walking distance of a shopping center or on a bus line. Only state funds should be used to insure use of the facility for the frail elderly - not as housing for mixed groups.

A residential environment will be achieved by architectural designs that are supportive and suited to the home health services. Rail guards, grab bars in bath rooms, lowered cabinets and windows, stoves with front (not back) switches, and an alarm system in case of emergency are a few of the supportive features.

Two special rooms will be constructed; one for the services of the nurse, health aide and physical therapist - for check-ups and exercise. This room will be designed with parallel bars, bicycles, and weight lifting equipment. Another room will be designed for arts and crafts and occupational therapy. A potter's wheel can be included. Provisions will be made for programs in nutrition, stress management and self responsibility.

Each living unit will include a kitchen; however, a congregate kitchen will provide one nutritious meal daily, and equipment for preparation of meals on wheels and, as in Juneau, meals for each of the four senior centers. A greenhouse will furnish incentives to grow flowers and vegetables.

As a multi-service facility, a general recreation room will provide social entertainment and group meetings. Homemaker - home health aide service will be available, as needed, by the tenants.

ADD TO THIS PLAN: A holistic approach to health through comprehensive interdisciplinary teamwork and assessment of the tenant's medical, physical and psycho-social needs including involvement of all health professionals including dietitians, physicians, nurses, and

RESULT: A supportive housing facility for the frail elderly who will be helped to live their own lives in a healthy environment removed from sickness and disability.

This plan is presented to concerned commissioners for discussion, and consideration as an alternate plan of care for the frail elderly.

Proposed by:

Dove M. Kull

Mrs. Dove M. Kull, M.S.W., A.C.S.W.
Chairperson, Senior Citizens Advisory Board to
the Mayor and Assembly of Juneau
October 27, 1980

INPUT

For four years I have been gathering information to develop this plan. As Chairperson of the Senior Citizens' Advisory Board for the Mayor and Assembly of Juneau (the Board of five is drawn from the membership of the Juneau Chapter of AARP) I have had individual and group cooperation. As a member of the State Committee of Services for the Elderly 1970 - 1980, I participated in seven hearings throughout Alaska. I listened to the elderly's wishes about how to live their frail years. As a member of Senator Rodey's Committee, I received the plans for the aging of other states and talked long distance with some of the personnel involved.

This concept, the Board and I presented to groups of older persons including the tenants of Mt. View Apartments, who approved enthusiastically. They asked that two special rooms with covered runway be added to Mt. View.

Resources for this plan include the National Council on Aging, ASHA and HUD. Community and Regional Affairs has granted a sum of money for planning for a 20-unit facility to be constructed 1/3 mile from Douglas. The plan will provide money for a consultant with expertise in architectural designing for congregate housing with residential environment. Two informative forums will be held; one in Juneau soon, and one in Anchorage in March, 1981 at the State Planning Meeting for the White House Conference on Aging.

ASHA is ready to let the contract for 20 units in Juneau. The Chief of Nurses and the Director of Holistic Health have expressed their interest in this concept and a desire to participate in planning and providing services.

Dove M. Kull

Dove M. Kull

October 27, 1980

**PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.**

those circled were adopted 3.30.81

Amendment # 1:

Amend title to read: "An Act establishing an Older Alaskans Commission; relating to Older Alaskans Service Programs; and providing for an effective date."

Amendment # 2:

Add to Section 1, a new subsection (c) on line 19, page 2 to read: (c) It is the intent of this Act to exclude the Alaska Pioneers' Homes and the longevity bonus program from the provisions of this act, and to exempt the Alaska Pioneers' Homes and the longevity bonus program from the scope of the authority and responsibility of the Older Alaskans Commission.

Amendment # 3:

Amend lines 14-15, page 6 to read: (1) the programs conducted under the Older Americans Act [OF 1965 (42 U.S.C. 3001 - 3056 (F))] , P.L. 89 -93, as amended and the persons who administer those programs in...

Amendment # 4:

Add to line 1, page 7 to read: meeting of the Older Alaskans Commission [.] , but no later than 60 days after this Act takes effect.

Amendment # 5:

Amend Sec. 7, line 6, page 7 to read: Section 4 of this Act takes effect: [JULY 1] January 1, 1982.

Amendment # 6:

Add a new section to read: AS 47.65.040 is repealed.

Amendment # 7:

Add a new section to read: AS 39.25.120 is amended by adding a new paragraph to read: (19) the executive director, but not other staff, of the Older Alaskans Commission located in the Department of Administration.

Amendment # 8:

Add a new section to read: AS 47.65.060 (4) is amended by adding a new subsection to read (C) an educational institution.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99813
PHONE:

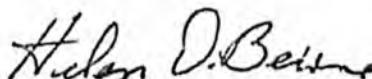
Dear Concerned Citizen:

Attached is the FY 1981-83 State Plan on Aging as it was submitted to and has been approved by the Federal government, subsequent to provisions being made as a result of the public hearing process. A summary of changes made to the Plan prior to its submission is attached.

Although this plan document is for a three-year period, there are provisions for annual updates. Scheduling of the first annual amendments is pending receipt of Federal guidelines about the annual process. In addition, we will be pursuing action to amend the Plan prior to the first of the annual updates, to reflect the recent creation of the Division of Adult and Aging Services. All proposed amendments to the Plan will be subject to public hearing. Senior citizens' programs will be kept apprised of our planning process to ensure that persons interested in our services and programs have an adequate opportunity to provide us with input.

We appreciate your interest in the aging program and welcome your suggestions at any time during the year. Please feel free to contact me or Elizabeth Muktarian, Director of the Division of Adult and Aging Services.

Sincerely,



Helen D. Beirne
Commissioner

Attachments

Summary of Changes Made to the FY 1981-83 State Plan on Aging
As a Result of Public Comment

and

Federal Guidelines

Section 1 - General Assurances - has been added.

Section 2 - Program Specific Assurances - has been added.

Section 3 - Administrative Structure

Exhibit 3.A.1 - Internal Organizational Chart - has been revised to show functional assignments.

Exhibit 3.C.2 - Planning and Service Area Map - all community names removed; communities where we have programs are too numerous to place all of them on such a small map.

Section 4 - Program Plan

Exhibit 4.A.1 - Advocacy Plan: Policies and Priorities - Advocacy Priority Issues section has been expanded to include more discussion of each of the priorities and the rationale for their selection.

Exhibit 4.B.1 - Service Development Plan: Policies and Priorities - Service Development Policies 6 and 7 have been modified to provide clarification and eliminate confusion; 11 has been added to reflect the developmental attitude of the Division. Service Development Priorities have been expanded to include discussion of each of the priorities.

Exhibit 4.B.2 - Service Development Plan: Goals and Objectives

Goal I, Objectives B and H have been revised to clarify their intent re: better serving socially and economically needy persons.

Goal I, Objectives I and K have been modified to show their purposes.

Goal II, Objective C has been revised to clarify its intent.

Goal IV has been revised to clarify that it was not intended as an in-home services goal.

Goal IV, Objective E has been revised to clarify the intent of the hemoglobin lab work.

Goal VI, Objective C has been revised to clarify its purpose and timeframe.

Exhibit 4.C.1 - Systems Development Plan: Policies and Priorities - Systems Development Policy statement has been revised to show numbers of clients currently served. Systems Development Priorities have been expanded to discuss needed services and methods of giving preference to the socially and economically needy.

Exhibit 4.C.2 - Systems Development Plan: Goals and Objectives

- Goal I, Objective B has been revised to show more extensive dissemination of needs assessment information.
- Goal II, Objective B has been added re: more dissemination of information.
- Goal II, Objective C has been added re: increasing information to potential service providers.
- Goal II, Objective D has been revised to speed up the process for designation of community focal points on aging.
- Goal II, Objective F has been added to reflect increased coordination with Regional Native Corporations.

Section 5 - Financial Plan - no changes; format Federally required.

Section 6 - State Plan Appendix

Exhibit 6.C.2 - Service Priorities - has been added to show service priorities and discussion of the rationale for each, as well as discussion of additional resources needed and services for which resources are not available.

Section 7 - State Plan Attachments

Exhibit 7.A - Intrastate Funding Formula - Several changes were made in the formula in response to public comment. A listing of the specific comments and the response to each is provided as part of Exhibit 7.A on pages 56 and 57 of the final Plan.

Exhibit 7.B - Coordination - has been added to provide information about a number of the coordinative activities in which the Division of Adult and Aging Services is involved.

**STATE PLAN ON AGING^{*}
UNDER
TITLE III OF THE
OLDER AMERICANS ACT**

for

ALASKA

(Name of State)

*Combined State/Area Plan

FISCAL YEARS 1981-83

OMB 085-R0364

State: Alaska

State Agency: Department of Health & Social Services

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Alaska for the period October 1, 1980 through September 30, 1983. It includes all assurances and plans to be conducted by the Department of Health & Social Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency identified has been designated the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e. the development of comprehensive and coordinated systems for the delivery of social services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner, Administration on Aging.

The State Plan on Aging hereby submitted, has been developed in accordance with all rules and regulations specified under the Older Americans Act.

September 23, 1980
(Date)

(Signed)

M. J. Holbrook
(State Unit on Aging Director)

(Signed)

A. D. Beine
(State Agency Director,
where applicable)

The State Advisory Council on Aging has had the opportunity to review and comment on the State Plan on Aging. (Review comments are attached.)

September 8, 1980
(Date)

(Signed)

Betty W. Warkner
(Chairperson of State Advisory
Council on Aging)

I hereby approve this State Plan on Aging and submit it to the Commissioner on Aging for approval.

September 29, 1980
(Date)

(Signed)

[Signature]
(Governor)

Section 1: . General Assurances

The State Agency must maintain documentation to substantiate all of the following assurance items. Such documentation will be subject to Federal review for adequacy and completeness.

A. General Administration

1. Compliance with Requirements

The State Agency agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Secretary.

2. Efficient Administration

The State Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. General Administrative and Fiscal Requirements

The State Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute.

4. Training of Staff

The State Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

5. Management of Funds

The State Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for Federal funds under this Plan.

6. Safeguarding Confidential Information

The State Agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

7. Reporting Requirements

The State Agency agrees to furnish such reports and evaluations to the Secretary or the Commissioner as may be specified.

8. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The State Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. Amendments to State Plan

State Plan amendments will be made in conformance with applicable program regulations.

10. A-95 Review

The State Agency has submitted this Plan and any amendments to the Governor for review and comments as required by OMB Circular A-95.

B. Equal Opportunity and Civil Rights

1. Equal Employment Opportunity

The State Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

2. Non-Discrimination on the Basis of Handicap

All recipients of funds from the State Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons. Where structural changes are required, these changes shall be made as quickly as possible, but by June 30, 1980 at the latest, in keeping with 45 CFR 84.

3. Civil Rights Compliance

The State Agency has developed and is implementing a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

C. Provision of Services

1. Needs Assessment

The State Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State for allocating resources to meet those needs.

2. Priorities

The State Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

3. Eligibility

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

4. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the State's program for the provision of services.

5. Coordination and Maximum Utilization of Services

The State Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

Section 2: Program Specific Assurances

STATE AGENCY ORGANIZATION

Section 305(a)(1), 1321.13

The State Agency is the sole State responsible for the administration of the State Plan on Aging. Where the State Agency is a multipurpose Agency, it delegates all authority and responsibility for administration of the State Plan to a designated organizational unit in the Agency unless a waiver of this requirement is granted by the Commissioner.

STATE ALLOTMENT

Section 308(a)(1), 1321.199(a)

A State Agency will use its allotment for State Plan administration to pay not more than 75 percent of the costs of administering the State Plan.

Section 304(d)(1)(A), 1321.199(b)

Such amount as the State Agency determines but no more than 8.5 percent of the State's allotment will be used for paying such percentage as the State determines but no more than 75 percent of the cost of administration of Area Plans.

Section 304(d)(1)(B), 1321.199(c)

The portion of the State's allotment* not used for paying the cost of administration of Area Plans will be available only for paying such percentage as the State determines, but not more than 85 percent of the cost of social services and nutrition services authorized under Title III, Parts B and C, in Planning and Service Areas for which there is an Area Plan approved by the State Agency.

Section 309, Section 304(d), 1321.113, 1321.201, 1321.203, 1321.205

The State Agency will fulfill all requirements for meeting the non-Federal share.

STATE AGENCY RESPONSIBILITIES

Section 305(a)(1)(D), 1321.41

In addition to current duties the State Agency will serve as an effective and visible advocate by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly and providing technical assistance to agencies, organizations, associations, and individuals serving the elderly.

* Excepting the provision of funds for the Long-Term Care Ombudsman program [Section 307(a)(16)].

Section 305(a)(1)(E), 1321.53(c)

The State Agency will divide the State into Planning and Service Areas according to statutory and regulatory requirements.

Section 305(a)(2)(C)(D), 1321.49

The State Agency will, in accordance with guidelines issued by the Commissioner, develop, publish, and submit to the Commissioner for review and comment a formula for the distribution of Title III funds within the State.

Section 305(a)(2)(E), 1321.25(g)(4)

The State Plan contains proposed methods of carrying out the preference to older individuals with the greatest economic or social need in the provision of services.

Section 305(b)(1), 1321.53

Upon request the State Agency will provide an opportunity for a hearing to any unit of general purpose local government, including units of 100,000 or more, if such unit(s) make(s) an application for PSA designation and is denied designation by the State Agency.

STATE PLANS

Section 307(a), 1321.23

The State Agency will submit a State Plan for three-year period with such annual revisions as are necessary.

Section 307(a)(1), 1321.29

The State Plan will be based on Area Plans developed by the State with Area Agencies on Aging.

Section 307(a)(1), 1321.25(b)(6), 1321.45(a)(10)

The State will prepare and distribute a uniform format for use by Area Agencies in developing Area Plans under Section 306.

Section 307(a)(2), 1321.71, 1321.73

Each Area Agency will develop and submit to the State Agency for approval an Area Plan which complies with Section 306 of the Act.

Section 307(a)(3)(A), 1321.25(b)(4), 1321.45(a)(8)

The State Agency will evaluate the need for nutrition services and multipurpose senior centers and will include legal services in its evaluation of the need for social services.

Section 307(a)(3)(B), 1321.185

The State Agency will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this Title, an

amount not less than 105 percent of the amount expended for such services (including amounts expended under Title V and Title VII) in FY 1978.

Section 307(a)(4), 1321.15

The State Agency will, where necessary in providing for the use of proper and efficient methods of administration, also provide for the reorganization and rearrangement of functions, to assure efficient administration.

Section 307(a)(5), 1321.51

The State Agency will grant a hearing upon request to any Area Agency on Aging submitting a Plan under Title III, to any provider of a service under such a Plan, or to any applicant to provide a service under such a Plan.

Section 307(a)(7), 1321.15

The State Agency will provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this Title to the State, including any such funds paid to the recipients of grant or contract.

Section 307(a)(9), 1321.45(a)(16)

The State Agency will provide for establishing and maintaining information and referral services in sufficient numbers to assure that all older individuals in the State who are not furnished adequate information and referral services under Section 306(a)(4) will have reasonably convenient access to such services.

Section 307(a)(10), 1321.103

No social services, including nutrition services, will be directly provided by the State Agency or an Area Agency on Aging, except where, in the judgement of the State Agency, provision of such services by the State Agency or an Area Agency on Aging is necessary to assure an adequate supply of such services.

Section 307(a)(11), 1321.17(c)

Subject to the requirements of merit employment system, the State Agency gives preference to individuals age 60 or older for any staff positions in State and Area Agencies for which such individuals qualify.

Section 307(a)(12), 1321.43

With respect to the Long-Term Care Ombudsman program the State assures that statutory and regulatory provisions concerning establishment and operation of the program; defining "similar adult care homes"; appointing an ombudsman; access requirements; confidentiality and disclosure requirements and a Statewide reporting system will be met.

Section 307(a)(13), 1321.141-1321.147

With respect to nutrition services the State assures that statutory and regulatory provisions concerning nutrition services, selection of nutrition services providers, special requirements for nutrition services providers and food requirements for all nutrition services providers will be met.

Section 307(a)(14), 1321.121-1321.137

With respect to multipurpose senior centers the State assures that all statutory and regulatory requirements concerning the purpose of making awards; health and safety and construction requirements, Federal labor standards, length of use of an acquired or constructed facility, special conditions for acquiring by purchase, or constructing a facility; prohibition on sectarian use of a facility, and funding and use requirements will be met.

Section 307(a)(15), 1321.151

With respect to legal services the State assumes that statutory and regulatory provisions concerning purpose of making the awards; conditions legal service providers must meet; case priorities; and limitations on information about income and resources are met.

Section 307(a)(16), 1321.189

From funds allotted under Section 304(a) for Part B of Title III (relating to social services), the State Agency will use an amount equal to 1 percent of this allotment or \$20,000, whichever is greater, for the purpose of carrying out the Long-Term Care Ombudsman program (Section 307(a)(12)) unless for any fiscal year, a State spends from State or local sources an equivalent amount for this purpose.

(This assurance is not required of American Samoa, Guam, Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.)

SINGLE STATE PLANNING AND SERVICE AREA

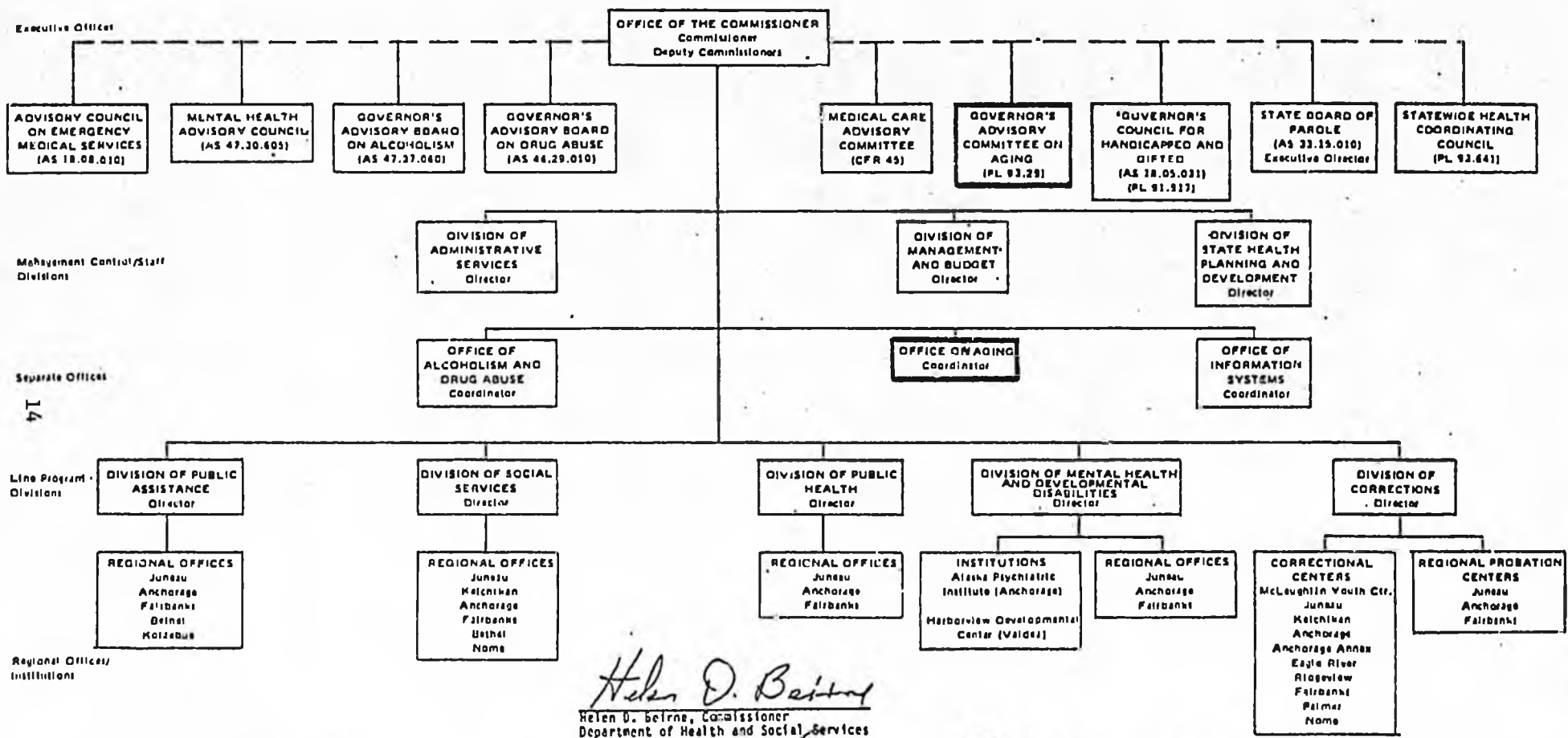
Section 305(a)(1)(E), §1321.59

A State may apply to the Commissioner for approval to designate the entire State as a Single Planning and Service Area. If the Commissioner approves the application, the State agrees to develop a Single State Planning and Service Area Plan and to meet all State and Area Agency function requirements specified in the regulation.

