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Alaska State Legislature



Official Business

State Capitol
Juneau AK
99801-1182

Long-Term Care Task Force Meeting

Anchorage Legislative Information Office
716 W. 4th Avenue, Anchorage

Thursday, August 26, 1999
2nd Floor Conference Room

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- | | |
|-------|---|
| 8:30 | Welcome
Introduction of Task Force Members
Summary of Activities: Long-Term Care Task Force of 1998 |
| 8:45 | Public Comment |
| 9:15 | Update on <i>Quality Long-Term Care</i>
Recommendations No. 1 - No. 10 |
| 10:00 | Update on <i>Access to Long-Term Care</i>
Recommendations No. 11 - No. 17 |
| 10:45 | Update on <i>Long-Term Care Delivery System</i>
Recommendations No. 18 - No. 22 |
| 11:15 | Update on <i>Government Funding for Long-Term Care</i>
Recommendations No. 23 - No. 27 |
| 11:45 | Update on <i>Private Funding for Long-Term Care</i>
Recommendations No. 28 - No. 30 |
| 12:15 | Concerns of Task Force Members |
| 12:30 | Next Meeting Date
Adjournment |
-

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Long-Term Care Task Force of 1999

Update on 31 Long-Term Care Recommendations

August 26, 1999

* * QUALITY LONG-TERM CARE * *

Recommendation No. 1

PERSONSONAL CARE ATTENDANT

The Task Force acknowledges and supports the effort of the Personal Care Attendant Design Team to redesign the personal care services delivery system and establish professional standards for personal care attendants.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 2

DELEGATION OF NURSING ACTIVITIES

The Task Force recognizes the efforts of the Alaska Board of Nursing to address the issue of "delegation of nursing activities" and challenges all interested parties to actively participate in the Alaska Board of Nursing public hearing process when this issue is addressed.

The Department of Community and Economic Development Response:

The Board of Nursing devoted significant portions of its last three meetings to the development of proposed regulations regarding the delegation of nursing duties to unlicensed assistive personnel (UAP). UAP do not hold nursing licenses, but they may be certified nurse aides, personal care attendants or individuals without any specific training or state government regulation. The board is making progress on this very complex issue, but has not yet completed drafting proposed regulations.

The board discussed delegation regulations during meetings held on December 10-11, 1998, March 4-5, 1999 and June 3-4, 1999. Meeting minutes available from the Division of Occupational Licensing outline the topics discussed which included, but were not limited to, the following:

- 1) supervision definitions - direct vs. indirect
- 2) regulation of plan of care
- 2) training/competency evaluation of UAP
- 3) record/documentation of delegation
- 4) delegation settings - rural, urban, home care, hospital, assisted living homes, nursing homes, etc.
- 5) assignment vs. delegation
- 6) responsibility to verify UAP competency
- 7) LPN vs. RN delegation
- 8) prohibited activities which cannot be delegated
- 9) UAP administering medication

On June 4, the board created a subcommittee to review medication administration classes/course work for certified nurse aides and to report its findings to the full board at its December 1999 meeting. The subcommittee consists of board members Barbara Berner, Belle Cunningham and Louise Dean as well as the board's executive administrator Dorothy Fulton. The next Board of Nursing meeting will be held September 16-17 in Anchorage.

Recommendation No. 3

HOME HEALTH AGENCIES/LICENSING REPORTS

The Task Force recommends that legislation be drafted and introduced relating to the disclosure of licensing reports and licensing of home health agencies.

Department of Health and Social Services Response:

The legislation was introduced and passed. The Section of Health Facilities Licensing and Certification (HFL&C) will update regulations for Home Health Agency Licensure authorized under the new law in AS 18.18.410-490. As a part of the new regulations, standards for Home Health Agency Licensure renewal will be developed. It is likely that this project will not begin until September 1999, and it is planned for completion by the end of January 2000.

The Statute changes related to disclosure of licensing reports for all licensed facilities have been implemented. A Section level policy will be developed outlining procedures for disclosure of information. Included in the policy will be that requests for information related to a licensure report must be made to HFL&C in writing. The request is entered into a log and the information is then provided to the requester.

Recommendation No. 4

SMALL BUSINESS TRAINING

The Task Force supports an increased effort to train Assisted Living Home administrators in proven small business practices and urges collaboration between the Department of Administration and the University of Alaska to provide this education.

The Department of Administration and the University of Alaska Response:

The response is not available at this time.

Recommendation No. 5

ASSISTED LIVING STANDARDS

The Task Force requests the Department of Administration review the current regulations governing assisted living homes and, through a public process, establish statewide standards for long-term care services provided in an assisted living home.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 6

ALASKA GUARDIANSHIP SYSTEM

The Task Force urges the Department of Administration and the Division of Senior Services give serious consideration to the formal recommendations outlined in the report, *The Alaska Guardianship System*, and notify the Legislature of any statutory changes necessary.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 7

LEGISLATION TO PROTECT VULNERABLE ADULTS

The Task Force recommends that legislation be drafted and introduced to protect a vulnerable adult from a guardian, attorney-in-fact or surrogate decision-maker who may harm the vulnerable adult.

The Department of Administration Response:

The Alaska Legislature passed SB 57 "An Act relating to vulnerable adults; and providing for an effective date," in May 1999. This bill, sponsored by the Senate Health, Education and Social Services Committee, responded to the Legislative Long-Term Care Task Force recommendations. SB 57 significantly increases a vulnerable adult's protection from abuse or harm by his/her their guardian, attorney-in-fact, or surrogate decision-maker. Key features: when there is probable cause to believe that a vulnerable adult is subject to abuse or harm from his/her guardian, attorney-in-fact or surrogate decision-maker, the Department of Administration may investigate or make referrals for investigation. When there is reasonable cause, the Department may petition for appointment of a guardian, temporary guardian, or change of guardian. If a vulnerable adult's guardian, attorney-in-fact or surrogate decision prevents that adult from receiving the protective services to which consent has been given, the Department may petition for a restraining injunction to prevent further interference. The Department may not disclose a report of the abandonment, exploitation, abuse, neglect, or self-neglect of a vulnerable adult to the vulnerable adult's guardian, attorney-in-fact, or surrogate decision maker if that person is an alleged perpetrator of the abandonment, exploitation, abuse, or neglect of the vulnerable adult and is being investigated under this chapter.

Recommendation No. 8

WORK FORCE DEVELOPMENT SUMMIT

The Task Force endorses the efforts of the Alaska State Hospital and Nursing Home Association, in conjunction with the other training councils, to hold a statewide *Work Force Development Summit*.

Alaska State Hospital and Nursing Home Association Response:

The Alaska Healthcare Work Force Development Summit was held in April of 1999 to address the healthcare industry's need to recruit, retain and "growing our own" qualified staff to meet the needs of the year 2000 and beyond. Over 60 organizations attended and the results are detailed in the booklet entitled *Alaskan Healthcare Work Force Development Summit, April '99, Outcomes*.

At the Summit, five teams were established and have been meeting on the specific goals identified. The teams are (1) Need for Nurses; (2) Healthcare Education Consortium; (3) Community Based Initiatives; (4) Partner and Broker Relationships; and (5) Continuing

Education for Healthcare Professionals. At the ASHNHA Annual Meeting in September, the Healthcare Association of Hawaii will present its successful "School within a School Program: as a model for Alaska in "growing our own" workforce.

Recommendation No. 9

CAREER LADDER FOR HEALTH CARE PROVIDERS

The Task Force encourages the University of Alaska to explore further the development and expansion of its curriculum to facilitate a career ladder for health care providers.

The University of Alaska Response:

The response is not available at this time.

Recommendation No. 10

ADVANCE DIRECTIVES

The Task Force encourages the Alaska Health Fair, Alaska Commission on Aging, AARP, and other related organizations to provide educational information on the importance of advance directives and encourage the use of advance directives in the provision of health care.

The Department of Administration Response:

On July 21 the Alaska Commission on Aging hosted an informal work group to begin discussion on advance directives. The Center for Social Gerontology in Ann Arbor, Michigan, served as a national resource, and Alaska Legal Services as an in-state resource on current statute and regulations on durable health care powers of attorney, and living wills - the two types of documents typically included in the term "advance directives." This first discussion pointed out 1) the specific provisions of Alaska's statutes regarding durable health powers of attorney, and living wills; 2) available resource information including that from Alaska Legal Services and AARP; 3) the need to identify the key issues and prioritize them; 4) the importance of outreach and education focusing on Alaskans *of all ages*. Entities in the first discussion included the Commission; Long Term Care Ombudsman's Office; Division of Senior Services; Health Facilities Licensing and Certification, Division of Medical Assistance; AARP; Heritage Place Nursing Home; Southeast Senior Services and the AGENet (Alaska Geriatric Exchange Network), Alaska Legal Services; and the Center for Social Gerontology.

*** * ACCESS TO LONG-TERM CARE * ***

Recommendation No. 11

AFN RESOLUTION

The Task Force recognizes and supports Resolution 98-59, *In Support of Elder Care Facilities in Rural Alaska*, as adopted at the Alaska Federation of Natives 1998 Annual Convention.

The Update Response:

The response is not available at this time.

Recommendation No. 12

INDIAN HEALTH SERVICE

The Task Force supports the Indian Health Service's role in providing long-term care services and encourages the Department of Health and Social Services to aggressively pursue its rebuttal of the Health Care Financing Administration's interpretation of the Social Security Act.

Department of Health and Social Services Response:

The Department of Health and Social Services, Division of Medical Assistance, continues to seek reinterpretation of the Social Security Act to allow for claiming 100 percent federal reimbursement for long term care services provided to IHS beneficiaries through the IHS and the Native health corporations. The Department's Division of Medical Assistance has assumed a leading role among states in developing this position, and participates in a national state and federal work group on 100 percent federal reimbursement issues. The Department will continue to pursue these changes next year as the Indian Health Care Improvement Act comes before Congress for reauthorization next year.

Recommendation No. 13

HOME AND COMMUNITY-BASED LEGISLATION

The Task Force recommends that legislation be drafted and introduced to establish a home and community-based services program for certain adults with long-term care needs.

The Department of Administration Response:

The Health, Education and Social Services Committees in the Senate and House introduced SB 58 and HB 148, "An act establishing an in-home and community-based services program for certain adults with long-term care needs; and providing for an effective date," in the 1999 Legislature. Introduced in response to the Long Term Care Task Force, the bills will be carried over to the next regular session of the Twenty-First Legislature.

Recommendation No 14

MEDICAID COVERAGE FOR ALZHEIMER'S PATIENTS

The Task Force requests the Departments of Administration and Health and Social Services review all options available to the state, including Medicaid, to support the long-term care needs of patients whose sole diagnosis is Alzheimer's Disease and Related Disorders.

Department of Health and Social Services Response:

The Departments of Administration and Health and Social Services continue to examine options to support the long term care need of patients whose sole diagnosis is Alzheimer's Disease and Related Disorders, including changing the Medicaid Nursing Facility Authorization criteria to include dementia related impairments, implementing the Medicaid Home and Community-Based Services Option for the Functionally Impaired Elderly, and expanding the Medicaid Targeted Case Management option to cover people with dementia.

However, the expansion of services for people with dementia will likely have a significant cost; the State cannot move forward without a careful analysis of the impacts of its alternatives. Some alternatives, like expanding the nursing facility criteria, could have a significant impact on the Medicaid nursing facility budget, the most expensive component of long term care.

To move beyond preliminary consideration of alternative strategies will require substantial planning and analysis. In addition to the basic task of identifying the numbers of people in need of services and the kinds of services they require, expansion alternatives must also be considered in terms of how they would be integrated with existing services, such as Alaska Commission on Aging grants and the Pioneers' Homes as well as uncompensated family care. The Departments of Administration and Health and Social Services have not yet identified available resources to take this planning process to the next level.

Recommendation No. 15

INCREASE MEDICARE ACCESS

The Task Force requests the Department of Health and Social Services conduct a review of Medicare patients' access to medical services within the state and, if warranted, explore options to increase their access to health care.

Department of Health and Social Services Response:

To date, the Department of Health and Social Services has not conducted a review of Medicare patients' access to medical services within Alaska. The Department did not receive funding to conduct such an assessment, either in the FY 99 or FY 00 budget, and cannot accomplish this review with its available resources.

The Department is monitoring the progress of Senator Murkowski's legislation to raise the Medicare rate for physician reimbursement in Alaska and Hawaii in order to improve access to Medicare.

Recommendation No. 16

INCREASE RATE FOR GENERAL RELIEF PATIENT CARE

The Task Force supports an increase in the rate paid to assisted living home providers under the general relief assistance program and requests the recommendations of the *Alaska Rate Study Report* are considered in determining the new rate structure.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 17

SENIOR HOUSING OFFICE

The Task Force urges continued support for Alaska Housing Finance Corporation's Senior Housing Office and its state planning grant program.

Alaska Housing Finance Corporation Response:

AHFC annually requests authority to use corporate funds to support the development of housing for persons 60 years of age and older. A 1996 statewide needs assessment by AHFC's Senior Housing Office showed a demand for 1,000 units statewide. By the year 2010, this number is expected to grow to an additional need for 3,322 units.

Support for the Senior Housing Development Program was expressed as part of the Long-Term Care Task Force's final report last year. This was in recognition of the need around the state for senior citizen housing.

For the FY00 capital budget request last session, AHFC requested funding in the amount of \$4 million for 57 units of senior housing in 5 communities:

<u>Location</u>	<u>Sponsor</u>	<u>Total Cost</u>	<u>Units</u>	<u>Grant Request</u>
Naknek	Bristol Bay Elders	\$2,006.0	11	\$675.0
Wasilla	Wasilla Area Seniors	\$2,994.0	26	\$1,100.0
Talkeetna	Upper Susitna Seniors	\$1,511.0	6	\$1,215.3
Ketchikan	Rendezvous Seniors	\$290.0	8	\$156.3
Homer	Homer Seniors	\$883.0	6	\$754.0
Statewide	AHFC Grants			\$99.4
TOTAL		\$7684.0	57	\$4,000.0

All of the funding for the Senior Housing Development Program was eliminated during the legislative process. (A designated grant for \$178,000 was provided to the Upper Susitna Seniors as a separate appropriation.)

AHFC is currently in the beginning stages of developing its budget request for FY01 and the next legislative session. The 5 projects eliminated in last session's capital budget have been offered an opportunity to resubmit their applications for consideration as part of the next capital budget request. In addition, it is expected that potentially up to 9 additional projects may submit applications for Senior Housing Development Program funding.

*** * LONG-TERM CARE DELIVERY SYSTEM * ***

Recommendation No. 18

LONG-TERM CARE SERVICES AVAILABLE

The Alaska Commission on Aging, the Division of Senior Services, the Alaska Housing Finance Corporation, and AARP continue to increase their coordination and collaboration in statewide outreach to inform Alaskans of available long-term care resources.

