

OVERVIEW
ASSISTED
LIVING

4/18/02

**DMHDD Assisted Living Homes as of April 16, 2002
687 Authorized residents in 201 Licensed Assisted Living Homes**

**Groups #1 and #2 are homes that are not required by AS 47.33 or 7 AAC 75 to be licensed by the state,
but once licensed are required to comply with state statutes and regulations**

	Group #1	Group #2	Group #3	Group #4	Group #5	Group #6
Type of Housing	One or Two Residents	One or Two Residents	Three to Five Residents	Three to Five Residents	Six or More Residents	Six or More Residents
Facility Owner	Private Business	Non-Profit Agency	Private Business	Non-Profit Agency	Private Business	Non-Profit Agency
Number of Beds/ALHs	118 Residents/74 ALHs	56/29 ALHs	132 Residents/36 ALHs	180 Residents/48 ALHs	171 Residents/11 ALHs	30 Residents/3 ALHs
Services Provided	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)	As indicated in Residents Service Plan and agreed to by Provider (See Note 1)
Authorized Type of Clients/ALHs	111/70 DD, 4/2 DD/MH, 1/1 MH, & 2/1 DD/MH & ELDERLY	56/29 DD	73/22 DD, 51/12 DD/MH, & 8/2 DD/MH & ELDERLY	158/43 DD, 7/2 DD/MH, & 15/3 MH	9/1 MH, 162/10 DD/MH & ELDERLY	6/1 DD, 24/2 DD/MH
Care Givers per facility	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)	As require to meet Residents Service needs as agreed to by Provider (See Note 2)
Revenue Sources						
State						
Medicaid Subsidy						
Co-pay						
HUD						
Other						
Accountability						
Case Manager	Yes	Yes	Yes	Yes	Yes	Yes
Regular Audit						
Licensing Authority	DMHDD	DMHDD	DMHDD	DMHDD	DMHDD	DMHDD
Inspections	Annually	Annually	Annually	Annually	Annually	Annually
Billing Procedure						

- Notes:**
- Per AS 47.33 Services always include three meals a day plus a snack, and may include assistance with Activities of Daily living, Instrumental Activities of Daily Living, Personal Assistance, and Health Related Services as indicated in each resident's assisted living plan.
 - Per 7 AAC 75.210(d) The Assisted Living Home must have a sufficient number of care providers.. With adequate training to...meet the specific needs of residents as defined in the residents...assisted living plans.

Division of Senior Services
 Summary of Assisted Living Homes
 April 17, 2002

	Pvt. Owned Apartments	Small ALF (5 and Under)	Medium ALF (6 to 15)	Large ALF (Over 15)	Total Non-State ALF	Pioneers' Home System
Number of Facilities		104	20	8	132	6
Number of Residents	Approx 2200	445	180	245	870	608
Services Provided	None to HCBS	Meals, ADL's, IADL's (See note a)	Meals, ADL's, IADL's (See note a)	Meals, ADL's, IADL's (See note a)		Meals, ADL's, IADL's (See note a)
Authorized Type of Clients	60+ or 62+ and disabled	OA, APD, DD, MH (See note b)	OA, APD, DD, MH (See note b)	OA, APD, DD, MH (See note b)		65 Years and 1 yr resident
Staffing Requirements	None	As Required (See note c)	As Required (See note c)	As Required (See note c)		As Required (See note c)
Sources of Revenues						
Cost Per Mo. for Services (Note d)	Fair Mkt Rent	\$1835 Plus Room and Board	\$2276 Plus Room and Board	\$2551 Plus Room and Board		\$2-6000 Includes Room and Board
Sources of Revenue						
Private Pay	Yes	Yes	Yes	Yes		Yes
AHFC Section 8 (e)	Yes (30%)	Yes (30%)	Yes (30%)	Yes (30%)		No
HUD/USDA-RD (e)	Yes (30%)	No	No	No		No
State (See Note f)	N/A	N/A	N/A	N/A		Yes (60%)
General Relief (g)	No	\$1,825	\$1,825	\$1,825		No
Medicaid	No	Yes	Yes	Yes		No
LTC Insurance	No	Yes	Yes	Yes		No
Accountability						
Service Coordinators	Yes	No	No	No		No
Care Coordinators	Maybe	Yes	Yes	Yes		No
Case Managers	No	No	No	No		Yes
Annual Audit	Yes	No	No	No		Yes
Licensing Authority	None	Div Sr Svc	Div Sr Svc	Div Sr Svc		Div Sr Svc
Inspections	Annual	Annual	Annual	Annual		Annual
Billing Procedure	Monthly Lease	Bill Health First	Bill Health First	Bill Health First		Mo'ly Pymt