Section 3: Administrative Structure

3.A.1 ORGANIZATION OF STATE AGENCY

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 UNIT ORGANIZATION CHART



Executive Officer

Management Control/Staff Divisions

Separate Offices

Line Program Divisions

Regional Offices/Institutions

EXPLANATORY NOTE:
 *Also advisory to the Department of Education.

Helen D. Beitner
 Helen D. Beitner, Commissioner
 Department of Health and Social Services

William Hudson
 William Hudson, Commissioner
 Department of Administration

[Signature]
 GOVERNOR OF ALASKA

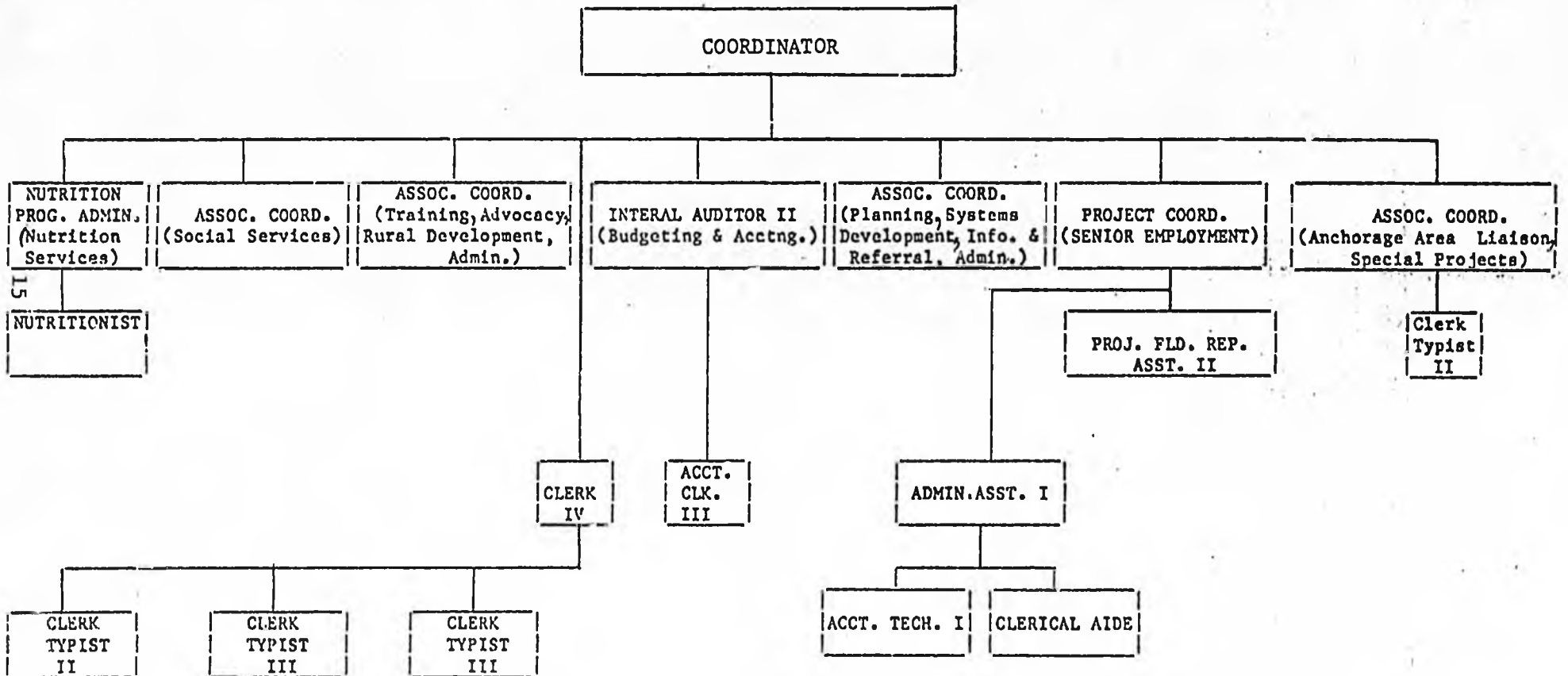
Effective February 20, 1980

State: Alaska

State Agency: Department of Health & Social Services

2 of 2 Forms

OFFICE ON AGING STAFFING



Revised 9/80

State: Alaska

State Agency: Department of Health & Social Services

3.C.1 AREA AGENCIES ON AGING DESIGNATED TO ADMINISTER
THE OLDER AMERICANS ACT PROGRAM
AT THE SUBSTATE LEVEL

Below is an identification of Area Agencies within the State, including the Agencies' names, addresses, and PSA map reference key.

Office on Aging
Department of Health and Social Services
Porch H-01C
Juneau, Alaska 99811

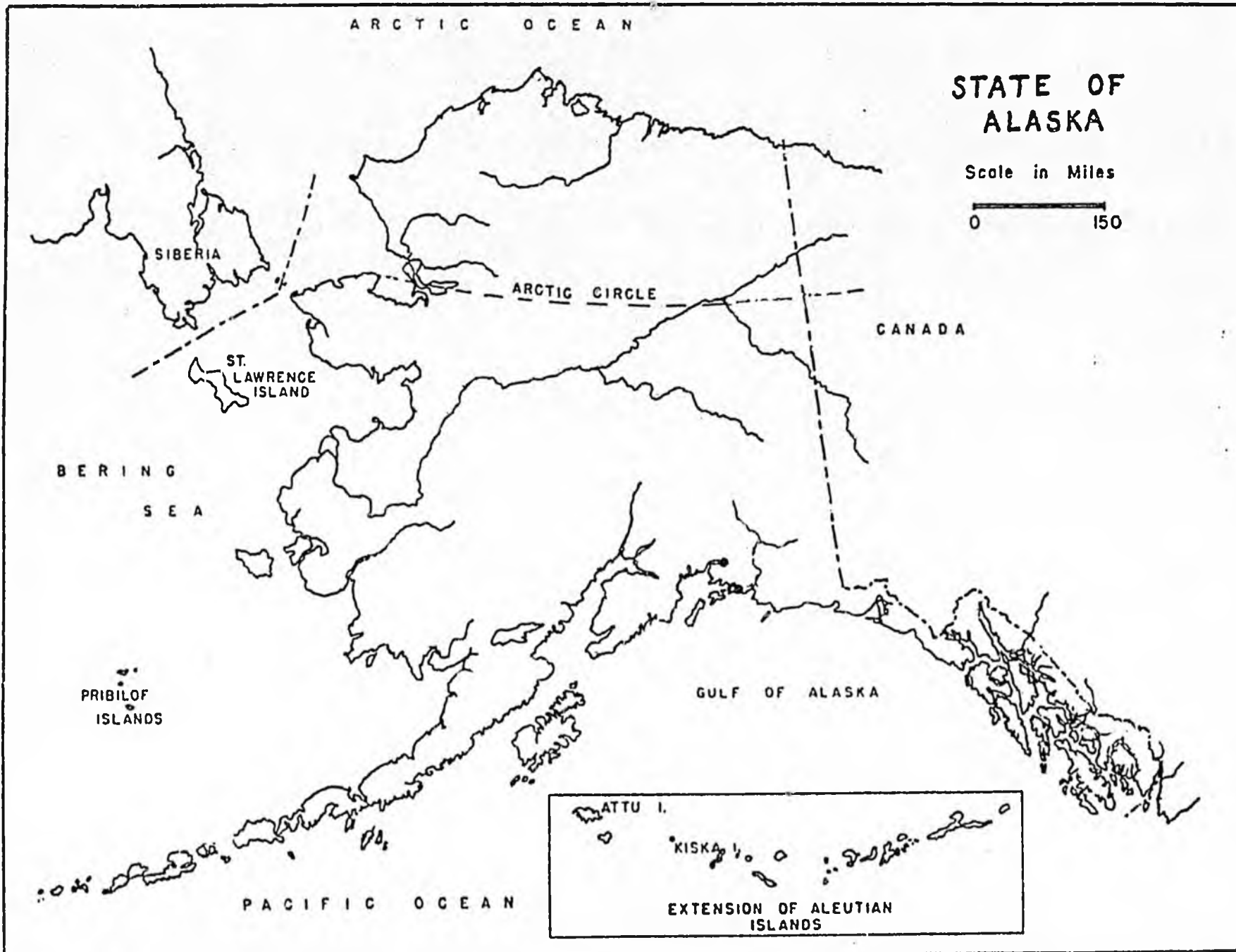
Phone: (907) 465-4903

State: Alaska

2 of 2 Forms

State Agency: Department of Health & Social Services

3.C.2 PLANNING AND SERVICE AREA MAP



000000
000000

Section 4: Program Plan

State: Alaska

State Agency: Department of Health & Social Services

4.A.1 ADVOCACY PLAN: POLICIES AND PRIORITIES

Policies and priorities are presented below regarding the State's role as an advocate for the elderly.

Advocacy Policy: It is the policy of the Office on Aging to actively promote the improvement and/or maintenance of the social/emotional/physical/economic well-being of all older Alaskans, especially those in the greatest social and economic need, so that each may achieve his or her optimum level of independence and dignity and receive the rights and benefits to which he or she is entitled. The Office on Aging intends to carry out this policy in three major ways: by becoming a stronger advocate itself; by strengthening the Governor's Advisory Committee on Aging's advocacy capacity; and by making assistance available through the local programs (including assistance such as legal services) and through the Long Term Care Ombudsman to those who may not be able to look after their own interests to help them do so more effectively or to represent their interests, and by further developing legal services for older Alaskans.