The Department of Administration Response:

The Alaska Commission on Aging, the Division of Senior Services, the Alaska Housing Finance Corporation, and AARP continue to increase their coordination and collaboration in statewide outreach to inform Alaskans of available long-term care resources.

Alaska Commission on Aging: In partnership with the Alaska Housing Finance Corporation, AARP, and other contributors, the Commission hosts the second *Common Ground Conference*, November 16 - 18, 1999. This year's conference will also reach out to older Alaska veterans, a large and growing sector of the statewide senior citizen community. The Commission is reaching out to local governments through the Alaska Municipal League to increase mutual awareness and partnering on the contributions, opportunities, and needs associated with the growing Alaskan statewide senior citizen community.

Division of Senior Services: The Division, in partnership with other organizations, is now hosting assisted living forums across the state to inform Alaskans about assisted living, and hear of their interests and concerns regarding this type of rapidly growing long-term care service. The Division's Medicare Insurance Counseling Program recently received project funding to develop a statewide volunteer network to assist older Alaskans in understanding eligible Medicare-funded services, interpreting Medicare bills, and reviewing any billings which are not clear to the client.

Alaska Housing Finance Corporation: On August 12, AHFC cosponsored the Anchorage Senior Housing Fair at the Anchorage Senior Center. The Corporation continues to reach out to individual older Alaskans, and to provide technical assistance to groups interested in developing independent senior housing, and those interested in the real property issues associated with starting assisted living homes.

AARP hosts a statewide policy forum on Long-Term Care in Anchorage August 25. Local AARP chapters this year are again hosting local long-term care forums as well. AARP has an array of related initiatives that they can more fully describe.

Recommendation No. 19

SCREENING AND ASSESSMENT TOOL

The Task Force requests the Department of Administration establish a uniform and comprehensive screening and assessment tool to be used by all program administrators when an individual enters a nursing home or selects a Medicaid waiver program.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 20

UNIVERSAL CARE PLAN COUNSELING

The Task Force request the Department of Administration evaluate a phased-in universal care plan counseling requirement for all Alaskans entering the Long-term care system, regardless of their ability to pay.

The Department of Administration Response:

The response is not available at this time.

Recommendation No. 21

CERTIFICATE OF NEED

The Task Force recommends that legislation be drafted and introduced to adopt the nursing home certificate of need recommendations developed by the *Legislative Working Group on Long-Term Care* (1997).

Department of Health and Social Services Response:

The Section of Facilities and Planning will develop new regulations for the new certificate of need law. As a part of the new regulations, standards for long-term care will be developed including a new nursing home bed need methodology. Staff has contacted the Division of Senior Services and will work closely on this project with Kay Burrows and her staff, with Steve Ashman from the Alaska Housing Finance Corporation, and with Medical Assistance staff to develop the new methodology. A consultant will also be hired to assist with the data collection that is necessary for providing a basis for the methodology which will include a home and community based services component. A request for proposals will be developed and sent out to prospective consultants and a contract will be developed. It is likely that these activities will not begin until October 1999, and are planned for completion by the end of March 2000. Several consultants have been contacted and are interested in this project. A public process, which will include consumers and the nursing home industry, will be initiated after the methodology is developed.

Recommendation No. 22

CONSOLIDATION OF SERVICES

The Task Force requests the Departments of Health and Social Services and Administration monitor the success of long-term care programs offered by states which have consolidated their efforts and determine if consolidation would benefit the people of Alaska in the future.

The Department of Administration Response:

By statute, the Alaska Commission on Aging houses the Long-Term Care Ombudsman function. The Commission incorporated the portion of Recommendation 22 regarding the organizational location of the Long-Term Care Ombudsman function into its own review of potential strengths and limitations associated with other organizational homes for this function. There is great diversity in how states configure their long-term care ombudsman functions. This was documented in a 1998 national survey by the National

Long Term Care Ombudsman Resource Center. The Commission will review the following "host agency" options at its September meeting: the State Ombudsman's Office*, the Disability Law Center, the Alaska Mental Health Trust Authority, Alaska Legal Services, the Alaska Legislature*, and continuation of the function within the Commission.

* The Legislature considered these options in reviewing committee substitutes for SB 57. Ultimately these proposals were withdrawn to provide more time for a thorough assessment of the options.

The Departments of Administration and Health and Social Services Response:

The response regarding consolidation is not available at this time.

*** * GOVERNMENT FUNDING FOR LONG-TERM CARE * ***

Recommendation No. 23

COORDINATION BETWEEN MEDICAID AND MEDICARE

The Task Force requests the Department of Health and Social Services seek out new opportunities for improved program coordination between Medicare and Medicaid and consider this relationship when developing state Medicaid policy.

Department of Health and Social Services Response:

The Department of Health and Social Services continually monitors for opportunities to improve program coordination between Medicare and Medicaid. It continues to gain information on the PACE (Program for All-inclusive Care for the Elderly) option for dual Medicare/Medicaid beneficiaries. However, no significant developments in state policy related to this recommendation have occurred in the eight months since this recommendation was made.

Recommendation No. 24

MEDICAID AND MEDICARE ELIGIBLE

The Task Force requests the Department of Health and Social Services identify the necessary changes, either in regulation or in statute, to assure the Medicare program funds health care services provided to dual eligible patients.

Department of Health and Social Services Response:

Medicare reimbursement policy is governed by the Federal Health Care Financing Administration. The state has limited opportunities to influence this policy.

The Task Force identified Medicare Part B coverage of nursing facility ancillary services as one area where state efforts could improve Medicare payment for services. The Medicaid Rate Advisory Commission is working with ASHNHA to design a methodology to remove the Medicare Part B payable ancillary costs from the Medicaid nursing facility rate. Nursing facilities would then bill Medicare for these costs. The Commission intends to include this provision in an upcoming regulation package that could be implemented as early as January 2000.

Recommendation No. 25

MILLER TRUST

The Task Force requests the Department of Health and Social Services review the regulations that govern the Miller Trust program and propose recommended changes, if necessary.

Department of Health and Social Services Response:

To date, the Department of Health and Social Services has not proposed amending the regulations that govern Medicaid trust policy. Developing comprehensive Medicaid trust regulations is on the Division of Medical Assistance's FY 00 work plan and the Division plans on proposing regulations by the end of the fiscal year if this project is not superseded by other essential work.

Recommendation No. 26

SECURECARE CONGRESSIONAL PROPOSAL

The Task Force acknowledges and supports the four guiding principles of the American Health Care Association's *SecureCare* congressional proposal.

Alaska State Hospital and Nursing Home Association Response:

For the last several months the American Health Care Association (AHCA), as part of its *SecureCare* campaign, has been working with former Senator David Durenberger to form an organization called "Citizens for Long-Term Care." Senator Durenberger has a long history of work in health care, and specially, long-term care issues. The coalition is dedicated to raising awareness of the need for long-term care financing reform in the 2000 presidential election. It will focus discussion on the critical need for long-term care financing reform and bring together all the groups with a vital interest in this issue in a coordinated fashion. The strategy envisions a campaign-style effort with theme development, spokesperson recruitment, media endorsements, campaign events, town

hall meetings and educational forums. It is anticipated this will result in a constant force that drives candidates to respond to the issue.

Recommendation No. 27

ALASKA MENTAL HEALTH TRUST AUTHORITY

The Task Force supports the continued partnership with the Alaska Mental Health Trust Authority to help meet the long-term care needs of Alaskans.

Department of Health and Social Services Response:

The Department of Health and Social Services has submitted the following increments for consideration by the Alaska Mental Health Trust Authority and the associated advisory boards for fiscal year 2001:

Enhanced Reimbursement for Assisted Living Homes \$600.0 MHTAAR/\$424.4 GF/MH

The Assisted Living Home industry is in crisis and while the need for assisting living homes is increasing, providers are considering closing homes because they are not economically viable because:

- The current rate per day has not changed since 1982.
- New assisted living statutes and regulation requirements have increased the cost of care.
- Increase in the federal minimum wage and the increased skills required of employees make it difficult to compete in the labor market.

Assisted Living Life, Health & Safety \$115.0 MHTAAR

Funding under this request would be used to provide a full time position to focus on training staff, monitoring service adequacy, coordinating and ensuring appropriate service delivery, and restructuring policy so as to foster greater health and safety.

- This initiative would increase training and technical assistance to providers to upgrade employee skills and improve employee retention.
- Existing categorical funding may be changed to an individually funded system of care giving the consumer a choice of provider and introducing competition between providers, resulting in a higher quality of care.

Certification and Licensing for Assisted Living Homes \$791.4 GF/MH

Funds are requested to implement strategies for the certification and licensing of Assisted Living Homes because:

- Existing licensing standards are "one size fits all" and do not differentiate between large and small facilities.
- Existing licensing standards do not differentiate between varying client needs.
- Licensing standards are not consistent among the various licensing agencies.

*** * PRIVATE FUNDING FOR LONG-TERM CARE * ***

Recommendation No. 28

ALASKA LONG-TERM CARE PLAN FOR RETIREES

The Task Force recognizes and applauds the Public Employees' Retirement Board and the Teachers' Retirement Board effort to update the State of Alaska's Long-Term Care Plan and encourages consideration to expand the LTC Plan to include active employees.

The Department of Administration Response:

The Alaska Retirement Boards have endorsed improvements to their long-term care insurance plans. The Boards are now communicating these prospective changes to the current retirees within the systems. The Boards now expect to provide for an open enrollment period in the January - February 2000 period. Time will then be provided between enrollment and implementation to allow for necessary underwriting. The Boards expect that new coverage will be implemented around May 2000.

Recommendation No. 29

INFORMATION ON PRIVATE LONG-TERM CARE INSURANCE

The Task Force requests the Division of Insurance compile relevant information on the need for and availability of long-term care insurance in Alaska and disseminate the information to the general public.

The Department of Community and Economic Development Response:

The Division of Insurance has begun highlighting *The Shopper's Guide to Long-Term Care Insurance* on its web page. This brochure is provided free of charge by clicking on the link and providing the division with the name and address of the interested party.

The Division also distributes information on long-term care insurance through the *Alaska Consumer Insurance Guide* which is distributed to every household in the State of Alaska. The publication, updated every two to three years, is scheduled to be updated next year. An expanded section on long-term care insurance is being planned.

The Division's new director, Bob Lohr, will be engaged in the task force this year.

Recommendation No. 30

CENTER FOR LONG-TERM CARE FINANCING

The Task Force recognizes the value of the information compiled and distributed by the Center for Long-Term Care Financing and encourages the continued association with the Center.

The Update Response by Senator Wilken's Office:

The Center for Long-Term Care Financing was established in April 1998 to promote universal access to top-quality long-term care by encouraging private financing and discouraging welfare financing of long-term care for most Americans.

The Center has been very active and vocal in expressing its opinion that public resources should be targeted to the neediest, while people who are young, healthy and affluent enough should be encouraged to take responsibility for themselves.

LTC Bullets, the Center's periodic online news service, provide a review of the latest information and trends in long-term care financing. All past issues of *LTC Bullets* may be read on the Center's web site at www.centerltc.com.

(The Long-Term Care Task Force members will receive copies of the *LTC Bullets* from January 1999 – August 1999.)

Recommendation No. 31

CREATION OF A NEW TASK FORCE

The Task Force requests the Senate and House Health, Education and Social Services Committee, in consultation with the legislative leadership, strongly consider the creation of a new task force to continue the review and monitoring of long-term care in Alaska.

The Update Response by Senator Wilken's Office:

Senate Concurrent Resolution 8, introduced and passed, established a new nine-member task force to further discussion and action concerning the long-term care needs of Alaskans.

The task force members representing the Legislature are Senator Mike Miller, Senator Johnny Ellis, Senator Gary Wilken, Representative John Coghill, Representative Eric Croft, and Representative Andrew Halcro. The public members are Ms. Joyanna Geisler, Mr. John Hanchett, and Mr. Dennis Murray. Three members serve as nonvoting members – Ms. Alison Elgee, Ms. Karen Perdue and Ms. Deborah Sedwick.

The Long-Term Care Task Force of 1999 provides an opportunity for a formally recognized group of legislators, state officials, and interested public members to continue the review and monitoring of long-term care in Alaska.

LTC TASK FORCE RECOMMENDATIONS

Recommendation 1.

PERSONAL CARE ATTENDANT

The Task Force acknowledges and supports the effort of the Personal Care Attendant Design Team to redesign the personal care services delivery system and establish professional standards for personal care attendants.

The Personal Care Attendant Design Team has completed a series of workshops and meetings which has led the initiation of design of a new independent PCA model. New DMA regulations for this model will be written this fall and winter, for implementation by July 2000. New training curriculum and training standards have also been completed for implementation in October 1999. As part of the redesign, the Team will be working with the Board of Nursing in September to define changes necessary in the "delegation of nursing activities." (See recommendation 2.)

Recommendation 4.

SMALL BUSINESS TRAINING

The Task Force supports an increased effort to training Assisted Living Home administrators in proven small business practices and urges collaboration between the Department of Administration and the University of Alaska to provide this education.

Due to other work within the Assisted Living section, this recommendation is pending.

Recommendation 5.

ASSISTED LIVING STANDARDS

The Task Force requests the Department of Administration review the current regulations governing assisted living homes and, through a public process, establish state-wide standards for long-term care services provided in an assisted living home.

The Department of Administration, in partnership with the Department of Health and Social Services, is currently implementing a workplan to revise the Assisted Living regulations. A steering group from DSS, DMA and DMHDD has met several times to guide this work. A stakeholder group of consumers, family, providers and agency staff will meet on August 31, 1999 to create a list of current issues within Assisted Living, and potential solutions. This work will be

shared at 4 public forums in September and October in Fairbanks, Kenai, Juneau and Anchorage. The Long Term Care Design Team, chaired by the Deputy Commissioner of Administration and the Commissioner of Health and Social Services, will then meet in mid-October to determine the policy decisions for possible statute and regulation revisions. The regulation rewrite process will begin in November.

Recommendation 6.

Alaska Guardianship System

The Task Force urges the Department of Administration and the Division of Senior Services give serious consideration to the formal recommendation of The Alaska Guardianship System, and notify the Legislature of any statutory changes necessary.

A workgroup was formed by the Division of Senior Services and the Office of Public Advocacy to review the recommendations of the Alaska Guardianship Study. The group has had several discussions and is developing recommendations of statute changes and process changes. The court system, public and private guardianship agencies and many other stakeholders have been a part of these discussions. Recommendations from this workgroup will be complete by the end of November, 1999. In addition, there are budget requests before the Alaska Mental Health Trust for increased staffing and training funds for the Office of Public Advocacy. These requests total \$430.0.

Recommendation 16.

INCREASE RATE FOR GENERAL RELIED PATIENT CARE

The Task Force supports an increase in the rate paid to assisted living home providers under the general relief assistance program and requests the recommendation of the Alaska Rate Study Report be considered in determining the new rate structure.

There has been a bill introduced (SB 73) to increase the General Relief Patient Care Rate for the state of Alaska for Assisted Living care. The bill is currently in the Senate Finance committee.

Recommendation 19.