The Office on Aging has defined "Adult Care Home," for purposes of the Long Term Care Ombudsman Program, as an "Adult Residential Care Facility (Level I or Level II)" or an "Adult Foster Home," as defined in the Alaska Administrative Code 7AAC51. Pioneer Homes are exempt from this definition. Long Term Care Ombudsman services for Pioneer Home residents are provided through the State Ombudsman's Office.

Advocacy Priority Issues: The following Advocacy priority issues are arranged in order from the highest priority to the lowest. These issues were identified and their priorities established by the Office on Aging staff, utilizing input from the Governor's Advisory Committee on Aging, staff experience with the program, and Federal regulatory and policy requirements. Consideration was also given to the relative likelihood of the Office's being able to impact upon conditions affecting each particular area.

- 1) Securing more State resources to support the Social and Nutrition Services and the Senior Employment Programs, both of which promote independent lifestyles among older Alaskans. For FY 81, the Office on Aging had requests for community grants totaling \$1,202,894 for Social and Nutrition Services and for 150 Senior Employment Program jobs that it did not have resources to fund. The substantial Legislative appropriation for State FY 81 is already exceeded by demand.
- 2) Better coordinating aging program planning with that of other agencies, in order to promote new and expanded benefits for older Alaskans. For several years, the Office on Aging concentrated its efforts on getting very basic services which it had resources to fund in place throughout much of the State (e.g., transportation, meals, information and referral, etc., and more recently employment). It has been quite successful at doing this; 42 communities now have Social and Nutrition Services programs, and 35 communities now have Senior Employment Program participants. Since basic services have been fairly well established, efforts have been redirected toward expanding basic services and

developing additional kinds of services and benefits, which necessitates increased coordination of planning with other agencies over that which was needed at a much earlier date. The Office on Aging is currently in contact with many agencies regarding various program planning and other program matters. (For a listing of these agencies and the areas in which coordination is taking place, refer to Attachment 7.B.) The Office on Aging anticipates working even more closely with several of these agencies in the future.

- 3) Securing input by and on behalf of more older Alaskans into plans, policies, budgets, programs, hearings, community actions, levies, and legislation which affect them. The Office on Aging plans to facilitate this through substantially increasing and broadening its distribution of program and issues information
- 4) Developing additional and more appropriate housing alternatives for older Alaskans, especially those in the greatest social and economic need, and affordable housing for those on lower-middle fixed incomes. The Alaska Comprehensive Study on Aging (1972), the State Policy Workshop on Aging (1976), the Office on Aging's Legal Needs Survey (1980), have all documented that housing is a problem for many older Alaskans, and especially for rural older Alaskans. Many housing units have been built, but waiting lists for many more and a general lack of housing availability in the bush indicate still more need.
- 5) Implementing a Statewide Long Term Care Ombudsman Program which meets Federal requirements, to assist residents of long term care facilities whom are adversely affected by administrative, policy, or regulatory decisions by agencies or facilities owners/operators. The greatest need for this service is in the Anchorage area, where there are the most long term care beds; the program, however, will provide services statewide.
- 6) Breaking down barriers which prevent older Alaskans, especially those in the greatest social and economic need, from obtaining services and resources otherwise available to them. Such barriers include not only physical barriers, but also social and psychological barriers such as age discrimination and the lack of knowledge and/or confidence that many older persons experience which inhibits their capacity or willingness to seek assistance they may desperately need.

State: Alaska

State Agency: Department of Health & Social Services

4.A.2 ADVOCACY PLAN: GOALS AND OBJECTIVES

The State's overall advocacy goal and related objectives are presented below.

Advocacy Goal I.

Advocacy Goal: Significant improvements will have been effected in the programs and services affecting the lives of both institutionalized and noninstitutionalized older Alaskans (especially those in the greatest social and economic need), and an increased number of older Alaskans will be receiving the public benefits to which they are entitled.

Objectives:

**Fiscal
Year**

- | | |
|---|---------|
| A. <u>As it becomes available</u> , the Office on Aging will, as appropriate, comment and/or testify to promote legislation which will favorably affect older Alaskans and increase services and resources available to them. | 1981-83 |
| B. <u>On 3/13-15/81</u> , the Alaska State Conference on Aging will be held to discuss issues pertaining to older Alaskans, in preparation for the 1981 White House Conference on Aging, scheduled for November 30 - December 4, 1981. | 1981 |
| C. <u>By 3/31/81</u> , the Office on Aging will have formalized its system for performing its mandated review and comment function on plans, policies, budgets, programs, hearings, community actions, levies, and legislation affecting older Alaskans. | 1981 |
| D. <u>By 3/31/81</u> , the Governor's Advisory Committee on Aging will have received training to help members more effectively fulfill their roles as community liaisons and solicitors of senior citizens' input into the policies and programs affecting them. | 1981 |
| E. <u>By 9/31/81</u> , Social and Nutrition Services projects, as appropriate, will be monitored for compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, which mandates accommodations for handicapped individuals. | 1981 |
| F. <u>By 9/30/81</u> , the Office on Aging will have revised its guide to services for older Alaskans. | 1981 |
| G. <u>By 9/30/82</u> , the Office on Aging will have provided training designed to build the capacity of the members of the Governor's Advisory Committee on Aging to advocate even more effectively for services to meet the needs of senior citizens, including the development of additional housing alternatives. | 1982 |
| H. <u>By 9/30/82</u> , the Office on Aging will have developed a mailing list of State and other agencies, organizations, and resource persons | 1982 |

State: Alaska
State Agency: Department of Health & Social Services

Form 4.A.2
Advocacy

Objectives (Cont'd):	Fiscal Year
<p>to receive mailings of information about aging programs and issues.</p> <p>I. <u>By 9/30/83</u>, the Office on Aging will have rerevised its guide to services for older Alaskans.</p>	1983

State: Alaska
 State Agency: Department of Health & Social Services

4.A.2 ADVOCACY PLAN: GOALS AND OBJECTIVES

The State's overall advocacy goal and related objectives are presented below.

Advocacy Goal II.

Advocacy Goal: Long Term Care Ombudsman services will be available to help older Alaskans in long term care facilities whose health, safety, welfare, or rights are adversely affected by administrative actions of the facility owners/operators, or government agencies whose actions affect the provision of services to such residents.

Objectives:	Fiscal Year
A. By <u>10/1/80</u> , the Statewide Long Term Care Ombudsman Program required by the Older Americans Act will be established.	1981
B. By <u>3/31/81</u> , the Office on Aging will have in place a written agreement with the State Ombudsman's Office regarding long term care complaints of persons in State long term care facilities.	1981
C. By <u>4/30/81</u> , a midyear report of Long Term Care Ombudsman Program progress will be completed, to be used for analysis and planning for future program direction.	1981

State: . Alaska

State Agency: Department of Health & Social Services

4.B.1 SERVICE DEVELOPMENT PLAN: POLICIES AND PRIORITIES

Policies and priorities that represent the State's plan to implement service delivery requirements identified in the Act are presented below. This policy statement includes policy for defining methods to be used in giving preference to those with greatest economic or social need.

Service Development Policy: It is the policy of the Office on Aging to facilitate: (a) fuller utilization of limited resources; (b) equalization of the distribution of resources (especially to rural older Alaskans, who are in the greatest social and economic need); (c) improved quality of existing services; and (d) development of new or expanded services to meet identified needs of high priority. In order to help it carry out this policy, the Office on Aging has established several "subpolicies":

- 1) Because the Office on Aging's resources for the provision of services for older Alaskans are limited, it is the policy of the Office on Aging to assure that, in their use, preference is given for those older persons in the greatest social and economic need.
- 2) In order to avoid fragmentation and duplication of services, it is the policy of the Office on Aging to use its resources to supplement other resources.
- 3) Because other resources for the provision of various services for older Alaskans are extremely limited, it is the policy of the Office on Aging to direct as many of its program resources as possible toward the provision of social services (including employment) and nutrition services.
- 4) So long as existing services funded by the Office on Aging are effective, efficient, and meet high priority existing needs, and do not contribute to duplication or fragmentation of services, it is the policy of the Office on Aging to give priority consideration to the continued funding of these existing services.
- 5) In order to avoid fragmentation and duplication of services, it is the policy of the Office on Aging to fund only one local program of a given type in any single community, where feasible, and only one grantee in any single community, to the extent feasible.
- 6) In order to conserve Title III resources for needed social and nutrition services, it is the policy of the Office on Aging to continue to encourage that multipurpose senior center facility construction, alteration, renovation, and operation expenses be paid from other sources; however, the Office on Aging, through its monitoring process, will encourage the projects to obtain in-kind resources to upgrade and improve the attractiveness of their facilities.
- 7) In order to conserve limited resources, it is the policy of the Office on Aging to promote delivery of services in the most cost-effective and efficient manner possible.

- 8) It is the policy of the Office on Aging to ensure that the Older Americans Act requirement to "spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this title [Title III], an amount equal to not less than 105 percent of the amount expended for such services (including amounts expended under [former] Title V and [former] Title VII in fiscal year 1978," is met. For purposes of this requirement the Federal regulations define "rural area" as "any area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the Department of Commerce." In Alaska, therefore, all areas except the Municipality of Anchorage are defined as "rural areas."
- 9) Because social and economic needs are the greatest and services are least available in the bush, it is the policy of the Office on Aging to expand and develop services in the bush, to the greatest extent feasible and equitable.
- 10) It is the policy of the Office on Aging to promote the development of new or expanded services targeted to meet identified needs of high priority, giving preference to those older Alaskans in the greatest social and economic need, subject to the availability of resources.
- 11) In order to facilitate the development of new services and the equalization of the distribution of resources, it is the policy of the Office on Aging to provide technical assistance upon request to prospective grantees and to promote the development of programs for the elderly, especially in communities where few or no services are available.

Service Development Priorities: The following Service Development priorities of the Office on Aging are arranged in order, with the highest priority item listed first. These priorities relate only to services available through the Office on Aging. Their order has been established by the Office on Aging staff, taking into consideration input from the Governor's Advisory Committee on Aging, project monitoring results, Federal regulatory requirements, and local priorities as expressed in requests for funding.