SCREENING AND ASSESSMENT TOOL

The Task Force requests the Department of Administration establish a uniform and comprehensive screening and assessment tool to be used by all program administrators when an individual enters a nursing home or selects a Medicaid waiver program.

There is a current project proposal before the Alaska Mental Health Trust Authority that would pilot the concept of a uniform screening and assessment tool for multiple service provision in Soldotna. The request is for \$51.3. It is a high priority request from the Alaska Commission on Aging.

Recommendation 20.

UNIVERSAL CARE PLAN COUNSELING

The Task Force requests the Department of Administration evaluate a phased-in universal care plan counseling requirement for all Alaskans entering the long-term care system, regardless of their ability to pay.

The Division of Senior Services and the Division of Medical Assistance have been considering a pilot project that would more closely coordinate nursing home authorizations and the current home and community-based Medicaid waiver system. This would be the first step toward a universal state screening process. This project is pending due to current workload issues and the waiver program growth.

Long-Term Care Task Force of 1999

Update on 31 Long-Term Care Recommendations

August 26, 1999

Rec. No.	Recommendation	Responsible Agency	Status	Date Due (by Task Force)	Who will Monitor???
1	Support effort to redesign the personal care delivery system and develop professional standards for PCAs.	Division of Senior Services	Update not available at this time.		
2	Recognize effort to address the issue of <i>delegation of nursing activities</i> .	Division of Occupational Licensing	The Board of Nursing discussed regs at 3 meetings; report due at December 1999 meeting.		
3	Support legislation that makes licensing reports public information.	Legislature and H&SS	Legislation was introduced and passed; regs will be updated by 1/31/00.		
4	Support effort to train Assisted Living Home Administrators.	ADMIN and UA	Update not available at this time.		
5	Review assisted living home regulations and establish standards.	ADMIN	Update not available at this time.		
6	Review <i>The Alaska Guardianship System</i> and propose necessary statutory changes.	ADMIN	Update not available at this time.	March 31, 1999	
7	Support legislation that protects vulnerable adults.	Legislature and ADMIN	Legislation was introduced and passed.		

Update on 31 Long-Term Care Recommendations

Rec. No.	Recommendation	Responsible Agency	Status	Date Due (by Task Force)	Who will Monitor???
8	Support the <i>Work Force Development Summit</i> .	ASHNA	<i>Summit</i> was held in April 1999; five study teams appointed.		
9	Development of a career ladder for health care providers.	UA	Update not available at this time.		
10	Dissemination of educational information on the importance of advance directives	AK Commission on Aging and others	ACOA hosted a work session on July 21; on-going project.	January 10, 2000	
11	Support AFN Resolution 98-59, <i>In Support of Elder Care Facilities in Rural Alaska</i>		Update not available at this time.		
12	Support Indian Health Service and total federal support.	H&SS	H&SS has assumed a leading role among states; Indian Health Care Improvement Act is up for reauthorization next year.	Semi-annually	
13	Support legislation that establishes a home and community-based services program.	Legislature and ADMIN	SB 58 and HB 148 were introduced; SB 58 is in the Senate Finance Committee and HB 148 is in House State Affairs.		
14	Review the possibility of Medicaid support for Alzheimer patients.	H&SS and ADMIN	H&SS continues to examine options.	April 30, 1999	

Update on 31 Long-Term Care Recommendations

Rec. No.	Recommendation	Responsible Agency	Status	Date Due (by Task Force)	Who will Monitor???
15	Review of Medicare access to medical services.	H&SS	H&SS has not conducted a review to assess Medicare patients' access to medical services.		
16	Increase rate paid to assisted living home providers.	Legislature	SB 73 was introduced and is in the Senate Finance Committee.		
17	Support AHFC's Senior Housing Office and grant program.	Legislature and AHFC	AHFC's Senior Housing Office showed a demand for 1,000 units statewide.		
18	Inform and educate Alaskans on long-term services available	AK Commission on Aging	ACOA continues to increase its coordination; <i>Common Ground Conference</i> Nov. 16-18.	Semi-annually	
19	Establish a uniform and comprehensive screening and assessment tool.	ADMIN	Update not available at this time.	July 1, 2000	
20	Evaluate a phased-in universal care plan-counseling requirement.	ADMIN	Update not available at this time.		
21	Support legislation that adopts new CON standards for nursing homes.	Legislature and H&SS	Legislation was introduced and passed; new standards will be developed, possibly by March 2000.		

Update on 31 Long-Term Care Recommendations

Rec. No.	Recommendation	Responsible Agency	Status	Date Due (by Task Force)	Who will Monitor???
22	Monitor success of other states' consolidation of programs.	H&SS and ADMIN	Update on consolidation not available at this time; ACOA will review how states relate to their long-term care ombudsman at September meeting.		
23	Seek opportunities for coordination between Medicaid and Medicare.	H&SS	No significant developments in state policy have occurred.		
24	Identify necessary changes to assure Medicare coverage for dual eligible patients.	H&SS	Medicaid Rate Advisory Commission is working with ASHNHA to resolve issue.	March 31, 1999	
25	Review the regulations that govern the Miller Trust.	H&SS	H&SS plans on proposing regs at the end of the fiscal year.		
26	Support the guiding principles of the American Health Care Association's <i>SecureCare</i> proposal.		New coalition is dedicated to raise awareness of long-term care in presidential race.		
27	Support continued partnership with the Alaska Mental Health Trust Authority.		H&SS has submitted funding requests to the Trust Authority for FY01.		
28	Encourage expansion of the PERS/TRS Long-Term Care Plan.	ADMIN	New coverage for retirees will be implemented around May 2000.		

Update on 31 Long-Term Care Recommendations

Rec. No.	Recommendation	Responsible Agency	Status	Date Due (by Task Force)	Who will Monitor???
29	Compile and disseminate information on the need for and availability of long-term care insurance	DCED	<i>The Alaska Consumer Insurance Guide</i> to be updated in 2000 will include section on LTC.	January 1, 2000	
30	Encourage association with the Center for Long-Term Care Financing		<i>LTC Bullets</i> provide a review of the latest information on LTC financing; see www.centerltc.com .		
31	Support the creation of a new task force to continue monitoring long-term care in Alaska.	Legislature	Long-Term Care Task Force of 1999 appointed.		
Letter	Summary of hearing on the Anchorage Pioneers Home	ADMIN	Response received March 8, 1999.	February 28, 1999	

**STATE OF ALASKA
FEASIBILITY STUDY FOR A STATE
VETERANS' HOME TO PROVIDE LONG
TERM CARE FOR ALASKA'S VETERANS
PHASE I FINAL REPORT**

JUNE 30, 1999



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STATE OF ALASKA BY REGION

VETERAN POPULATION BY KEY REGIONS

NURSING FACILITY LOCATION BY REGION

I. EXECUTIVE SUMMARY

The Department of Military & Veterans' Affairs, Division of Veterans' Affairs, State of Alaska (DMVA), along with the American Legion, Disabled American Veterans, and the Veterans of Foreign Wars, veteran organizations (Joint Venture-JV) engaged Health Dimensions Consulting Group (HDCG), to conduct a needs assessment and feasibility study for a full range of long-term care services for Alaskan veterans.

Project Design

The project is designed in two phases. This report has been prepared to address the deliverables for Phase I. The findings are based on extensive review of and analysis of previous studies and reports conducted to assess the long-term care environment in the State of Alaska; a formal interview process with key individuals in the State who have knowledge of the long-term care needs and utilization of current services; and research to determine recent trends and approaches designed to meet the continued long-term care needs of our graying America.

Phase I Objectives

- ♦ **Assess and identify the long-term care infrastructure in the State of Alaska.**
- ♦ **Assess and identify current availability, accessibility, and utilization of long-term care services for Alaskan veterans.**
- ♦ **Organize demographic data on the Alaskan veterans in relation to their future need for long-term care.**
- ♦ **Identify methods to assess preferences for long-term care of Alaskan veterans.**

Alaskan Variables

Alaska presents many unique challenges in the area of long-term care provision. Residents in areas of formidable terrain, vastness, and remote villages have very different long-term care issues to deal with than those Alaskans residing in one of the major cities, where there are established care delivery systems in place. In other lower 48 states, it is quite common to find an array of matrixed services, designed to meet the needs of the states' aging population. In Alaska, one solution, regardless of the expansiveness of the approach, will not serve the entire population. These distinguishing features present challenges to planners for veterans' long-term care needs.

State Veteran Home Program

The State veterans home program is the grandfather of federal-state partnerships in healthcare. It is nearly as old as Medicaid; in fact the veterans home program was in operation years before Congress inaugurated the U.S. Public Health Service. The longevity of the state veterans home program can be directly attributed to the fact that it is supported by advocates of veterans benefits. The program is remarkably simple and efficient. Alaska, Hawaii and Delaware are the only states in the U.S. without the presence of a state veterans home. Alaska's veteran population represents one tenth of the state's population. Alaskan veteran's demographic picture is changing, just as the rest of our 'graying America.' There is strong sentiment among the veteran's organizations that there is a need for establishment of a state veterans home. For several years, the issue of establishing a state veterans home in Alaska has been debated continuously by Alaska veterans' organizations, public and private long-term health care providers, and members of the executive and legislative branches of state government.

Health Dimensions Consulting Group

Health Dimensions Consulting Team was engaged to provide assistance in planning for the provision of a full range of long-term care services for Alaskan veterans. There have been multiple approaches to review this issue, producing a variety of extensive reports. The HDCG team of consultants researched and analyzed the documents from the viewpoint of gleaning the positive features to support recommending a feasible solution, amenable to the Alaskan veteran organizational leaders, and consistent with State of Alaska's future direction for meeting the long-term care of Alaska's population. The team of consultants interviewed various key individuals with knowledge of the long-term care delivery system currently in place in Alaska. This interactive process enabled the team to gain a broad view of available long-term care services, gain an understanding of the sentiment for the issue from varied viewpoints and integrate the data into appropriate sections of the report.

Phase I Outcomes

The preliminary outcome of our study of Phase I suggest four steps to determine the appropriate approach for the DMVA and J-V to recommend to the State of Alaska, in relation to providing for future long-term care needs of Alaskan veterans.

Step I

Develop and implement a plan designed to enhance awareness of the capacity and scope of long-term care services in the current system. Alaska has one of the more progressive long-term care systems in the nation. There are misperceptions and misunderstandings about the current system in general, accessibility and eligibility criteria, and the interrelationship of federal funding programs. In general, there is a lack of awareness of the scope of services currently available to the elderly. There is an opportunity for the Department of Military and Veterans Affairs to take a leadership position in educating veterans on existing long-term care services and options for care.

Step II

The Department of Military and Veterans Affairs (DMVA) should work in collaboration with existing programs to expand case management services to all veterans in the State. The Social Service Division at the Department of Veterans Affairs Medical & Regional Office Center (VAMROC), has established a system of centralized case management. It is reported that the one of the challenges facing this division is that there is a lack of awareness of current and available long-term care service and programs. One of the unique characteristics of the State of Alaska, is the expansive terrain, vastness, and remote villages with limited means of transportation. An effective coordination system to assist veterans in vulnerable situations, at risk for needing long-term care services, should be in place, regardless of where the veteran resides. To accomplish this system support takes planning and implementation from a central site. An effective case management system, with the ability to reach all veterans, would meet this need. Support and leadership from the DMVA could strengthen this initiative.

Step III

The State of Alaska and DMVA should work in collaboration to conduct a survey of Alaskan veterans to assess and determine their preferences for long-term care and their understanding and awareness of current programs and services available to veterans throughout the State of Alaska. There are beliefs that the presence of a State Veterans Home is the desire of every Alaskan veteran. While this assumption is in conflict with reported trends of most aging individuals, who want to remain in their homes as long as possible, there has not been data collected in the State of Alaska, to support either assumption. The outcome of the survey will provide necessary

information identifying the preferences of Alaskan veterans. The consultant team at HDCG can provide direction in planning for conducting a survey.

Step IV

Based on the preliminary findings, there is a strong suggestion, that in order to develop a final recommendation relative to the need for another nursing home facility in the State of Alaska, a more in-depth examination of the long-term care system should be explored. It appears there is a wide array of services in Anchorage, Fairbanks and Juneau. However, once out of the major cities, the depth and scope of services is not as developed. Current trends, recommendations to government programming and the rising cost of health care, resultant in seeking more cost-effective approaches to care delivery all contribute to the complexity of future planning for long-term care needs in any setting.

Phase II Outcomes

- ♦ Current funding sources including VA, Medicare & Medicaid, private and other funds available to access as Alaskan veterans seek solutions to long-term care needs.
- ♦ Current and projected numbers of veterans utilizing community nursing facilities, Home Health skilled nursing services, Home Health Aide personal care/support services, the CHOICE program, Pioneer Homes, and Assisted Living Facilities.
- ♦ Financial implications, including estimated construction costs for establishment of a State veterans home or alternative options to consider meeting the veterans long-term care needs.
- ♦ Current reimbursement programs for long-term care provided to Alaskan veterans and an in-depth assessment of the current long-term care environment, financial implications to the VA system and to the State of Alaska providing service to veterans in the State.

During the Phase II timetable, the HDCG consultant team will contribute to planning efforts should the above suggestions be materialized during the proscribed time frame allocated to Phase II.

II. CURRENT INFRASTRUCTURE

The Alaska long-term care system has a variety of services available for people with long-term care needs.

Nationally, the demand for post acute and long-term care services for the veteran population is increasing at the predicted rate of 13% over the next five years. There are programs unique to the Alaskan population that are currently in place, however, are in the process of changing or will be addressed to change as the focus on meeting the aging health care needs heightens in the State.

The Alaska Commission on Aging Planning period 1997-2001

Eight Guiding Principles have been identified:

- ♦ Focus will be on enabling senior to attain and maintain independence at the highest level for as long as possible.
- ♦ Service and support provided will enable seniors to age in place, to remain in their own homes, chosen communities or regions of the State in the least restrictive setting possible.
- ♦ Services will be developed in a culturally relevant manner.
- ♦ Services will be designed to promote and enhance general health and well-being.
- ♦ Services will be planned and coordination, collaboration with other groups and organization.
- ♦ Goal-Develop services which promote satisfaction and demonstrate positive outcomes.
- ♦ Ensure competent delivery of services to seniors.
- ♦ Promote maximum mutual benefit and harmony between generations.

- ♦ Overview of Alaska long-term care system:
 - 721 Skilled nursing beds
 - 1263 Assisted living beds
 - 602 Pioneer Homes beds
 - 23 Home Health nursing care/Home Health Aide care
 - Division of Medicaid Assistance has a myriad of support services ranging from congregate dining and nutrition to transportation services.

- ♦ Alaska has 15 private sector nursing homes. Seven of these homes have a capacity in excess of 25 beds; eight have less than 25 beds. Typically, small facilities in Alaska are located in isolated areas and are connected to a hospital as swing beds or as a separate unit with identified nursing home beds.

- Alaska has two Intermediate Care Facilities/Mental Retardation (ICF/MR) facilities, one is a State operated facility located in Valdez, and the other is located in Anchorage. Both are non-profit organizations.
- The Pioneers' Home Program has provided for the care needs of aging Alaskans since 1913. The original concept was built to provide housing, meals, and basic medical assistance for retired pioneers. Due to the absence of alternative Alaskan eldercare facilities, the number of Pioneer Homes constructed and financed by the State between 1960-1988, grew to the current total of six. The homes largely provided retirement housing, with skilled nursing services available. During the past 25 years, the long-term care environment in Alaska has changed dramatically. A number of not-for-profit, independent, skilled nursing facilities were constructed. An increased focus on support service in communities became a reality. A variety of elder support services such as senior centers with congregate meal programs, adult day care centers, respite care, and care coordination services reduced the need for Pioneers' Home independent living Program. Because of the myriad of choices designed to assist the elderly, the aging population of Alaska can choose to stay in their home, using available community support programs.

There are six Pioneer Homes, operated by the State of Alaska through the general revenue fund. Historically these homes have been viewed as an "earned benefit" of being an Alaskan. About five years ago, there was a change in direction for utilization of the Homes. Traditionally, the primary utilization focused on persons who were admitted to the system, resided at the Pioneer Homes, and received all medical and social care needs until death.

Due to resident behavioral problems, capacity limitations, and unique funding regulations the decision was made to change into specialization of Dementia care for aging Alaskans (in 1993). The licensure changed from skilled nursing care to assisted living services. Today, Pioneer Homes has a program designed to meet the dementia needs of aging Alaskans. However, as patients progress in their disease, more skilled care is required to meet their needs; this level of care is provided at Pioneers' Home, supporting the concept of aging in place. However, while this is the best scenario for the aging Alaskan, providing a higher level of care in an Assisted Living setting creates some confusion as to the level of patient care services these facilities provide under assisted living licensure.

Pioneers' Homes have a two-pronged waiting list, i.e., an active and master waiting list. On the active waiting list, there are approximately 120 on the list at any one time; however, the aggregate number on list is easily accommodated by on-going vacancies created throughout the year. It is reported that there is typically a 3-4 week waiting period once the individual is identified as requiring admission. The average age of a Pioneers' Home resident is 87 years

old. On the master waiting list, 2,482 people have signed on as desired potential admittance, at some point in the future. This figure is representative of the well-established practice of signing on the master list when an individual reaches the age of 65. Because the program was initially set up for admittance on a first come-first served basis, the practice of signing on as soon as possible, gained great importance. However, as in other nursing homes, settings, seniors wanting to live independently for as long as they can have impacted trends in residential care utilization. Pioneers' Home has always been unique in the nursing home industry, as the system was developed as an end of life residence for any aging Alaskan who desired to reside there. The 1998 annual report of Alaska's Commission on Aging (AcoA), affirms that the aging Alaska has the same interest in receiving long-term care service as near to their home as possible, as the aging population in the lower 48 states. The growing trend is to this population want to remain at home as long as possible. To this end the ACoA is exploring approaches and funding sources to assist the aging to meet their desires and needs.

Federal statutes prohibit Medicare and Medicaid funding for care services provided at the Pioneer Homes system, (a State owned site of care). This statute would also apply to a State veterans home.

- ♦ There are some rumors about long waiting lists at nursing facilities. It has been reported that it may take several years to get admitted to a skilled nursing facility, which is untrue. According to VA Social Service, which has contracts with 13 Skilled Nursing Facilities comprising 581 beds, there may be a 3-4 week waiting list, due to a variety of reasons, of which bed availability is only one factor. All arrangements to admit veterans to a skilled nursing facility are processed through the VA Social Service office.
- ♦ Alaska provides Home Health services and Home Health Aide Personal Care Services and Homemaker and Chore services administered through the Medicaid program. There is a prolific private sector providing Home Health Nursing Care/Home Health Aide care services.

Long Term Care Options in Alaska

Nursing Facilities

There are currently 15 nursing facilities spread throughout the State of Alaska with a total of 721 certified and licensed beds according to AK Division of Medical Assistance-Health Facilities Licensing and Certification. The table at the end of this section gives the number of facilities by region of the State. One way to determine whether or not this is an adequate number of nursing facility beds for the State's senior population is to apply nursing facility utilization rates from the U.S. Department of Health and Human Services to the senior population age cohorts shown in the following table.

Nursing Facility Utilization Rates

Age Group	Utilization	Senior Pop. 1998	Veteran Pop. 1999	Senior Population Bed Need	Veteran Population Bed Need
65-74	1.01%	23,201	5,703	234	58
75-84	4.59%	9,934	1,004	456	46
85+	19.86%	2,497	86	496	17
Total		35,632	6,793	1,186	121

Source: DHHS 1996, Claritas, AK Dept of Veteran Affairs

Applying these percentages to the Alaska senior population, we find a need for 1,186 nursing facility beds in 1998, 370 more than the current total in the State of Alaska. The senior veterans, a subset of the total senior population, require 121 of the 1186 total nursing facility beds. With the growth of the senior population, assuming nursing facility utilization remains the same, there will be a need for approximately 1,547 nursing facility beds in 2003. However, this is only one way to look at bed demand numbers. Each state is different in its utilization of nursing facility beds, especially Alaska with its vast size, varied climate and small population. When looking at current occupancy rates in Alaska nursing facilities, a different picture emerges.

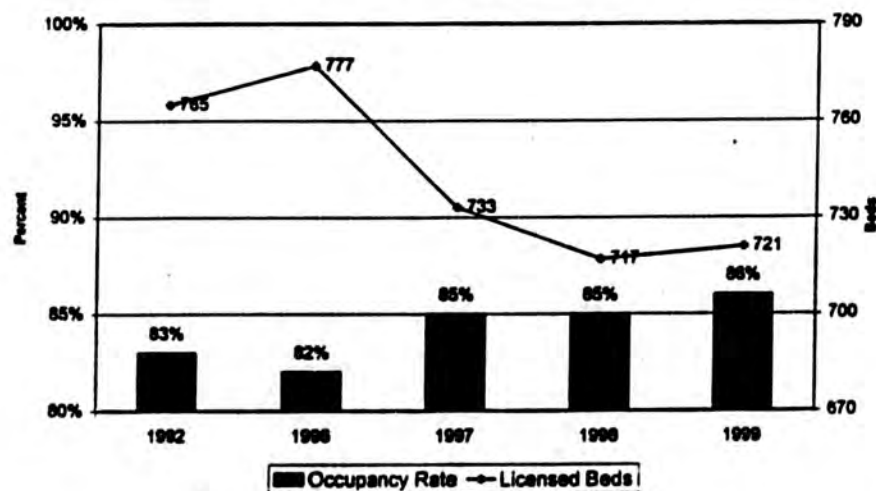
The statewide occupancy level for nursing facilities in Alaska was second lowest in the nation in 1992 at 83%. Today the statewide occupancy rate is 86% (See following graph). The individual nursing facility occupancy rates range from a high of 100% to a low of 43%, with the majority (11 out of 15) above 85% occupancy. Currently, there are approximately 103 vacant nursing facility beds in the State of Alaska. The following table looks at individual nursing facility data.

*Alaska Nursing Facilities**

Facility	Certified & Licensed Beds	Occupancy Rate	Vacant Beds
AK Regional Hosp. Trans. Care	16	63%	6
Cordova Comm. Med. Ctr. LTC	10	70%	3
Denali Center	90	89%	10
Heritage Place	45	91%	4
Ketchikan Gen. Hosp. LTC	46	43%	26
Mary Conrad Center	89	100%	0
Providence Extended Care Ctr.	224	92%	17
Providence Kodiak Island Med. Ctr.	19	100%	0
Petersburg Medical Center LTC	15	100%	0
Quyaana Care Center	15	93%	1
Sitka Community Hospital LTC	8	100%	0
South Peninsula Hosp. LTC	20	100%	0
St. Ann's Care Center	44	93%	3
Wesley Rehabilitation Care Ctr.	66	53%	31
Wrangell Gen. Hosp. LTC	14	86%	2
Total	721	86%	103

*Data as of April 30, 1999. From the Division of Medical Assistance-Health Facilities Licensing and Certification

**Alaska Nursing Facility
Occupancy Rate and Licensed Bed Trends 1992-1999***



*Data from the Division of Medical Assistance-Health Facilities Licensing and Certification

One of the challenges facing long-term care planners is that in Alaska, for a variety of reasons, the process of collecting and maintaining statistical numbers for a long-term care utilization, is dependent on many unrelated systems. Data collected manually and with information

management systems designed for internal purposes generate inconsistent numbers. An example of this is in HDCG efforts to establish a baseline number of existing nursing facility beds. Although we report 721 nursing facility beds below, Medicare reports that there are 816 nursing facility beds in the State of Alaska.

Observation of Consulting Team: At this time, the long-term care industry is in a state of flux. The entire nation is in a paradigm shift, in terms of nursing home utilization. There is a national trend to move away from nursing home placement as a long-term option. When a patient requires skilled nursing care intervention, that is the appropriate time to transition the patient to that level of care. However, continual justification to assure the skilled care needs can only be met in a skilled nursing home environment, is an on-going process. It requires close monitoring to support the necessity of lengthy periods of stay at that level of care. There is a focused effort to transition patients to the next lower level of care. Department of Administration/ Division of Senior Services and the VAMROC Social Service of Alaska have adopted this practice. This shift in practice has been enabled by a varied array of support services established to provide support services in an appropriate setting. In the past there was limited options but to receive all long-term care in a nursing facility. That era has past and today, expansive programs of home and community- based services are available to most Americans.

The practice of prior authorization for entrance into a nursing home is becoming standard practice across America. This also is a fairly new phenomenon, which impacts nursing home placement. There is a shift to only admit patients who require a skilled level of care. While this is a practice implemented by Managed Care Case Managers in the lower 48 states, and has been in place for several years, today, it has also become common practice in Alaska. It has proven to be a cost-effective method of managing resources and assuring effective utilization of available long-term care programs and services.

These factors become paramount in projecting future nursing home bed utilization. To date, analysts do not have an extensive historical framework of information, to determine the impact of recent changes in practice on future demographic distribution and utilization of skilled nursing home beds. Hence, there are a several emerging circumstances that counter the efficacy of using old standard utilization formulas to make projections regarding nursing home bed availability. One should use historical graphs and tables with a great deal of discretion.

Assisted Living Facilities

Assisted Living Facilities are one area of support that complements the nursing home industry. According to the Alaska Division of Senior Services-Assisted Living Licensing, there are currently 110 licensed Assisted Living Facilities spread throughout the State of Alaska with a total capacity of 1,263 total beds (these figures are another example of data inconsistency among sources. According to the Alaska Commission on Aging and their Fiscal Year 1998 Report,

there are only 83 licensed assisted living homes in the state with a total capacity of 1,111 beds). The Pioneers' Home system accounts for 602 of the total beds. Assisted Living Facilities are a viable option for residents with a lower acuity nursing needs. This is one of the options considered and oftentimes recommended, when it becomes necessary to transition residents in skilled nursing facilities, once their care needs diminish and no longer require skilled care. See the table at the end of this section for the number of assisted living facilities by region of the State.

Home Health Agencies

Home health agencies provide another level of support. In this setting, there is a level of skilled clinical care that is covered by Medicare and other Third Party payers. With the advent of technology, many clinical services once necessary to administer in a facility or medical center can now be safely administered in the privacy of a patient's home.

There are currently 23 home health agencies spread throughout the State of Alaska. Home health care is included in the Medicaid choice programs within the State. See the following table for the number of home health agencies by region of the State.

Long Term Care Alternatives in Alaska

Alaska Region	Assisted Living Facilities*	Nursing Facilities	Home Health Agencies
Aleutians East	0	0	0
Aleutians West	0	0	0
Anchorage	53	3	6
Bethel	0	0	0
Bristol Bay	0	0	0
Dillingham	1	0	1
Fairbanks	16	1	1
Fairbanks SE	0	0	0
Haines	0	0	0
Juneau	2	1	2
Kenai Peninsula	9	3	5
Ketchikan	3	1	1
Kodiak	0	1	1
Lake & Peninsula	0	0	0
Matanuska	21	0	1
Nome	0	1	1
North Slope	1	0	0
NW Arctic	1	0	0
Prince of Wales	0	0	0
Sitka	1	1	1
Skagway-Yakutat	0	0	0
Valdez/Cordova	0	1	1
Wade Hampton	0	0	0
Wrangell	1	2	2
Yukon-Koyukuk	1	0	0
TOTAL	110	15	23

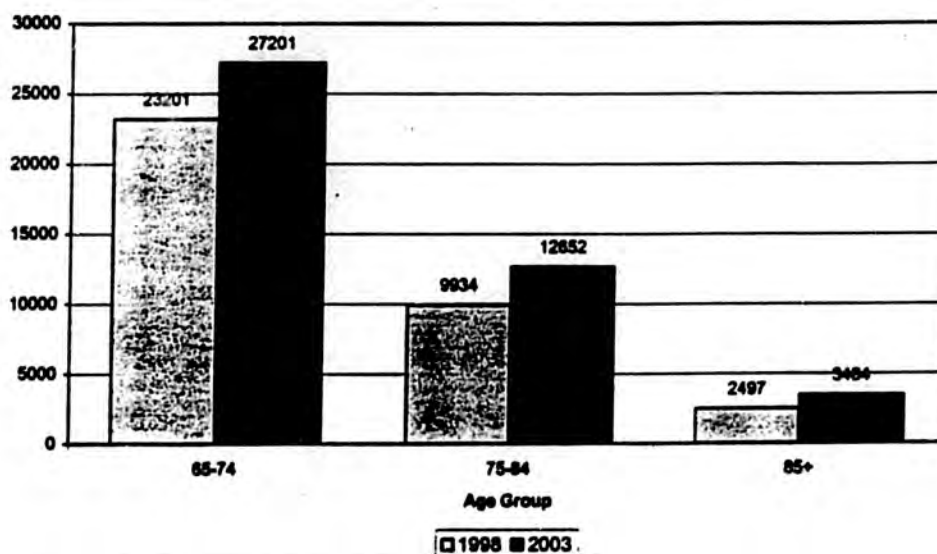
*Based on the Alaska Division of Senior Services list of licensed assisted living homes

III. STATE OF ALASKA: DEMOGRAPHICS AND LTC SERVICES/PROGRAMS

Alaska Senior Population

- ♦ Alaska is second in the nation in the proportional growth of their senior population. From 1998 to 2003 the senior population in Alaska is projected to grow 22% from 35,632 to approximately 43,337 in 2003. This trend will have a large impact on the future of long term care in Alaska. The following graph illustrates the growth of the Alaska senior population by age group to 2003.