- 1) Giving preference to those in the greatest social and economic need. Not only is this a Federal mandate, but it is a means of assuring that resources will have the greatest impact for those who most need assistance. Methods for giving preference are discussed in the Systems Development Priorities section of this Plan.
- 2) Increasing employment of low-income seniors. Not only does such employment provide emotional satisfaction for many individuals and help them to maintain a better standard of living than might otherwise be possible, but it also is the deciding factor for many which keeps them off the welfare rolls.

- 3) Reaching hard-to-find seniors. The Office on Aging program is currently reaching about half of the persons 60 years of age or over in the State. Increased outreach is needed to help locate the other half, especially those persons who are very much in need of services but who, for various reasons are not getting them.
- 4) Increasing coordination and efficiency of transportation services. Transportation is one of the most expensive services to deliver and, therefore, one in which it is the most important to operate efficiently. It is also one of the services in which inefficiencies can be the most difficult to overcome. This is especially true in larger scale programs.
- 5) Filling gaps in health care. Audio, visual, and dental care have been particularly lacking (with the one exception of a pilot dental project in State FY 1980). These services, along with expansion of home health services, respite care, and health screening services, need to be developed and expanded extensively.
- 6) Developing cost-effective alternatives to existing nutrition service delivery methods, to facilitate delivery of services to ethnic minorities and in rural areas. The cost of providing meals in the bush in the traditional congregate site manner for small numbers of people is prohibitive. The Office on Aging has been and will continue to explore other possible means of delivering nutrition services in the bush.

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal 1.

Service Delivery Goal: New or revised mechanisms will be in place to help assure effective and efficient delivery of services by Office on Aging-funded service providers.

Objectives:

**Fiscal
Year**

- | | |
|--|------|
| A. By <u>12/31/80</u> , an alternate Program Report procedure, to be used by Social and Nutrition Services projects for which the standard statistical Title III Program Report form is unsuitable, will be implemented. | 1981 |
| B. By <u>12/31/80</u> , the Office on Aging's Social and Nutrition Services Program Monitoring Instrument will be revised to reflect more emphasis on the quality of services provided and the extent to which services being provided are reaching those in the greatest social and economic need. | 1981 |
| C. By <u>12/31/80</u> , a Senior Employment Program Enroller Handbook will be completed. | 1981 |
| D. By <u>12/31/80</u> , a Senior Employment Program Worksite Supervisor Handbook will be completed. | 1981 |
| E. By <u>1/31/81</u> , operating instructions previously sent out as Program Instructions and Information Memoranda and program policies for the Senior Employment Program will be incorporated as applicable, and further developed into a Senior Employment Program Subgrantee Manual of Standard Operating Policies and Procedures. | 1981 |
| F. By <u>3/31/81</u> , the Senior Employment Program Subgrantee Manual will be printed and distributed to all subgrantees. | 1981 |
| G. By <u>3/31/81</u> , Alaska Elderly Nutrition Services Program policies will be developed and implemented. | 1981 |

Objectives (Cont'd):	Fiscal Year
H. <u>By 3/31/81</u> , the Office on Aging will have a revised policy manual, which, among other things, will address increased services to those in the greatest social and economic need.	1981
I. <u>By 4/30/81</u> , the Office on Aging's Social and Nutrition Services grant review criteria and procedures will be revised to conform with revised Department of Health and Social Services grant procedures, Federal requirements, and program emphases.	1981
J. <u>By 6/30/81</u> , units of service definitions will be developed for at least five services.	1981
K. <u>By 9/30/81</u> , the Office on Aging's Senior Employment Program Monitoring Instrument will be revised to place more emphasis on job development and training aspects of the program.	1981
L. <u>By 12/31/81</u> , an Older Worker Specialist Handbook will be provided to the Older Worker Specialists in the Job Service Centers.	1982
M. <u>By 12/31/81</u> , desk guides for existing Senior Employment Program staff positions will be revised and new guides developed for new positions.	1982
N. <u>By 6/30/82</u> , the Senior Employment Program staff internal operating procedures and policies will be compiled and further developed into a manual.	1982
O. <u>By 9/30/83</u> , an Alaska State Menu Pattern for Elderly Nutrition Services Programs will be implemented.	1983
P. <u>By 9/30/83</u> , if adequate resources are available, the nutritional status of participants in the Elderly Nutrition Services Programs will be assessed in selected senior centers before the implementation of the Alaska State Menu Pattern for Elderly Nutrition Services Programs.	1983
Q. <u>By 9/30/83</u> , methods of serving cultural, traditional foods will have been introduced and implemented in at least one appropriate congregate meal center.	1983
R. <u>Within 90 days after notification that revisions in the Federal Title III program reporting system are in effect</u> , the Office on Aging will have revised its reporting system as needed and have notified Office on Aging projects of changes, as appropriate.	Within 90 Days

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal II.

Service Delivery Goal: Older Alaskans will have better knowledge of and access to services and resources available to them.

Objectives:	Fiscal Year
A. By <u>12/31/80</u> , the Office on Aging's instrument for assessing the nature and quality of project Information and Referral services will be revised and implemented.	1981
B. By <u>12/31/80</u> , the Office on Aging will have developed a formal transportation policy.	1981
C. By <u>3/31/82</u> , the Office on Aging will have monitored in depth each information and referral site in the Senior Citizens' Information and Referral System and have identified improvements needed in the individual sites and in the System as a whole.	1982
D. By <u>9/30/83</u> , the method and quantity of outreach services throughout existing Social and Nutrition Services projects will be assessed.	1983

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal III.

Service Delivery Goal: More older Alaskans who need in-home services will find them available.

Objectives:

Fiscal
Year

A. By 9/30/81, the number of home-delivered meals served will be increased by 5% over the Federal FY 1980 level.

1981

B. By 9/30/82, Food Selection Assistance services will be included in the home-delivered meals program.

1982

C. By 9/30/82, an evaluation of the kinds and availability of in-home services provided through Office on Aging-funded programs will be completed.

1982

D. By 9/30/83, a plan of action to improve and/or increase in-home services, based on the evaluation, will be developed.

1983

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal IV.

Service Delivery Goal: Older Alaskans will have more community and neighborhood services available to support their effort to live in noninstitutional community settings.

Objectives:

Fiscal
Year

- | | |
|--|------|
| A. <u>By 9/30/81</u> , the number of congregate meals served to low-income minority persons will be increased by 5% over the Federal FY 1980 level. | 1981 |
| B. <u>By 12/31/81</u> , the Office on Aging will have developed, in conjunction with the Alaska Legal Services Corporation and the Alaska Project Directors' Association, a plan for the further development of legal services for older Alaskans. | 1982 |
| C. <u>By 9/30/82</u> , the Office on Aging will have contacted each community with funding for a new senior center to offer technical assistance to help implement fuller ranges of services in preparation for designation as a "Community Focal Point" on aging. | 1982 |
| D. <u>By 9/30/83</u> , the Senior Employment Program will have met the Federal requirement for equitable geographic distribution of enrollees, to the greatest extent feasible. | 1983 |
| E. <u>By 9/30/83</u> , hemoglobin lab work will be implemented as a health screening service to detect iron deficiencies, for participants at twenty-five congregate meal centers. | 1983 |

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal V.

Service Delivery Goal: Older Alaskans living in both small and large facilities will have services available to support their efforts to live in the least restricted manner possible.

Objectives:

Fiscal
Year

A. By 9/30/82, the Office on Aging will have identified additional services needed by residents of congregate elderly housing facilities.

1982

B. By 9/30/82, the Office on Aging, through its long term care ombudsman service, will have identified additional supporting social services needed by residents of long term care facilities.

1982

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal VI.

Service Delivery Goal: The knowledge and skills of Office on Aging service provider staff, advisory council members, and volunteers; of the Governor's Advisory Committee on Aging; of the Office on Aging staff; and of senior citizen advocates will be enhanced through training to facilitate better planning/delivery of service and improve the capability of older Alaskans to look after their own interests.

Objectives:

Fiscal
Year

- A. According to the time schedule set forth therein, the Office on Aging's Title IV-A Training Program will be implemented
- B. By 3/31/80, the Senior Employment Program staff will have established a plan for specialized training in gerontology as related to employment services, to be provided to Older Worker Specialists and others at Job Service Centers.
- C. By 12/31/81, the Senior Employment Program training plan will be implemented in coordination with other statewide conferences or workshops for Job Service Center staff, in order to conserve funds and expose staff from Job Service Centers that do not have Older Worker Specialists to gerontological concepts as related to employment.

1981-
1983

1981

1982

State: Alaska

State Agency: Department of Health & Social Services

4.C.1 SYSTEMS DEVELOPMENT PLAN: POLICIES AND PRIORITIES

Policies and priorities are presented below regarding the State's responsibility for developing comprehensive and coordinated service delivery systems.

Systems Development Policy: It is the policy of the Office on Aging to support the development of a comprehensive continuum of coordinated social and health care services which will assist older Alaskans to be as independent as possible and will, ultimately, afford them at least some choice regarding the support or care they may receive. Services funded by the Office on Aging are seen as part of this continuum and as part of the overall continuum of services being developed by the Department of Health and Social Services to maximize self-sufficiency and prevent or reduce inappropriate institutionalization among all Alaskans. They are specifically intended to help older Alaskans to remain integrated in their communities and to support the efforts of their families and friends to help them continue living in community settings. Office on Aging Social and Nutrition Services reached approximately 9,700 persons (of Alaska's approximately 20,000 persons 60 years of age or over) during the State FY 1980, and 207 seniors 55 years of age or over were provided jobs under the Senior Employment Program.

Recognizing that Office on Aging-funded service providers comprise the only major network which provides a variety of supporting services exclusively for senior citizens, it is the policy of the Office on Aging to support the further development of this network through such means as arranging for training; providing technical assistance; monitoring and evaluating service providers' programs; establishing criteria, standards, and/or definitions pertaining to various services; assisting service providers to implement results-oriented management techniques; promoting coordinated policies, programs, and resources at the State level; and encouraging similar coordination at the local level.

Because of Alaska's large geographic area and the diversity in conditions from community to community, local level planning, in order to be effective, must be done by each individual community (rather than areawide); and State level planning must also address communities individually. Planning and service delivery uniformity across all Alaskan communities is, in the view of the Office on Aging, neither feasible nor desirable. Therefore, it is the policy of the Office on Aging to support and to utilize for State planning purposes the planning of its local service providers, most of whom have already been functioning essentially as "community focal points" for aging and, in this role, have already developed considerable local level planning capacity.

Systems Development Priorities: Based on information from a variety of sources, the Office on Aging is keenly aware that, even with the range of services already available to older Alaskans, there are still needed services which are either not available or not widely available. Adult day care and respite care, for example, are services which are still not available even to seniors in Anchorage. Geriatric mental health outreach services are available only in Anchorage. Adult foster care is just being initiated, as is dental/audio/visual care. Home health care is still limited in its availability, and other in-home services are just

beginning to be more widely available. Also, there is still demand for more transportation and more congregate housing with varying types of support services. Physical fitness programs are also not yet widely available.

Therefore, in the area of Systems Development, it is the priority of the Office on Aging to promote the development of services to fill missing links in the long term care system so that, ultimately, there will exist a continuum of services which will provide older Alaskans care or support appropriate to their individual needs and encourage and enable them to function as independently as possible. In the development of this continuum of services, the Office on Aging is working to assure that preference is given to those older persons in the greatest social and economic need. Some of the methods used to implement this include: consideration of the geographic location of socially and economically needy persons in the development of new Office on Aging programs, consideration of socially and economically needy persons in determining types of services to be funded, monitoring existing programs to assure that reasonable numbers of socially and economically needy persons are being served, and encouraging and assisting local programs to provide outreach to locate more socially and economically needy persons. Additionally, the Office on Aging will give consideration to the socially and economically needy in its designation of "Community Focal Points" on aging. In order to facilitate the kind of systems development the Office on Aging wishes to promote, the Office on Aging has identified two areas, planning and coordination, in which it is necessary to achieve additional progress. It is these two areas that the Systems Development goals and objectives address.

State: Alaska
 State Agency: Department of Health & Social Services

4.C.2 SYSTEMS DEVELOPMENT PLAN: GOALS AND OBJECTIVES

The State's overall systems development goals and related objectives are presented below.

Systems Development Goal I.

Systems Development Goal: The Office on Aging will have in place new or improved mechanisms through which to obtain the planning information it needs, for use in establishing systems development/service delivery priorities.

Objectives:	Fiscal Year
A. <u>By 3/31/81</u> , the Office on Aging will have in place an improved program data system capable of efficiently providing accurate, up-to-date information.	1981
B. <u>By 7/31/81</u> , published results of the needs assessment currently underway will be disseminated to Social and Nutrition Services projects and members of the Governor's Advisory Committee on Aging, as technical assistance to them in fulfilling their planning functions, and will also be widely disseminated to other organizations involved in assisting senior citizens.	1981
C. <u>By 3/31/82</u> , the Office on Aging will have in place a mechanism for assessing needs of older Alaskans, especially those in the greatest social and economic need, on a regular basis between major needs assessments.	1982

State: Alaska

State Agency: Department of Health & Social Services

4.C.2 SYSTEMS DEVELOPMENT PLAN: GOALS AND OBJECTIVES

The State's overall systems development goals and related objectives are presented below.

Systems Development Goal II.

Systems Development Goal: Services delivered to older Alaskans will be better coordinated, and a more comprehensive range of services will be available.

Objectives:	Fiscal Year
A. Cooperative agreements between the Senior Employment Program (Title V) and the following agencies will have been signed:	
1) <u>By 12/31/80</u> - Division of Public Health, Department of Health and Social Services	1981
2) <u>By 12/31/80</u> - Community Employment and Training Assistance (CETA) Division, Department of Community and Regional Affairs	1981
3) <u>By 3/31/81</u> - Governor's Manpower Council	1981
4) <u>By 3/31/81</u> - Employment Security Division, Department of Labor	1981
5) <u>By 6/30/81</u> - Division of Vocational Rehabilitation, Department of Education	1981
B. <u>By 12/31/80</u> , the Office on Aging will have devised and implemented an improved mechanism for disseminating AOA information to Social and Nutrition Services projects funded by the Office, as well as to Regional Native Corporation health and social service agencies and other agencies, as appropriate.	1981
C. <u>By 2/28/81</u> , in order to promote a more comprehensive range of services, the Office on Aging will expand its grant solicitation procedure to reach a wider diversity of prospective applicants than are already solicited from.	1981
D. <u>By 9/30/81</u> , the Office on Aging will have designated at least fifteen "Community Focal Points" on Aging.	1981

State: Alaska
State Agency: Department of Health & Social Services

Form 4.C.2
Systems Development

Objectives (Cont'd):	Fiscal Year
E. <u>By 12/31/81</u> , the Office on Aging will have published its first Annual Report, addressing program status and accomplishments, as a means of promoting better understanding of the aging program, especially among other agencies.	1982
F. <u>By 9/30/83</u> , Office on Aging staff will have met with representatives of at least eight nonprofit Alaska Regional Native Corporations with health and/or social services functions to coordinate planning efforts and exchange information concerning available services.	1983

1914

Section 5: Financial Plan

State: AlaskaState Agency: Department of Health & Social Services

S.A. ALLOTMENT REVISIONS AND ADJUSTMENTS FOR FY <u>81</u>								
MODIFICATIONS	ALLOTMENTS	State Agency Administration Allotment	Social Services Allotment	Congregate Nutrition Services Allotment	Home Delivered Nutrition Services Allotment	SPECIAL APPLICATIONS		TOTAL
						Area Plan Administration	Ombudsman Program	
1. Formula Allotments		300,000	1,222,650	1,460,250	272,250			3,255,150
2. Increases 1321.197; 1321.197(b)(2)		+ -0-	+ -0-	+ -0-	+ -0-			+ -0-
3. Deductions 1321.197; 1321.197(b)(2); 1321.203		(-0-)	(-0-)	(-0-)	(-0-)			(-0-)
4. Revised Allotments		300,000	1,222,650	1,460,250	272,250			3,255,150
5. Additional Funds for Administration* 1321.193		+ -0-	(-0-)	(-0-)	(-0-)			
6. Supplement Area Plan Administration 1321.197(a)(2)		(-0-)				+ -0-		
7. Supplement Social and Nutrition Services** 1321.197(3)		(-0-)	+ -0-	+ -0-	+ -0-			
8. Support Long Term Care Ombudsman Program*** 1321.195			(20,000)				+ 20,000	
9. Title III Funds for State Agency Expenditure		300,000					20,000	320,000
10. Shift Congregate to Home Delivered Nutrition**** 1321.192				(219,037)	+ 219,037			
11. Shift Home Delivered to Congregate Nutrition**** 1321.192				+ -0-	(-0-)			
12. Title III Funds for Allocation to Area Agencies			1,202,650	1,241,213	491,287	-0-		2,935,150

* Approval may be given to use up to 3/4 of 1% of social and nutrition services allotment for State Agency Administration.

** Commissioner's decision.

*** Up to 1% of the social services allotment of \$20,000 whichever is greater, may be used for the Long Term Care Ombudsman program.

**** State decision if amount shifted is 15% or less of source allotment; if shift is greater than 15%, application must be made to Commissioner for approval.

State: Alaska

State Agency: Department of Health & Social Services

5.B STATE AGENCY OPERATING BUDGET FOR FY 81

TOTAL RESOURCES TO BE USED AT STATE AGENCY LEVEL

	<u>Title III</u>	<u>Match to Title III</u>	<u>Other Agency Resources</u>	<u>Total Agency Budget</u>
• Title III: State Admin.	\$ <u>300,000</u>			\$ <u>300,000</u>
• Title III: (Part B) Long-Term Care Ombudsman Program*	\$ <u>20,000</u>			\$ <u>20,000</u>
• Other Older Americans Act Funds			\$ <u>250,800</u>	\$ <u>250,800</u>
• Other Federal Funds		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
• State		\$ <u>286,800</u>	\$ <u>150,000</u>	\$ <u>436,800</u>
• Local Public		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
• Other		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
TOTAL	\$ <u>320,000</u>	\$ <u>286,800</u>	\$ <u>400,800</u>	\$ <u>1,007,600</u>

* Title III social service funds (Part B) are used directly by the State Agency only for purposes of operating the Long-Term Care Ombudsman Program.

State: Alaska
 State Agency: Department of Health & Social Services

5.C STATE PROGRAM ALLOCATIONS BY PLANNING AND SERVICE AREA FOR FY 81

(1) <u>Planning and Service Area</u>	(2) <u>AAA</u> <u>Title III</u>	(3) <u>AAA</u> <u>Other</u>	(4) <u>Other</u> <u>Agencies</u>	(5) <u>Total</u>
State of Alaska	\$2,935,150	\$1,698,100	-0-	\$4,633,250

PSA Subtotals	\$ 2,935,150	\$ 1,698,100	\$ -0-	\$ 4,633,250
Other (Undifferentiated)			\$ -0-	\$ -0-
TOTAL ALLOCATIONS	\$ 2,935,150	\$ 1,698,100	\$ -0-	\$ 4,633,250

Section 6: State Plan Appendix

TO BE COMPLETED FOR SINGLE STATE PSAs ONLY

State: Alaska

State Agency: Department of Health & Social Services

6.C.1 IDENTIFICATION OF COMMUNITY FOCAL POINTS

Following is an identification of community focal points where designated.

No community focal points have yet been designated.

TO BE COMPLETED FOR SINGLE STATE PSAs ONLY

State: Alaska

State Agency: Department of Health & Social Services

6.C.2 SERVICE PRIORITIES

In the space below the State Agency should identify service priorities for FY81-83 and describe the method used to establish these priorities.

Service Priorities for FY 81 - 83

National service priorities for the Federal FY 1981-83 period are established in the 1978 Amendments to Title III of the Older Americans Act. In addition to congregate and home-delivered nutrition services (which are funded separately under Title III-C), priority is on the provision of access types of services, in-home services, and legal services (which are funded under Title III-B, with a requirement that at least 50% of the Title III-B allotment be expended on these services). Fortunately, the Alaska Office on Aging's service priorities fall within these Federally established priorities.