Alaska Senior Population Growth 1998 to 2003

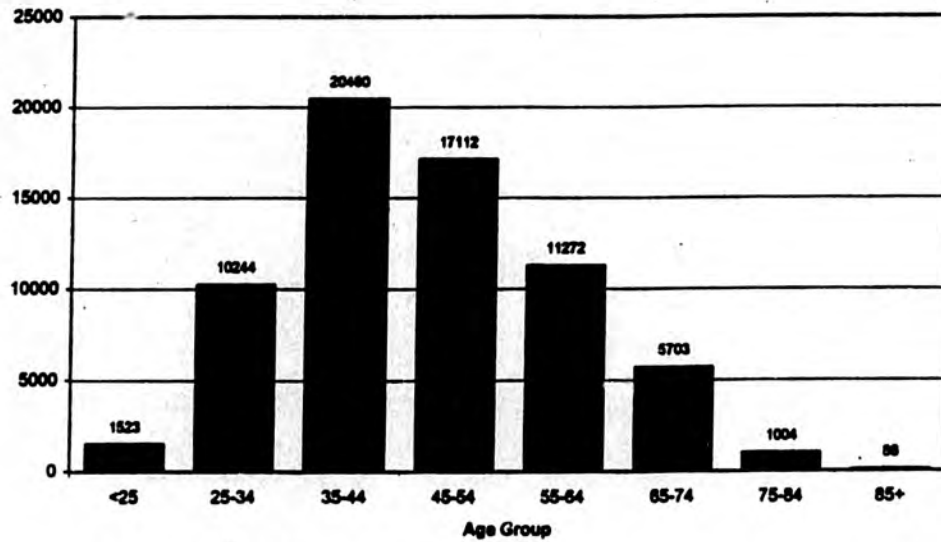


Source: Claritas Demographics, 1999

Alaska Veterans Population

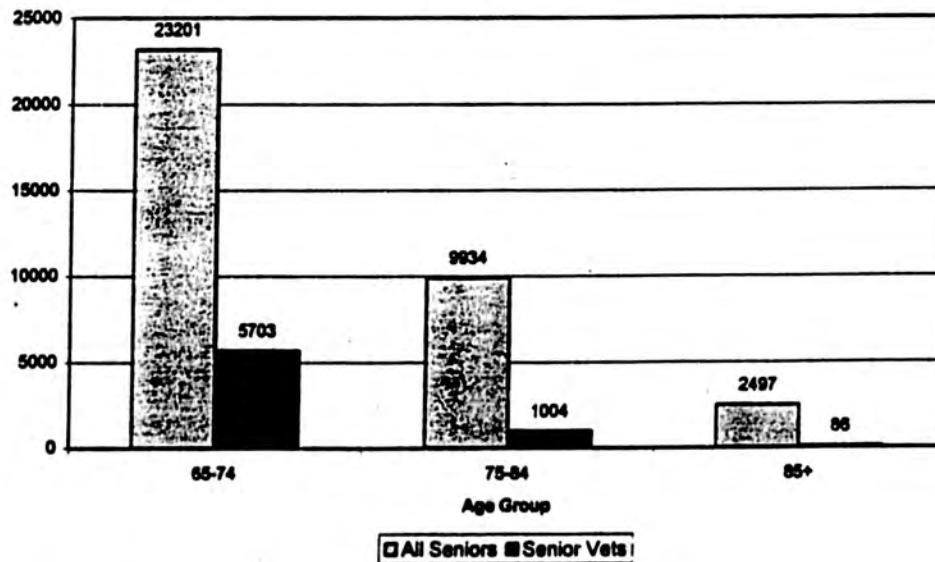
- ♦ Although the overall size of the veteran population is declining, the proportion of older veterans is increasing dramatically. There are currently 67,404 veterans in the State of Alaska according to the Alaska Department of Veterans Affairs. Veterans make up 11% of the total population in the State of Alaska. When looking at the long-term care needs of veterans the 65+ age groups are most relevant; as they are the age groups that utilize long term care the most. Currently, there are 6,793 veterans over the age of 65 in the State of Alaska. Because the senior population in the State is growing so fast, so too is the senior veteran population. Looking at the current size of the 45-54 and 55-64 veteran age groups on the following graph, it is evident that the number of veterans age 65+ will grow dramatically in the next 20 years.

Alaska Veteran Population by Age Group 1999



Source: Alaska Department of Veteran Affairs

State of Alaska Senior Population vs Senior Veteran Population 1999



Source: AK Dept of VA, Claritas demographics 1999

- ♦ The current veteran population is largely concentrated in nine regions within the State of Alaska. The following table gives a detailed look at veteran populations within these nine regions. The Anchorage area has the largest percentage of veterans, more than three times that of any other region alone.

Alaska Regions with Largest Concentrations of Veterans

<u>Region</u>	<u>Total Vet Count</u>	<u>% of Total Vets</u>	<u>Sr. Vet Count</u>	<u>% of Sr. Vets</u>
Anchorage	29,244	43%	2,601	38%
Fairbanks	9,274	14%	782	12%
Matanuska	5,844	9%	742	11%
Kenai Penin.	5,251	8%	752	11%
Juneau	3,171	5%	341	5%
Ketchikan	1,820	3%	273	4%
Valdez-Cordova	1,423	2%	161	2%
Kodiak	1,336	2%	133	2%
Sitka	1,181	2%	155	2%
Total	58,544	87%	5,940	87%
Total AK Vets	67,404		6793	

Source: AK Dept of Veterans Affairs

- ♦ According to recent calculations, 84.5% of the current total veteran population reside in census areas that have all levels of long-term care available. The areas with the most, varied and complete matrix of services include Anchorage, Fairbanks, and Juneau. Of course, the dilemma to assure long-term care services are available for all veterans rests in the fact that 15.5% of Alaska's veteran population live in under-served areas or in four locales, where there are no long-term care services available; the areas of Aleutians East Borough, Bristol Bay Borough, Lake and Peninsula Borough, and Wade Hampton.

Long-Term Care-Services and Programs in Alaska

Long-term care service categories include:

- Home and Community based services
 - Congregate Meals
 - Transportation
 - Information/Referral
 - Independent Senior Apartments
 - Senior Centers
 - Personal Care Attendants
 - Meals on Wheels
 - Home Repair/Chore Services

- Home Health Nursing and Home Health Aide Personal Care
 - Case Coordination/Case Management
 - In-Home Respite Care
 - Home Health Nursing care
 - Home Health Aide/Personal Care Attendants Care
 - Hospice Care
 - Assisted Living Facilities
 - Pioneer Homes
 - Adult Day Care
 - Facility Respite Care
 - Skilled Nursing Facilities
 - Acute/Skilled Nursing Facilities
 - Nursing Homes with LTC Beds
 - Hospitals/Nursing Homes with Swing Beds
 - Institutional Respite Care
- ♦ Preferences for long-term care are shifting away from institutional care by many aging adults across America, as referenced in *A Profile of Older Americans*. American Association of Retired Persons and the United States Administration on Aging. 1992, p. 14. Alaska has the second most rapidly growing senior citizen population in the nation. Alaska Commission on Aging (ACoA), continues to serve as an advocate for this population and participates in shaping public policy that respects independence and choice for Alaska's aging citizens. In Alaska, and nationally, the pattern of choice is clear; there is a strong preference for aging in their homes or home community-based services, whenever it is feasible. ACoA has a wide variety of programming available to assist Alaskan seniors to ensure dignity and independence. The following list supports the scope of services.
- Home and Community Based Care Programs, which includes Adult Day Care, In-Home Care, and Care Coordination.
 - Respite Care
 - Assisted Living Facilities
 - Pioneers' Homes
- ♦ In Alaska, Medicaid dollars do not cover dementia care. This supports the rationale for the Pioneer Homes System to focus primarily on providing dementia care for Alaskan residents. Pioneers' Homes is a State owned and operated system. Current Alaska legislative statute prohibits Medicare and Medicaid funding for services provided in a State owned system of care. In terms of usage of VA benefits to cover long-term care needs, it is an individual state decision whether Medicaid funding will be accessed to support the provision of long-term

care services for veterans. In the State of Alaska, Medicaid funding is one of the options utilized to support veterans, when long-term care is necessary to meet their health needs.

- ♦ In May of 1996, the Alaska Division of Senior Service, the Department of Administration and a research team from Ladd & Associates reviewed the Alaskan long-term care system, comparing it with other State systems, and evaluating its effectiveness. The outcome of the assessment made the recommendation to aggressively expand home and community based services. The struggle for Alaskan planners for the aged comes in to play in this recommendation, as while there are definitely populations who would benefit from Home and Community-Based services, justifying the expansion into these services as a way to control costs presents another set of challenges.
- ♦ Cost of long-term care in Alaska is significantly higher than in same level of care provided in lower 48 states. Competitive wages, presence of bargaining units, construction costs, and administrative costs are some of the contributing factors. In 1994, the average daily cost of nursing home was \$220.84. Today, that same level of care falls between the range of \$183.11/day – \$569.09/day: the average daily cost is \$268.65/day. All Alaskan nursing homes are non-profit. Alaska has chosen to maintain very small hospital – nursing home combination facilities in some very small towns. While this keeps small hospitals in remote areas of the State in business, it also drives the cost of care exponentially across the remainder of the State. This remains a double edge sword for long-term planners in the State of Alaska. To force closure of this level of facility would place additional burden on patients/families in terms of requiring long distances of transportation to keep familial ties in place. In addition, placing capacity burdens on facilities located in heavily populated regions, as Anchorage or Fairbanks, does not seem to outweigh the benefits of closing the small community facility. Hence, the struggle goes on and in the meantime, the unique approach to this problem remains intact. See the following cost comparison charts.

1993 Cost Comparison between Oregon and Alaska Nursing Facilities*

Cost Center	Alaska – Cost per Day	Oregon – Cost per Day	Difference
Property	\$29.85	\$5.82	\$24.03
Administration	\$53.08	\$11.12	\$41.96
Other Operating Support	\$27.87	\$25.14	\$2.73
Food	\$8.94	\$5.86	\$3.08
Direct Care	\$70.01	\$65.82	\$4.19
Direct Care Supplies	\$12.73	\$4.72	\$8.01
TOTAL	\$202.48	\$118.48	\$84.00

*21 free-standing, non-profit Oregon nursing facilities versus 3 in Alaska

1993 Nursing Home vs. 1996 Pioneer Home Cost Per Day Comparisons

Cost Center	Nursing Homes*	All Pioneer*	Residential Pioneer	Asst. Living Pioneer	Skilled Nurs. Pioneer
Property	\$29.85	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$53.08	\$17.30	\$11.95	\$18.32	\$24.34
Direct Care	\$70.01	\$56.19	\$2.72	\$69.14	\$119.71
All Other Costs	\$49.54	\$61.75	\$54.91	\$64.04	\$68.39
TOTAL	\$202.48	\$135.25	\$69.58	\$151.50	\$212.44

*1996 Alaska Pioneer Homes data versus 1993 data for 5 Alaska freestanding non-profit nursing homes.

More recent numbers available on the State of Alaska show that the average cost-per-day for skilled nursing care has risen to \$268.65 (an increase of 33%) since 1993. 1997 National figures on cost of nursing home care for veterans in Veteran Administration Nursing Homes (VANH) are reported to be \$235.30/daily per diem rate. Compared to Community Nursing Homes (CNH) daily per diem rate of \$134.10.

- In Alaska, there has been a longstanding State commitment to care for aging residents through the Longevity Bonus Program and other programs, as the Pioneers' Home system. The presence of these programs over such a long period of time creates a high expectation of entitlement among the Alaskan residents. For many years, every person who reached the age of 65, and had lived in Alaska for greater than one year, received a monthly stipend of \$250. In addition, up until 1993, every senior who reached the age of 65 was awarded a Longevity Bonus of \$100.00 per month. As legislators began to see shrinking federal funding, a decision to phase this program out began in 1993. The result of this decision, while the State has more money to spread proportionately, the fact remains that this decision negatively impacts some seniors as they have less money to purchase long-term care services.
- Alaska has more isolated areas than any other state, which in general, compounds the problem of providing long-term care services. The vast area of remote terrain, low population density in these areas, and the population distribution all combine to some very difficult problems. Many of the residents of these remote areas must relocate to other unfamiliar areas to receive services. Transportation is a major economic consideration for any Alaskan project. This demographic barrier must also be considered when evaluating the efficacy of building a State veterans home in one of the major cities, i.e. Anchorage, Fairbanks, or Juneau.
- Care coordination in a long-term care delivery system is essential. In Alaska, the Division of Senior Services has taken on this charge. Care coordination is an in-depth assessment of a person's needs and linking the client to a full range of appropriate services, utilizing all formal and informal resources, and monitoring the care provided over an extended period of time. As part of the division's utilization review program, care coordinator services are

provided to medically complex Medicaid beneficiaries in Anchorage and a few rural communities. The care coordinators assist Alaskans with assessing the appropriate array of health services. This program is in evolution. The staff currently works in conjunction with the VA Social Service in their efforts to aid veterans access health care options of care, although the VA system is in process of developing their own model of case management. According to the ACoA 1998 annual report, during the FY 98, 1000 clients received care coordination services; 41% lived in rural areas and 87% had income levels below the federal poverty level.

IV. VETERAN ADMINISTRATION PROGRAMS/SERVICES

State veterans home program is a home approved by the U.S. Department of Veterans Affairs (VA), which was established by a State for veterans disabled by age, disease, or otherwise by reason of such disability are incapable of earning a living. State homes include facilities for domiciliary and/or nursing home care.

Once constructed, the VA provides a per diem payment to States for the care of eligible veterans in State homes. These rates may be adjusted each year.

Current per diem rates are \$16.13 for domiciliary care and \$ 39.74 for nursing home and hospital care. The VA share of per diem costs for nursing home is approximately 28.6%.

- ♦ A State veterans home (SVH), is a home approved by VA that has been established by a state for veterans disabled by age, disease, or other wise who, due to disability, are incapable of earning a living. State Homes include facilities for domiciliary and/or nursing home care. A State Home also may provide care to veterans' family members. Recently, the State Veterans Home Program was authorized to provide Adult Day Care services. There is a standard Rule of Thumb, that in assessing the need for State veteran home beds, the guideline is 4 beds/1000 veterans should be available. This figure however, applies to all ages of veterans, not just those veterans over 65. This program is a partnership among VA, the states, and the veterans. VA participates in two grant programs with State Homes. One grant allows VA to participate in the construction and renovation of a State Home with up to 65% of the construction costs. The per diem grant program allows VA to subsidize a portion of the daily cost of care.
- ♦ The SVH Construction Grant Program has redefined a bed needs method that relies on six priority groups to determine the order in which grant requests are funded. This system is currently under review to determine the efficacy of determining priority for fund appropriation.
 - Requests from States must fit into the following criteria to be considered to receive construction funds:
 - That obligate sufficient funds for a project.
 - That demonstrate an unmet bed need above 91% (the current ratio used 4 nursing home beds/1000 veterans and 2 domiciliary beds /1000 veterans).
 - That fill nursing home bed shortages, domiciliary or hospital beds
 - Will renovate a nursing home, domiciliary or hospital unit.
 - That meets a life safety project.
 - Include the earliest pre-application and application dates.

- ♦ There is a strong sentiment expressed by some veterans that there should be a Veteran's Home constructed in Alaska. There is a belief that veterans are being under-served because this long-term care option is unavailable to them.
- ♦ State veterans homes play an important role in assuring the full continuum of long-term care services is available to veterans. Short-term and long-term care services can be provided for veterans who prefer to obtain their services and care from a veterans facility. State veterans homes could play a collaborative role in providing comprehensive non-institutional long-term care services and institutional care. However, for State homes and the VA to play this role, statutory changes would be necessary to occur. As presently, there is no authorization for the provision of additional non-institutional long-term care services.
- ♦ According to the **VA Long-Term Care at the Crossroads** report to the Federal Advisory Committee on the Future of VA Long-Term Care. (June 1998) research findings reveal the following data:
 1. **Cost of Care.** Compared with other long-term care options, VA Nursing Homes (VANH) are expensive to operate. In FY97, the reported average daily per diem costs for VANH was \$ 235.03. In community nursing homes (CNH), the daily per diem was \$134.10. The federal per diem was \$40.00 or 28.9% of the national average per diem cost in these homes. In 1995 a cost study was conducted, resulting in geographic region variation. The study revealed a range of \$37.31-\$53.30. It also found that the mean case-mix score of patients in VANH's was 33% higher than patients in CNH's. Special rehabilitation patients were 16% of the VANH population and only 3% were in the same category in a CNH. Staffing differences also were pronounced. Registered Nurse represented 36 % of the nurse staffing, compared to 12% found in a CNH environment. The ratio of Licensed Practical Nurses was also higher in a VANH than in a CNH, however, the ratio for a Certified Nursing Assistants was lower in a VANH than in a CNH.
 2. The cost of nursing home care has led to concerns about length of stay in the VANH program. In VANHs life care has been promised to some veterans. Shorter planned placements in VANHs and more aggressive discharge planning are at odds with this promise. Concerns were raised about insufficient planning to transition patients from VANHs to community nursing homes or to home and community-based care.
 3. Cost concerns and the discretionary nature of nursing home eligibility also has led to questionable changes in the placement of veterans in the CNH program. Statutory authority allows VA to pay for CNH care for up to six months for non-service connected

conditions and for longer term for certain service-connected conditions. However, in discussion with the Social Service Director of VA in Alaska, there is great discretion and care not to extend beyond the initial authorization period of 31 days of VA benefit utilization.

4. In an era of limited budgetary resources, expansion of nursing home care has a lower priority than the expansion of home and community-based care. In general, VA appears to have a sufficient number of nursing home beds to meet its historic share of nursing home needs. Will this gross observation pertaining to physical structure in place, and applies to the lower 48 states, there is consideration for the contract approach used in Alaska and the other remaining states which do not have a physical structure in their state.
 5. The VA health care coverage benefit is complex. Not all areas are covered for each individual veteran. The medication benefit is a good example: The current census in the Pioneers' Home system is 550, of that number 20 veterans have their medications covered by the VA benefit, while other veterans in the system are not eligible for this benefit.
- ♦ There has not been a formal study of Alaskan veterans to determine their preferences for long-term care, specifically in the area of selection criteria, when a skilled nursing home is necessary. A well-crafted survey could identify the level of importance veterans place on the location of site of service, their understanding of the existing services, their level of awareness of how to access current services, and their present utilization of existing long-term care programs and services. Conducting a survey should be a collaborative effort between DMVA, and the State of Alaska/Department of Administration/Division of Senior Services. HDCG can assist in providing direction for developing the survey tool.
 - ♦ In the Federal Advisory Committee report issued in June, 1998, "VA Long-Term Care at the Crossroads," there is a strong recommendation to the Federal Department of Veterans Affairs that future efforts move away from constructing nursing home facilities to assuring adequate Home and Community Based care is available for all veterans. Home and community-based services should become the preferred placement site, when clinically appropriate for veterans needing long-term care. The service mix should be based on the care needs of the veteran population and the availability of services in local communities. This same report indicated that the State Veterans Home Program was authorized to provide Adult Day Care services.

- ♦ In 1992, there was a State sponsored study that concluded a domiciliary living arrangement alone, could not be supported by Alaska veterans. This report produced findings found to be inconsistent with State Legislation at the time the report was filed. However, since that time, legislation has since changed. As the veterans did not identify only domiciliary care as a primary need at that time, however, the sentiment is that a SVH is needed in the state. The report went on to elaborate that there was, at the time, a high vacancy rate in State veteran homes which only offered domiciliary beds.
- ♦ There is a common knowledge of the office of Social Services within the VA system, however, it is not well understood the breadth and scope of the service/division. The Care Coordination program managed out of the Department of Human Services/Division of Senior Services continues to expand its capabilities to link seniors and chronically ill Alaskans to available services. As was proposed to the Long-Term Care Federal Advisory Committee, a set of guiding principles of care coordination should be adopted by the VA. This service would assist veterans in times of transition through the healthcare network. In our interviews, the Social Service Division of the VA system reported, there is a lack of awareness of available services for veterans to access common misunderstandings and beliefs compound this problem. Any programs designed to advise veterans of the services they can access would benefit them.
- ♦ The method the Social Service Division of the VA system uses to determine source of funding for veteran at the time they are being prepared for a nursing home admission follow:
 - The Veteran's individual long-term coverage is researched to determine policy benefits.
 - The Medicare or Medicaid eligibility criteria are explored to determine if the veteran qualifies for coverage.
 - The VA benefits are used until other Medicare or Medicaid funding application can be made and accessed.
 - If all else fails, the veteran is expected to pay for the cost of care.
- ♦ Construction of a State veterans home will dismantle the current nursing home(s) contract system. There is good indication that some form of contracting with community nursing homes will continue, however, if a State veterans home is built, this number of contracts will be decreased. Veterans will continue to have a choice in selecting a nursing facility to be admitted, if nursing home placement is required.
- ♦ On the positive side, the Social Service Division Director of the VA system of Alaska, states the presence of a State veterans home would increase veteran accessibility to entry and reduce amount of 'red tape' currently necessary to access services in a contracted nursing home.

In conclusion, while it is evident that there is strong veteran sentiment to recommend to the State of Alaska, that there be support of the State Veteran Home Construction program and support the application process, there are several compelling reasons to weigh the pros and consequences of such a recommendation.

V. NATIONAL LONG TERM CARE INDUSTRY TRENDS

National Nursing Home Industry Trends

- ♦ It is estimated that the nursing facility population aged 65 and older will grow to 5.5 million, or nearly 7% of the senior population, by 2050.
- ♦ The industry has recently experienced considerable financial losses.
- ♦ There has been rapid consolidation of facilities into large corporations and alliances.
- ♦ In 1997, there were 17,176 Medicare and/or Medicaid certified nursing facilities in the nation with 1.8 million beds and 1.5 million residents.
- ♦ Nationally, the average nursing facility resident required assistance with 3.67 ADLs in 1997. The median occupancy rate in 1997 was 90% for an average nursing facility, a decline of 3% since 1993.
- ♦ The average age of nursing home residents in the U. S. is 85 and above.
- ♦ As the result of reimbursement changes under the Balanced Budget Act of 1997, the nursing home industry has had to make a shift from cost based reimbursement to a prospective payment system. This has forced nursing homes to focus on methods to improve managing their costs.

Summary

The three major reasons nursing home care is falling out of favor with our aging population of America is:

- #1. People prefer to stay in their own homes or close to the locale of their homes, to receive long-term care support.**
- #2. Government programs are forcing us as a nation to participate in cost containment measures to enable appropriated funding be used for the unusual and necessary care needs for our aging population. Care is being evaluated at all levels of service to assure efficacy in resource utilization. Case management practices to monitor appropriateness of care delivery are common practices throughout our nation. This is the case in Alaska as well.**
- #3. Advanced technology enables provision of skilled clinical care, previously administered in a clinical site of care, is now deliverable in patient's homes and place of residence, i.e. Assisted Living Facility.**

National Assisted Living Industry Trends

- ♦ The average age of residents in assisted living facilities is 82 years old.
- ♦ The average assisted living resident needs assistance with three activities of daily living (ADL). ADL's are defined as bathing, grooming, dressing, and ambulation.
- ♦ The development cost per unit of a typical facility is between \$70,000 and \$110,000.
- ♦ In the nation, the average facility has 59 units.
- ♦ 78% of assisted living facility residents are female and 22% are male.
- ♦ 86.4% of assisted living residents are private pay and receive no financial assistance.
- ♦ About two-thirds of current residents reported incomes of \$25,000 per year or less and as such are forced to spend down their assets to remain in an assisted living facility.
- ♦ Assisted living residences receiving State assistance had lengths of stay almost twice as long (4.1 years) as private-pay residents (2.1 years).
- ♦ Overall occupancy rates in 1998 were 91%.
- ♦ Older facilities (greater than 10 years old) experienced a lower occupancy rate (88.9%) than new facilities (93.5%).

Summary

Home and community-based care is more affordable, more desirable, and more accessible than institutional nursing home care. The characteristics that make this option amenable to seniors, also is appealing to all payment sources and those who can afford to private pay. Assisted Living arrangements enable a level of independence that all seniors are striving to retain. Seniors are living productive lives well into their 80' and 90's. When the situation occurs and assistance to maintain their independence occurs, the logical choice is to enter an Assisted Living setting.

Alaska Projected Growth and Trends

*"In Alaska, and nationally, the pattern is clear: there is a strong preference for aging in our homes or home community whenever it is feasible."**

- ♦ In 1990 there were 22,095 Alaskans age 65+
- ♦ 54% of Assisted Living beds are within the Pioneers' Home System
46% are community-based Assisted Living beds.
- ♦ Average number of facility residents in Alaska is 41.
- ♦ Average number of Activities of Daily Living (ADL)'s per Alaskan nursing home resident is 3.57.

- ♦ 1998 Payer Mix to Alaskan Nursing Homes to cover cost of care:
 - ♦ Medicare: 10.6%
 - ♦ Medicaid: 79.7%
 - ♦ Other: 9.7%

**Source: Alaska Commission on Aging 1998 Annual Report*

**Statement in quotation found on page 14*

2nd Source: 1998 American Health Care Assn.

Projected Dementia Care Needs*

- ♦ By 2000 it is estimated that 36,602 people will be age 65+. Of that population, it is estimated that 4,099 will be at risk for Alzheimer's Disease.
- ♦ By 2015 it is estimated that 80,927 people will be age 65+. Of that population, it is estimated that 9,064 people will be at risk for Alzheimer's Disease.

*Source: * "Estimated Prevalence of Alzheimer's Disease in the United States," Denis A. Evans, et.al. The Milbank Quarterly. Vol.68, No.2, 1990*

Summary

Alaskan senior long-term care needs and growth patterns seem to mirror what is occurring in the lower 48 states. Alaska has a variety of services available for people with long-term care needs. In the 1996 Ladd Report it is well documented that: "...services, for the most part, meet those needs; it is not always the case that people are able to be served by the long-term care service of choice, nor in the location of their choice." "Waiting lists, lack of service providers, and limited funding for home and community-based services have resulted in many people either having to wait for services, or having to opt for services like nursing homes that they do not prefer."

Market Area Industry Findings and Trends

- ♦ New assisted living facilities appear to be providing additional services that include onsite nursing care.
- ♦ Many nursing facilities are aligning with particular hospitals as referral sources. These facilities are likely admitting all payer types in return for overall volume.
- ♦ Some hospitals are closing hospital subacute units resulting in increased demand for freestanding skilled nursing facility beds.

- ♦ Nursing facilities are likely to experience continued declines in overall occupancy as personal care homes and assisted living facilities continue to attract private pay residents to alternative settings and the use of home health continues to expand.
- ♦ Population growth estimates clearly indicate no additional growth in the area, as such; providers will carefully consider the development or replacement of facilities in the city.

Summary

Today more than ever before in our history, there are options to consider when making long-term care selections. Seniors themselves are dispelling the myths about long-term care utilization of nursing homes as an option.

MYTHS:

- ♦ Old beliefs about placing old people in the same living space with older people in an attempt to foster socialization have fallen out of favor.
- ♦ A belief that professional judgement should outweigh personal preference cannot and should not be supported as a good model. Rosalie Kane, a long time advocate for efficacy in long-term care design, says, "Long-term care consists of those personal care and supportive services needed to compensate for functional impairments of older people...often time unspecialized and untechnical..."
- ♦ A belief that frail elderly people with cognitive impairments cannot live alone is an old unfounded belief. Home and community-based services are designed to assist in this level of care needs. Because it is conducive to stay at home and receive services, the familiarity of surroundings actually diminishes the acuteness of the impairment, regardless of the nature.
- ♦ A recent study by the U.S. Administration on Aging found the "In 1984, about 6 Million (23%) older people living in the community had health-related difficulties with one or more personal care activities..."

VI. CONCLUSIONS AND RECOMMENDATIONS

- A. National Long-Term Industry Trends Are Moving Away From Institutional Care and Programs Towards Home and Community-Based Services.** The national trend of all aging seniors is to remain in their homes for care or as close to their homes for long-term care services.

This national trend is well documented in several reports; 1996 Ladd Report, Federal Advisory Committee report on The Future of VA Long-Term Care, Alaska Commission on Aging 1998 Report, and a 1992 article on a Profile of Older Americans, published by American Association of Retired People.

Case management/care coordination closely monitors long-term care utilization. Current focus is to evaluate people in their present care delivery site and transition to the next lowest level of care as possible.

The trend in healthcare delivery systems to implement cost-containment measure at the site of care is sweeping the nation. Case Management has become an integrated part of healthcare delivery systems. This method of managing nursing home costs is also gaining favor. Alaskans who assist and direct seniors' transition through the healthcare system in Alaska, report that this method of care coordination is also prevalent in Alaska.

According to the Social Service Division Director for VA in Alaska, Initial prior authorization for nursing home admission is for 31 days of VA benefits. This authorization only occurs if other funding sources like Medicare or Medicaid are not approved. The family is instructed to make application for Medicaid eligibility as soon as the veteran is admitted to a nursing home setting under the VA benefit program.

Veteran preference for long-term care options in the State of Alaska is unknown.

A well-constructed survey would identify Alaskan veteran preference for long-term care services.

Recommendation

The DMVA and Department of Administration/Division of Senior Services should conduct a survey of Alaskan veterans to assess the preference of Alaskan veterans for long-term care services.

As today, there is a shift in nursing home bed utilization occurring in Alaska, the survey should explore the availability of alternative home and community-based services within the veterans' residential locale.

DMVA should use the survey as a guide to make recommendations to the State of Alaska when advising on goals to meet the long-term care needs of the Alaskan veterans. DMVA should partner with the Alaskan leaders and legislators to develop a plan and implement an approach to provide appropriate long-term care services to veterans. A State Veterans Home should not be the only solution to consider when planning for veterans long-term care needs. The plan should also include enhanced home and community-based services for the aging veterans of Alaska.