The Office on Aging's service priorities are:

Access Services - Transportation, Information and Referral, and Outreach are the Access Services upon which the Office on Aging places priority:

- Transportation - The Alaska Comprehensive Study on Aging (1972) identified transportation as a significant need of many older Alaskans. Although the Office on Aging has, over the past several years, devoted a large proportion of its available resources on transportation services, the need to further expand transportation services is documented in the grant applications of local programs which have requested funds to expand their transportation services for State FY 1981. At least 11 communities requested funds to expand their transportation services for FY 1981. Therefore, transportation is a continuing priority.
- Information and Referral - Information and Referral is a continuing service priority, based on high usage of the existing service. Office on Aging programs provided approximately 2,700 persons Information and Referral services during State FY 1980.
- Outreach - Outreach is also a continuing service priority of the Office on Aging. The Office on Aging program statistics show that approximately 9,700 older Alaskans have been reached by Office on Aging Programs. This means, however, that there are approximately another 10,300 who are not being reached. Many of these are elderly Alaska Natives who live in scattered locations in the bush and are among those in the greatest social and economic need. It is a priority of the Office on Aging to extend services to reach these older Alaskans as well as to assure that more socially and economically needy older

Alaskans in communities where services are already available are informed about and encouraged to use the services and resources available to them.

Employment - Employment is one of the most critical needs of the elderly in Alaska, especially those on low incomes. With nearly one out of every three persons 65 years and over receiving Old Age Assistance in 1978, it is obvious that income is a documented need of at least 35% of older persons in this age group. Employment, which supplements Social Security or in itself provides sufficient income permits a decent standard of living in the form of adequate housing, food, clothing, transportation (if otherwise available) and recreation or travel (which are especially important in an area where the confinement of bad weather contributes heavily to "cabin fever"); and it permits a person to live with dignity, endowing him with feelings of well-being and self-worth which contribute to mental and general health. There are many barriers to employment for the older person, over and above those experienced by younger persons. These barriers are especially addressed by the Office on Aging's Senior Employment Program, which provides an excellent "stepping-stone" to unsubsidized employment in some cases and an income in all cases. The value of this employment program is evident from the constantly increasing demand. The program has grown from 17 participants in December, 1977 to 150 in September, 1980. For the grant period beginning July, 1980, applications were made for an additional 150 positions for which funding was unavailable, and there are continuing inquiries for information. This demonstrates the need for senior employment and the availability of more than enough seniors at or near the poverty level to fill the positions.

Nutrition Services - This includes the maintenance and expansion of both congregate and home-delivered meal services. The steady increase in the number of participants in the existing congregate meals program, whether it be to meet nutritional or social needs of participants, is a strong indicator that continuation of this service should be a priority. The number of participants has grown from 2,372 in FY 76 to 5,162 for the first three quarters of Federal FY 1980. In addition, the demand for home-delivered meals has, over the past few years, exceeded the resources available to meet it. With the 1978 Amendments to the Older Americans Act, more resources can be directed to meet the need for home-delivered meals.

In-Home services - Increasing the availability of In-Home Services is a priority of the Office on Aging. Two of the primary In-Home Services, homemaker and home health services, are funded by the Divisions of Social Services and Public Health. The Office on Aging uses its resources to supplement the availability of those services, providing such services as chore service, limited home health aide services where none are otherwise available, telephone reassurance, shopping, companionship, letterwriting, and reader services. The demand for In-Home Services, although it is being partially met with resources of the three agencies, is still great. It was identified as a need in the Alaska Comprehensive Study on Aging in 1972, and has been reiterated as a need since by senior citizens' program personnel, advisory council representatives, and the Governor's Advisory Committee on Aging; and it has continuously been expressed in public comment to the Office on Aging. Home

health services gradually are becoming more widely available. Although there is only one Medicaid-certified home health agency in Alaska (Anchorage), there are also three other home health agencies (Juneau, Ketchikan, and Fairbanks) funded under the Division of Public Health. Although the Division of Social Services has funding for homemaker-home health aides, they do have a waiting list of clients whom they do not have adequate resources to serve.

Legal Services - Legal Service is a Federally mandated priority. The development of legal services is a secondary priority of the Office on Aging, which is working to develop cost-effective legal services. In 1980, the Office on Aging completed a survey of the legal needs of older Alaskans. The survey identified that the most pressing needs for legal assistance are in the areas of estate planning and housing/home ownership. Of those surveyed, 33.1% requested assistance with estate planning, approximately 15% indicated a need for legal assistance with home ownership problems, and approximately 15% indicated a need for legal assistance with housing difficulties. The Office on Aging will be working with Alaska Legal Services Corporation and the Alaska Project Directors' Association, in particular, to design and implement expanded legal services delivery, especially in these two areas. Title III Project Directors have already been provided some legal training through the Office on Aging and the National Paralegal Institute.

Health Services - The development of additional Health Services is another priority of the Office on Aging. Health Services which the Office has established as priority for development with its funds include the purchase of dental, audio, and visual aids and the development of additional health screening services. During State fiscal year 1980, the State Legislature funded for the first time a small pilot program for the purchase of dentures for older Alaskans. The program was resoundingly successful, and 55 persons were treated. The Office on Aging wishes to extend this service, along with purchase of audio and visual aids, to other older Alaskans as funds are available, since other funding sources for these purposes are extremely limited, and for dental aids nonexistent. In addition, health screening services are also very limited in availability. Many senior centers and meal sites offer blood pressure screening, but other health screening services for seniors are not generally available through senior programs. Since health maintenance is one of the top concerns of older Alaskans, as documented in the Alaska Comprehensive Study on Aging (1972), in the State Policy Workshop on Aging (1976), by the Governor's Advisory Committee on Aging, and by public comment, it is a priority of the Office on Aging to increase the availability of health screening services.

The Office on Aging also recognizes the need for increased availability of a number of existing services and for the full development of services which are either just being initiated or are still nonexistent in Alaska. However, the Office also recognizes that adequately addressing these needs requires

resources well beyond those available to the Office (and, in many cases, to any agency for such purposes) and that many of them are outside the Office on Aging's jurisdiction except in terms of advocating for them to be addressed. The following are examples of services/resources for which the Office on Aging would like to see funding expanded or initiated:

All services currently funded by the Office on Aging, with special emphasis on the bush (transportation, meals, employment, information and referral, outreach, in-home services, health services, legal services, etc.)

Homemaker Services

Home Health Services

Income Assistance

Adult Day Care

Respite Care

Adult Foster Care

Mental Health Outreach

Volunteer Programs

Counseling

Home Repair and Renovation

Housing

Multipurpose Senior Centers (construction, renovation, maintenance, equipping)

The Office on Aging, within the constraints imposed upon it, will continue to promote the development of these and other services and resources to meet the needs of older Alaskans, especially those in the greatest social and economic need.

TO BE COMPLETED BY SINGLE STATE PSAs ONLY

State: Alaska
 State Agency: Department of Health & Social Services

6.C.3 ANNUAL SERVICE DELIVERY OUTPUT AND BUDGET FOR FY 81

SERVICE DELIVERY UTILIZATION

<u>Services</u>	<u>Title III Federal</u>	<u>Title III Match</u>	<u>Other Aging Funds And Match</u>	<u>Total Aging Plan Budget</u>
o Access Services	\$ 794,626	\$ -0-	\$ 60,000	\$ 854,626
- Information and Referral ¹				
- Transportation ¹ /Escort				
- Outreach ¹				
- Case Management				
-				
-				
o In-Home Services	\$ 589,087	\$ -0-	\$ 142,796	\$ 731,883
- Homemaker-Home Health Aide ¹				
- Visiting/Phone Reassurance ¹				
- Chore Maintenance ¹				
- Home Delivered Meals				
-				
-				
o Community Services	\$ 1,539,212	\$ 143,400	\$ 1,351,904	\$ 3,034,516
- Nutrition (Congregate)				
- Senior Center Facilities				
- Legal Services ¹				
- Social/Recreational Services				
- Employment Services				
-				
-				
o Services to Residents of Care Providing Facilities	\$ 12,225	\$ -0-	\$ -0-	\$ 12,225
-				
-				
 TOTAL	 \$2,935,150	 \$ 143,400	 \$ 1,554,700	 \$ 4,633,250

¹ At least 50% of the Title III social and nutrition service allotment, less amounts for administration, must be allocated to these services. At least some Title III expenditures must be identified for these services within each category, i.e., access, in-home, and legal, per §1321.187(n).

Section 7: State Plan Attachments

State: Alaska

State Agency: Department of Health & Social Services

7.A INTRASTATE FUNDING FORMULA

Following is a description of the formula used to allocate resources in accordance with §1321.49 and a summary of comments received on it. This material is not subject to Plan approval.

In order to comply with the intent of Subpart 1321.49 of the Grants for State and Community Programs on Aging Federal regulations, the Alaska Office on Aging has developed an intrastate funding formula for the equitable distribution of funds throughout the State. Under this formula, a small percentage of funds is reserved for statewide programs, and the balance is distributed on a regional basis. The formula considers statewide services, 60+ population, cost of doing business, social need, economic need, and rural areas. Since Alaska is a single planning and service area, the requirement of Subpart 1321.49(b)(1) for an "identical base subgrant to each area agency in the State" does not apply.

The formula will be applied as follows:

- A. A maximum of 5% will be set aside from the total allocation for Social Services for funding services that the Office on Aging determines are statewide in nature. These funds will not be considered as part of any regional allocations, except for any portion not needed for statewide programs.
- B. The percentage distribution of the remaining 95% of the allocation for Social Services and the Nutrition Services allocations will be distributed among the Southeast, Southcentral, Municipality of Anchorage, Interior, Southwest, and Northwest regions as follows, subject to any adjustments necessary to meet the provisions of Part C of this formula:
 - 1) 60% based on proportion of 60+ population in each region
 - 2) 15% based on factors indicating economic need in each region
 - 3) 15% based on factors indicating social need in each region
 - 4) 10% based on factors indicating cost of doing business in each region.
- C. Special provisions which apply to both Parts A and B of this formula are:
 - 1) Any one 60+ person counted for Older Americans Act Title VI (Grants for Indian Tribes) purposes will not be counted for Older Americans Act Title III purposes.
 - 2) In keeping with the Older Americans Act requirement of Section 307(a)(3)(b), rural areas will receive at least 105% of the amount spent under Titles III, V, and VII of the Older Americans Act for services in rural areas in Federal fiscal year 1978. For purposes of this requirement, "rural area" is Federally defined as "any area outside a Standard Metropolitan Statistical Area." In Alaska, the only SMSA is the Municipality of Anchorage, so the entire State of Alaska except for the Municipality of Anchorage is defined as a rural area. Since \$ were spent in parts of Alaska other than the Municipality of Anchorage

State: Alaska
State Agency: Department of Health & Social Services

Form 7.A
Intrastate Funding Formula

in Federal fiscal year 1978, then at least \$ (105% of \$) must be spent in the rural area in each succeeding fiscal year.