B. Task Force Recommendations To The Federal Advisory Committee On The Future Of VA Long-Term Care (1998), Suggest Moving Away From The Nursing Home Model Towards Creating Home And Community-Based Care Services.

Recommendation

Explore the benefits of creating a model of home and community-based care that is unique to Alaskan veterans and seek funding assistance from VA administration to conduct a demonstration project to operationalize the creative plan.

C. State Of Alaska Commission On Aging Has Identified Five Work Groups To Address Issues Affecting Seniors. The Following Topics Are Referred To As Common Ground Core Initiatives.

- ♦ access to services
- ♦ public awareness and education
- ♦ quality assurance for senior programs
- ♦ seniors exercising self-determination in shaping and using long-term care services
- ♦ prevention and wellness strategies

Recommendation

DMVA should work in collaboration with the Alaska Commission on Aging to assure the veteran population is included in their planning efforts. Offer volunteer assistance from the local posts to educate and enhance awareness of current programs and services.

The State of Alaska, 1998 Legislative Long-Term Care Task Force Recommendations include:

A draft bill to establish a state-funded home and community-based services program for certain adults with long-term care needs.

A draft bill amending the Certificate of Need process. Applicants for a nursing home project > \$1M will be required to demonstrate need, identify how the additional facility will meet need, have involved public process, serves an area which already has adequate home and community-based care, and will have shown the method to address increased costs.

Recommendation

DMVA should demonstrate a collaborative spirit and assist the State of Alaska to achieve their legislative focus on crafting and paying for long-term care resources needed as Alaska's population grows older. This is an opportunity for veteran leadership to shape the future of long-term care in Alaska, resulting in benefits for all seniors.

- D. Constructing A State Veterans Home should not be the only option to consider as DMVA and State veteran leadership explore options and opportunities to enhance long-term care for Alaskan veterans.**

Not all veteran admissions will be directed to the State veterans home, veterans have a choice of where they will be admitted. This makes future bed occupancy difficult to project.

Any solutions that result in fewer admissions to the current nursing home under contract, occurring as the result of veterans being admitted to a new nursing home environment, i.e., a newly constructed State veterans home has the potential to reduce bed occupancy in the current facilities to a level below 85%, and create an over-bedded situation.

Pioneers' Home Program has 602 beds. The focus for new admissions is to serve aging adults with dementia problems. However, in keeping with the concept of aging in place, when residents require skilled nursing services, the skilled service is provided to those residents at the home.

Currently, Alaska has 15 nursing skilled homes with 721 beds. Occupancy has been relatively steady since 1992 at 85%. There are 11 Nursing Facilities with census of 85% or more in the State of Alaska.

Transportation is an issue for veterans and their families to maintain familial contact if one central site is chosen.

Continued familiar support and contact is essential in maintaining the well-being of an institutionalized family member, veteran or otherwise. Transportation difficulties should not be taken lightly, but rather considered in the grand overview when making recommendations for constructing a State veterans home.

Recommendation

Alaskan veteran leadership should shift focus away from construction of a State veterans home as the only option to consider as planning efforts are focused on future veterans long-term care. All indicators suggest that home and community-based care should be considered as a viable option for any future planning. This approach is being supported at both the Federal VA Administration and State Legislative Task Force planning. A better objective for DMVA and State veteran leadership should be to seek State assistance to secure funding approval from the Federal VA system to establish a demonstration project designed to accomplish the goal of meeting the long-term care needs of the Alaskan veteran.

DMVA should capitalize on the strengths State veteran leadership and organized veteran groups bring to the planning table. There is a strong interest and enthusiasm for providing a workable solution to meet the long-term care needs of veterans in the state. Create a model environment, which meets the objective by assuring adequate service is accessible, affordable, and deliverable, within the locale/regions those Alaskan veterans reside.

E. The Entire Healthcare Industry Is In A Cost-Containment Mode. Federal Budgets, Including Medicare And Medicaid Funding Are Shrinking. Cost Of Nursing Home Care In Alaska Is Higher Than In Other States.

There are several causes for cost of care to be higher in Alaska than in the lower 48 states. Competitive wages, the presence of bargaining units, increased construction costs, and administrative costs are some of the reasons. However, there is another contributing factor; eight nursing home arrangements, either in swing beds or a skilled nursing facility, are attached to a hospital. This is a common arrangement in small remote communities. The nursing facility arrangement contributes to the financial stability of the hospital system. Typically, very small homes connected to hospitals are not very efficient or economical. This situation in turn drives up the cost of nursing home care.

In the 1996 Ladd Report, a recommendation was made to the State of Alaska, Division of Senior Services to consider two options to address this problem.

Option I: Create two different classes of nursing homes, based on size of 45 beds or less. Federal Medicaid regulations allow different definition of facilities for different classes, and different reimbursement methodologies. This alternative would create the opportunity to continue the current reimbursement policy of paying essentially all of the costs in the nursing home with less than 45 beds. For nursing home facilities with greater than 45 beds, develop a methodology that would control or limit certain costs, i.e., high property and/or administrative costs.

Option II: Establish small health centers, with physician assistants or nurse practitioners in small isolated towns. The clinics, in conjunction with small assisted living facilities, could be a more cost-effective way of meeting the long-term care needs of the residents in these remote areas.

However, until the State of Alaska leaders and planners of long-term care solutions determine the approach to follow, the current system remains in place.

Recommendation

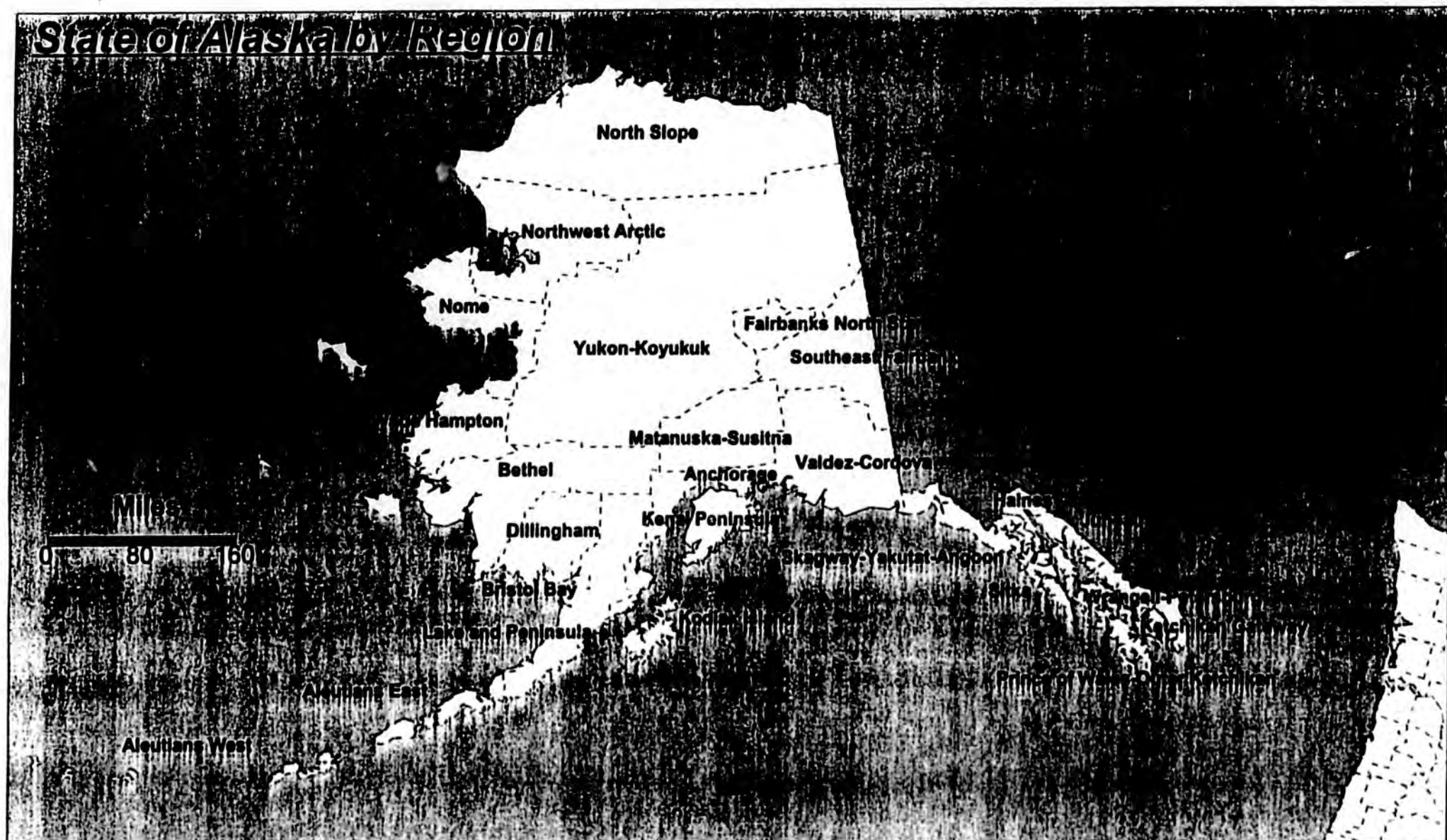
DMVA and State veteran leadership should assist in educating and enhancing awareness of Alaskan veterans of the current utilization of healthcare dollars. They should become a leader in education of prudent utilization of the healthcare system. They should use local Post activities as a forum to enhance awareness of available long-term care services and programs. They should use established networks and methods, currently designed to regularly communicate with Alaskan veterans, to keep apprised of health and wellness health topics.

INTERVIEW LIST

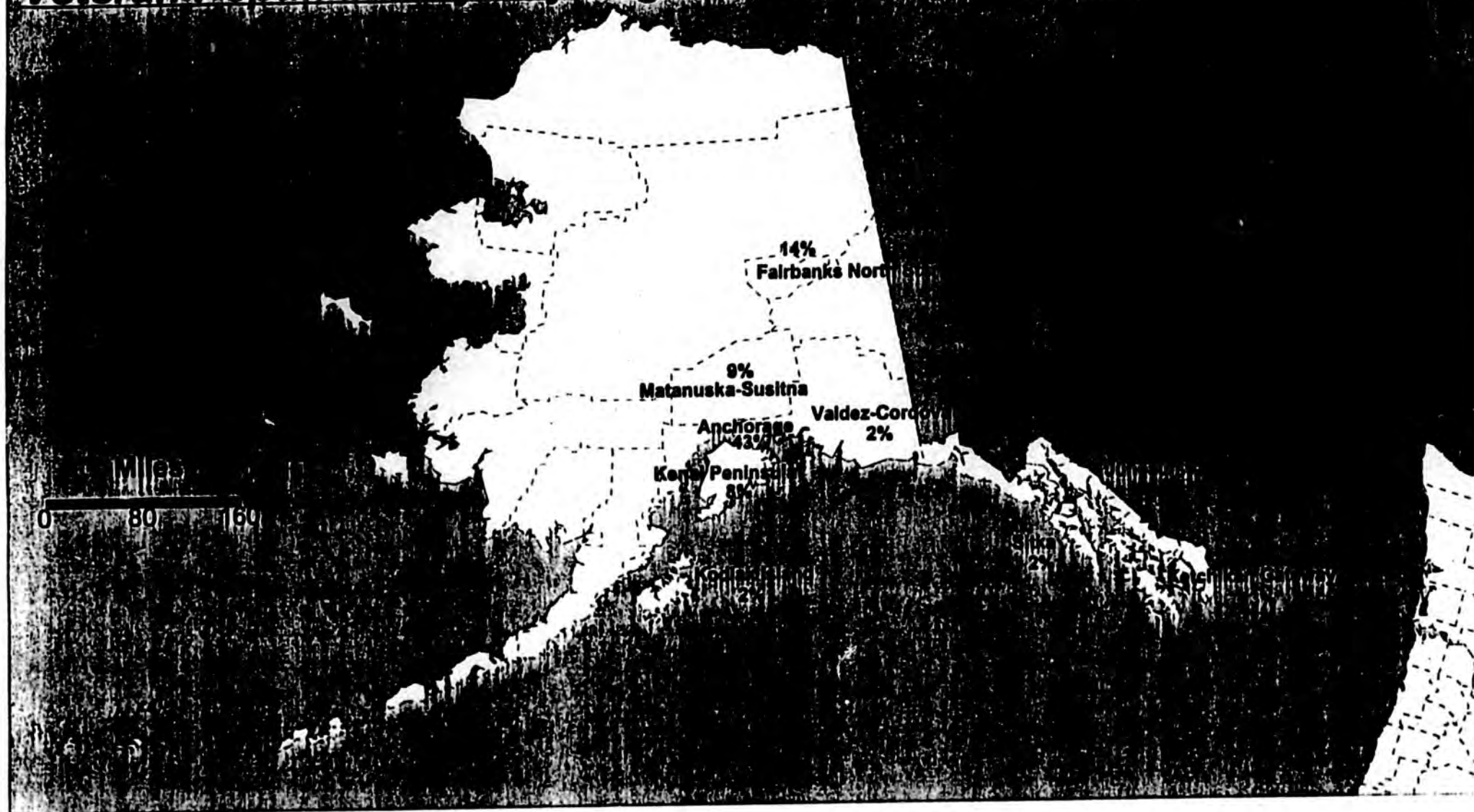
views with key individuals, who could provide information describing their perspective of how Alaska can best integrate its long-term care options in relation to the construction of a State veterans home, was an important data gathering exercise for the Consultant Team.

NAME	POSITION
es W. McLeod Jr.	State Coordinator for Veteran Affairs
A Wilder	Division of Senior Services
a Hoffman-Devoe	Director Social Services/VA
Bell	Community Affairs
en Barnes	Alaska Commissioner on Aging
ohn	Director/Pioneer Homes
arber	Administrator/Mary Conrad Center
Ortelli	Administrator Fairbanks Memorial Home Care Representing: Alaska State Hospital & Nursing Home Association
a Symmes	Providence Health System
Wolf	Providence Health System
. Kurpius	VFW-State Service Officer
R. Klotz	VFW-State Commander/Department of Alaska
e D. Johnson	VFW-State Department Commander
C. Hill	American Legion-Department Adjutant
ertram	American Legion-Department Service Officer
J. Ozment	Alaska Department of Veterans Affairs Management Analyst & Data Manager
e Derr	AK State Hospital and Nursing Home Assn. State Executive

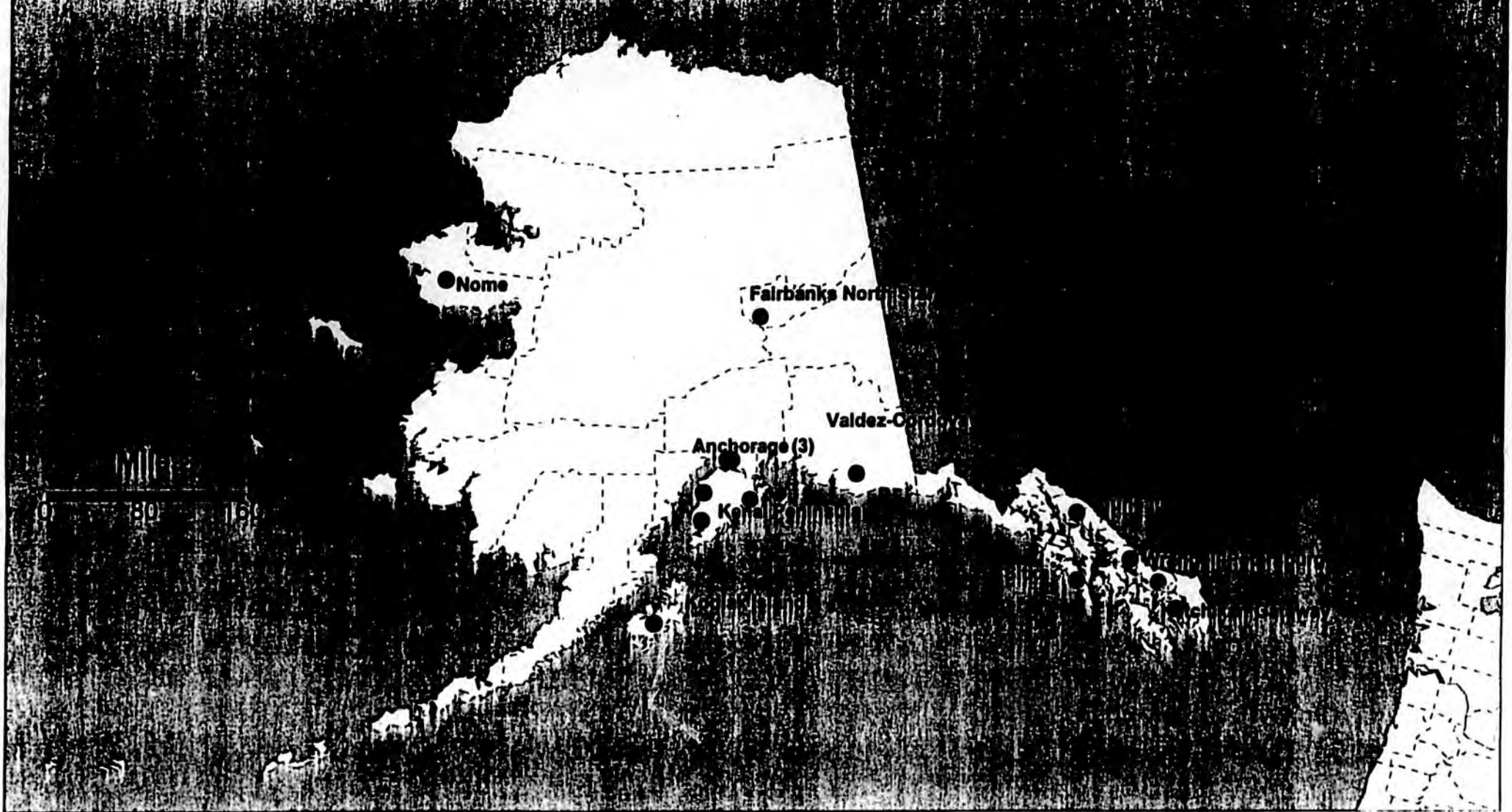
State of Alaska by Region



Veteran Population by Key Regions



Nursing Facility Location by Region



Sources

VA Long-Term Care at the Crossroads, Report of the Federal Advisory Committee on the Future of VA Long-Term Care, Washington, DC, June 1998

Alaska Veterans' Home Domiciliary Care Feasibility Analysis, January 1993

Alaska Commission on Aging Annual Report FY 98

Ladd & Associates, Long-Term Care in Alaska: Recommendations for Reform, March 1996

"Myths and Realities: Why Most of What Everybody Knows About Long-Term Care is Wrong." The Brookings Review; Fall 1990; 32.

Woosley, Eve M. Department of Military and Veterans Affairs & University of Alaska/Public Administration Program. "Veteran Long-Term Care in Alaska: Preserving Choice." Capsone Research Project, May 1999.

Long-Term Care Task Force Members

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Ms. Joyanna Geisler Kenai Peninsula Independent Living Center PO Box 2474 Homer, AK 99603 800-770-7911 Phone 907-235-6236 Fax E-mail address unknown at this time	Ms. Debby Sedwick Dept. of Community and Econ. Dev. PO Box 110800 Juneau, AK 99811 907-465-2500 Phone 907-465-5442 Fax debby_sedwick@dc.ed.state.ak.us

JOINT LONG-TERM CARE TASK FORCE
Anchorage, Alaska
August 26, 1999
8:33 a.m.

TAPE(S)

99-1, SIDES A & B
99-2, SIDES A & B
99-3, SIDE A

CALL TO ORDER

Senator Wilken, Chairman, convened the Long-Term Care Task Force meeting at 8:33 a.m.

PRESENT

Committee members present at the call to order were Senators Wilken and Ellis and Representatives Coghill and Croft.

SUMMARY OF INFORMATION

Introduction of Task Force Members
Summary of Activities: Long-Term Care Task Force of 1998
Public Comment
Update on Quality Long-Term Care: Recommendations 1-10
Update on Access to Long-Term Care: Recommendations 11-17
Update on Long-Term Care Delivery System: Recommendations 18-22
Update on Government Funding for Long-Term Care:
Recommendations 23-27
Update on Private Funding for Long-Term Care:
Recommendations 28-30
Concerns of Task Force Members

COMMITTEE ACTION

The committee took no action.

NOTE:

The meeting was recorded and handwritten log notes were taken. A copy of the tape(s) and log notes may be obtained by contacting the House Records Office at 130 Seward Street, Suite 211, Juneau, Alaska 99801-1182, (907) 465-2214, and after adjournment of the second session of the Twenty-first Alaska State Legislature, in the Legislative Reference Library.

COMMITTEE TAPE LOG

COMMITTEE:

LTC Task Force

DATE:

8/26

TIME:

8:33

SUBJECT:

MEMBERS:

Joyanna Geisler, Alison Elgee, Dennis Murray,

Rep Coglik, Sen Wilken, Sen Ellis, John Hancock, Rep
Croft

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Wilken	000	Introduction
	019	Audience introduction
Wilken		Summary of LTC progress
		AARP mtg starting pt
		positive mtg
Wilken	075	Think of future
	081	
	093	Public Comment
Ma Staton	095	ACOA chair - appreciate help want to help
Wilken	103	
	104	
Burrows	125	Rec #1
Joyanna Geisler	140	PCA task group - independent - exemption of nurse practice act to give meds
Burrows	160	- training curriculum out on street
Murray	170	- Bd of Nursing needs to agree to exemption
Burrows		
Geisler	180	
Burrows	190	- reg change this fall
Wilken	215	comment re: PCA career ladder
Burrow		continue career ladder
Murray	240	#9 - current UAA RN program need distance delivery
		Tina DeLapp - School of Nursing - Ruth Lister

Elmer Lindstrom, Shannon McCarthy, Sharon Miller
re: Karen Perdue, Deborah Sedwick, Sen Miller

②

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
		involved - goal in 2000
Geisler	275	re: medical model vs universal worker
Burrows	295	
Hanchett	350	start with CNA's - need PCA to remain
Murray	377	title change resident assistance
Elgee	413	expectation + opportunity for career
Wilken	426	Priority 1+9 - may need
Coghill	446	#2 - read
Murray	500	key to dialogue - medication
Wilken	532	Asked Shannon to communicate ^{with cmte}
Clark	534	#3 ^{re: due date}
	550	licensing regs probably won't be a problem - but probably 3/00
Murray	567	
Burrows	572	#4 - pending
Murray	578	chamber of commerce - should we expand to include chamber
Hanchett	585	
Burrows	600	small business is being stressed
Elgee	604	#5
		may need statutory changes
Lindstrom	630	may have state hearing - legislative in
Coghill/ Elgee	640	hope to have work done by session
Clark	653	where + when
Geisler	666	#6

change of tape

3

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Burrows	679	Answers what is the guardianship system
		Court visitor is controversial -
		OPA appts court visitor - possible conflict
Burrows	710	difference between guardianship + conservatorship
Murray	722	further discussion
Coghill	727	
Burrows	738	Know standards or guidelines
Elgee	742	OPA is responsible for training; need #
Lane/Elgee	769	If finances are available - private guardians are appt
		Court makes decision
Burrows	788	possible legislation
	802	Acknowledgement of Rep Croft
McCarthy	810	#8
Murray	824	made progress in area
		UA nursing program is one positive outcome
Derr	844	Need for nurses
		work force development for health care
		\$1.7 million for Uuv
		full-time ASANA employee for health
Wilken	868	follow-up
	880	should this be a priority - work force development - yes
Understrom	889	#10

(4)

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Demmet	915	further explanation
Murray	937	confusing with many different forms — possible stronger guidance
Croft	950	possibly should be addressed in the legislative arena
Demmet	963	
Croft	982	possibly should revise + then educate — Croft will work with ACOA
Kay Branch	006	#11 — Contacted AFN — new ^{position} with At Native Health Bd senior services
		— works to develop facilities in rural
		— visited 20 communities
Clark	052	— Miller (Sharon) to monitor
Croft	069	#12 —
Lindstrom	092	explanation
Bob Labbe	113	priority to Medicaid division
		— Native patients can receive 100% from feds
<u>Change of Tape</u>		
Labbe	000	Continue discussion
		18 million — 40 million is involved
		— ~~At~~ is hoping to recoup these #
Croft/Labbe	027	— clarification
Wilken	051	— Wilken will monitor
Ellis	056	#13
Coghill	083	#14
Elgee	104	lower priority due to cost
Coghill/	110	why
Burrows		historically dementia considered mental

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Sherwood	125	- stated distinction - 48 states covered
Elgee	130	est 3000 folks - 10% of 65+ population
Croft	138	how many getting care thru medical model 30-40% of medical
Murray/ Burrows	157	a good portion getting help thru
Hanchett	163	get # involvement thru case mgt - thru assisted living
Dannett		ACOA getting data - modest headway Could Mental Health Trust get involved?!
Croft/ Elgee	197	Impact on Pioneers Homes - financial qualification of patients - looking at waiver change at federal level
Wilken	245	work up proposal for Mental Health Trust
Clark	255	#15
Sherwood	270	
Danlin	278	attempted to study - AARP learning that docs are not treating Medicare patients
Burrows	276	received grant - work with docs to help with billings; hopefully docs will take patients 130,000 for 3yrs
Murray	320	provided
Murray	337	#16
Lane	347	recap on issue - conference in Fbks

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Elgee	388	#17 - Concern of ACOA
Steve Ashman	426	AHFC - Senior Housing - isn't promoting projects - takes typically 3 yrs ^{to get} application ^{down} new program - using arbitrage earnings to buy down interest for mortg pop assisted living
		application period begins 8/27/99
Ellis/	483	Has anyone talk to Sen Donley
Ashman		AHFC will work with legislators
Alvin Stanton	507	For lack of elevator, bldg is not ^{being} used
Wilken	520	Reconven Task Force. Break
Geisler	535	#18
Stanton	575	highlighted conference - invited folks
Murray		should be involved in veteran issue
McCartley		#19 distributed
Burrows	621	
Hanchett		letter to Mental Health trust re: funding support by early Sept
Lindstrom	634	#20
		Medical Ass't priority, but no \$
		Div of SS will look at 1/00
Labbe	656	See links with #20
Lane/	670	work group looking at
Lindstrom		Medicaid Waiver streamlining reg project
Hanchett	686	combine priority 14, 19, 20
Wilken	704	skip - #21 + 22
		leg passed (#21) (#22 long involved)
Hanchett	707	#23

(7)

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Labbe	728	
Elgee	732	Medicaid pays Medicare - gets jeopardized as \$ gets
Labbe	740	1/8/00 - get data on Medicaid/Medicare from feds
		- Bob will report by 1/8/00
Croft	749	#24
Burrows	764	#25 - Mental Health Trust is involved
Ellis	766	#26
Derr/ Fink	783	"Citizens for LTC" - organized by Sen Durenberger - targeted nationally
Coghill	804	#27
Clark	?	#28
Elgee	872	Bd of Retirement
		Young employees aren't interested in LTC
		Retirees will be given an option to update; people who didn't elect will be given option
Hansfutt/ Elgee	896	How are we recruiting LTC
Wilken	910	Asked about active employees
Murray	922	#29
Murray	942	How much is being pd thru in insurance/ How much is being pd thru premium
Burrows	970	Receive 120 requests re: month Medicare Counseling license
Wilken	984	Ex - LTC insurance
Wilken	996	#30

SPEAKER	TAPE #	SIGNIFICANT INFORMATION
Burrows	072	Add # 6 as a priority - Guardianship
Murray	082	Add #15 - Medicare Access Perspective Payment System
Wilken	099	Add #12 - Indian Health
Elgee	103	Vulnerable Adults - pending statutes - possible
Hanchett	123	Add 20 to 19
Elgee/ Lindstrom		explain proration bill - Elmer is to
	174	Request legislation to public members
Wilken	193	re: funding for Pioneer Home - add Pioneer Home funding - Streamline Waiver Regs
Darlin	232	AARP will be there to help
<u>Change Tape</u>		
Wilken	000	Possible next mtg - Feb/Mar in Juneau
Lindstrom	010	Worked well last yr - This yrs legislative package may be greater
Wilken	050	possible 11/15 - 10-5 before Common Ground Conference
Coghill	080	Rep up
Clark	103	Thanks
Murray	107	Difficult to make policy on out of date info
		Ask for current info from H+SS + Admin



Testimony
by Invitation
only

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

90843

PLEASE PRINT

SPONSOR: Long Term Case Task Force

SUBJECT: Rec. Review of '98 Task Force

START/END TIME: 8:30 DATE: 8-26

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Leslee Orebaugh, AK Caregivers Assoc	309 E 24th Avenue, Anch. AK	99503	276-5593			
2.	Monika Faye Lane AK Caregivers Assoc	109 E 5th AVE NORTH POLE, AK	99705	488-9159			
3.	Marie Warlen - AARP Legis. Comm.	415 Willoughby* 506 JUNEAU	99801	586-3637			
4.	Lakaine L. Derr - ASH NHA	426 Main JUNEAU	9984	586-1790			
5.	Shirley Hanabett	P.O. Box 10041	99710	488-2437			
6.	Myna Maynard	Rep. Carl Morgan		269-0166		✓	
7.	Ray L Burnows	DSS					
8.	Ally Stanto	3817 Fairview 16th	99901	225-3406			
9.	Kelli Summit	AK Commissioner on Aging	99811	465-3258			
10.	Bob Labbe - DMA			465-3355		✓	
11.	Jon Sherwood DMA			465-5820		✓	
12.	Dulce Lohne Alzheimer's Assoc			501-3312			
13.	STEVE ASHMAN	AHFC SENIOR HOUSING OFFICE		330-8460			
14.							
15.							