- 3) If there is not enough demand for the entire block of funds set aside for statewide purposes or for a particular region, the unallocated portion will be distributed to the remaining regions on the same formula basis as the total allocation.
- 4) If applications submitted from any given region (or regions) do not en toto propose to serve a reasonable proportion of the older persons in that region (or regions) (as determined by the Office on Aging and the Governor's Advisory Committee on Aging), then a prorated proportion of that region's (or those regions') allotment will be redistributed among the remaining regions on the same formula basis as the total allocation. Prorating will be on the basis of 60+ population in the region (or regions) for whom services will, as opposed to will not, be reasonably available.

For purposes of this formula:

- a) "Regions" of the State are: Southeast, Southcentral, Municipality of Anchorage, Interior, Southwest, and Northwest. Boundaries are along Census Division lines. Regions comprise the following Census Divisions:

Southeast - Skagway-Yakutat
Haines
Juneau
Sitka
Angoon
Wrangell
Ketchikan
Outer Ketchikan
Prince of Wales

Northwest - Barrow
Kobuk
Nome

Interior - Upper Yukon
Yukon-Koyukuk
Fairbanks
Southeast Fairbanks

Southcentral - Matanuska-Susitna
Kenai-Cook Inlet
Seward
Kodiak
Valdez-Chitina-Whittier
Cordova-McCarthy

Southwest - Wade-Hampton
Bethel
Bristol Bay Borough
Aleutian Island
Kuskokwim

Municipality of Anchorage - Greater
Anchorage Area Borough

See map on last page of this exhibit.

- b) The selection of data sources for Part B of the formula will be assisted by the statistical expertise of the Department of Health and Social Services' Division of State Health Planning and Development and will be adjusted at least annually to obtain the most suitable information.
- c) "Economic need" factors will include the number of 60+ persons in each region whose incomes are below the poverty level adjusted for Alaska.
- d) "Social need" factors will include the number of 60+ minority persons in each region.
- e) "Cost of doing business" factors will include indicators of the comparative elevation of costs in certain areas of Alaska due to higher prices for goods and services.

DISCUSSION OF PUBLIC COMMENTS ON THE ABOVE FORMULA:

Several modifications have been made in this formula in response to public comment made on the draft formula. The comments made and the Office on Aging's responses are as follows:

Comment: The formula should address the contingency of a large region which may have an applicant or applicants who do not propose to make services available to most of the 60+ population in that region.

Response: Part C 4) was added to the formula.

Comment: The formula should identify the specific data to be used for the factors in Part B.

Response: Some minimums were set forth in items c), d), and e); and item b) was added. Data sources are constantly improving, and this will assure that the best available information may be used.

Comment: Several comments were made pertaining to the idea that the formula should reflect the service delivery "track record" of continuing providers.

Response: In staff discussion of these comments, it was determined that, because the formula distributes funds regionally rather than locally or by project, these comments were not applicable at this level. Staff have since learned that the commenters also realized this after the comments were submitted.

State: Alaska

State Agency: Department of Health & Social Services

Form 7.A

Intrastate Funding Formula

Comment: The "cost of doing business" factor is viable and should be left in the formula.

Response: It remains a part of the formula.

Comment: Does the 105% to rural areas requirement apply to both Titles III-B and III-C? Where is it applied?

Response: Yes. This has been incorporated into the formula a little differently to clarify this concern.

Comment: The regions should be explained, with boundaries defined.

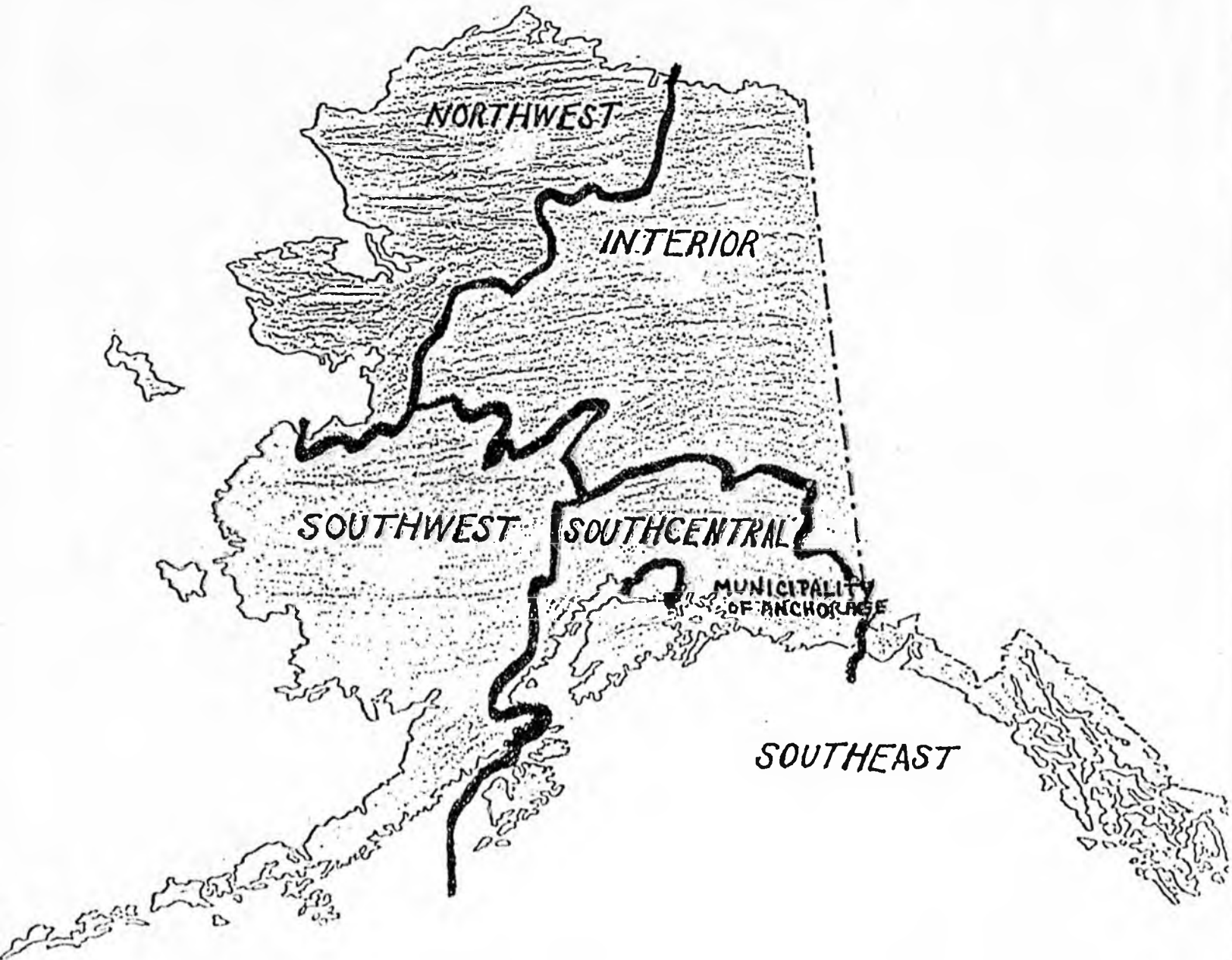
Response: This has been done.

State: Alaska

State Agency: Department of Health & Social Services

Form 7.A

Intrastate Funding Formula



State: Alaska
State Agency: Department of Health & Social Services

7.B COORDINATION

The Office on Aging, in addition to its contacts with various organizations, maintains working contacts with many governmental agencies for a multiplicity of purposes. Among these government agencies are the following:

Health Systems Agencies - Review and comment on Office on Aging State Plans and grants; Office on Aging input into the health planning process.

ACTION Agency - Use of volunteers in senior programs.

Social Security Administration - Information exchange and dissemination; Medicare questions.

Division of Public Assistance - Developing mechanisms to prevent inappropriate institutional placements through providing alternative services and funding for the low-income individuals involved; Food Stamps information dissemination; Energy Assistance program.

Division of Social Services - (project cited above); review of homemaker proposals; planning for in-home services; information exchange.

Department of Housing and Urban Development - Advocacy for kitchens in congregate housing; Congregate Housing Services program.

Department of Fish and Game - Seeking hunting permit transfers to enable seniors to have someone else hunt for them.

Division of Public Health - Establishing a Native food inspection program; nutrition information.

Department of Environmental Conservation - Establishing a Native food inspection program.

Department of Education - Adult Basic Education grant reviews; USDA Commodities and other food service concerns; continuing education; vocational rehabilitation.

Postsecondary Education Commission - Input into priorities for grants.

Department of Transportation and Public Facilities - Vehicle funding.

Employment Security Division - Senior Employment Program.

Community Services Administration - Poverty level designations.

Department of Agriculture - Donable commodities; Food Stamps.

Department of Community and Regional Affairs - Information exchange re: senior housing; tax assessments; CETA.

State: Alaska
State Agency: Department of Health & Social Services

Form 7.B
Coordination

Bureau of Indian Affairs - Information exchange re: tribal organizations.

State Library - SCAN microfiche project.

Nome Governor's Office - Senior housing construction.

University of Alaska - Training; needs assessment.

State Science and Technology Council - Comment on priorities for research grants and recommendations for Legislature.

Department of Health and Social Services' granting offices - Standardizing grants policies and procedures.

Governor's Manpower Council - Senior Employment Program.

Governor's Council for the Handicapped and Gifted - Information exchange.

Internal Revenue Service - Tax assistance training.

Veterans' Administration - Information exchange.

Cooperative Extension Service - Nutrition information and education.

Department of Energy - Alternative energy freezers.

Division of Pioneer Benefits - Information exchange and referrals.