(a) As required under AS 47.33

(b) Older Alaskans, Adults with Physical Disabilities, Developmental Disabilities, Mental Health.

(c) By regulation, homes must have sufficient number of trained staff to meet specific needs of residents...

(d) Pioneers' Home residents contribute approximately 40% of annual cost. AL rates based on current regulations with Augmentation.

FY 01 average monthly cost of \$1921 for the OA Waiver and \$2608 for the APD Waiver

(e) Subsidy allows resident to pay only 30% of income towards rent.

(f) State funded senior residential facilities in Kotzebue and Tanana

(g) Currently 211 clients on GR

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION DIVISION OF SENIOR SERVICES

Assisted Living Licensing
Alaska Commission on Aging
• Nutrition & Transportation
• Senior Residential Services
• Senior Employment Services
• Home & Community Grants

Personal Care Attendant Program
Care Plan Counseling
Older Alaskan's Waiver
Adults with Physical Disabilities Waiver
Adult Protective Services
Information & Referral

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April 17, 2002

The Honorable Fred Dyson
House of Representatives
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Dyson:

In your memorandum of April 10, 2002, you requested; 1) a summary of the accomplishments made through the Long Term Care Task Force and those items, if any that may require follow-up; 2) our position on issues that may require legislative authorization of future task forces; and 3) the existing status of assisted living options in Alaska. Each of these issues will be discussed below.

The Long-Term Task Force Report was issued in January 1999. There are 31 recommendations that fall into six categories and are discussed below.

Recommendation 1. 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.

This program serves adults with physical and mental disabilities and elderly Alaskans by providing personal care services in their own homes and communities. As a first phase, the division worked closely with stakeholders throughout the state, and in partnership with the Independent Living Centers, to develop a plan that allowed more consumer choice and direction in the provision/receipt of the services of the independent personal care program. Personal Care attendant regulations are covered under the Department of Health and Social Services regulations for Medicaid- the primary payor of personal care attendant services. Regulations for the Consumer-Directed Personal Care Services program were adopted October 1, 2001. As a second phase, the division began review of the agency-based personal care attendant program. Again these regulations are part of the Department of Health and Social Services regulations governing Medicaid. The two departments are finalizing the regulations for Agency-Based Personal Care Services and expect to have them out for public comment by early summer. Both of these regulations identify minimum standards for attendants, and increase the reimbursement for services levels payable under Medicaid. The revised regulations provide safeguards for recipients of personal care services, set minimum training and educational requirements

for providers, and through increase in the reimbursement rates attempt to attract and retain more individuals in this important field.

Additionally, based upon the work of the Design Team, the division was recently awarded a federal grant to further these efforts. The grant, Medicaid Community-Integrated Personal Assistance Services and Support Project will address: 1) Recruitment and Management of Personal Assistance Services; 2) Consumer Education and Support; 3) Provider Training and Technical Assistance; and, 4) Paraprofessional Staff Recruitment, Retention, and Training Efforts.

Recommendation 2. 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 division of senior services attends meetings of the Alaska Board of Nursing concerning issues of delegation of nursing activities. HB276/SB283 currently under consideration by the legislature clarifies nursing delegation.

Recommendation 3. The Task Force recommends that legislation be drafted and introduced relating to the disclosure of licensing reports and licensing of home health agencies.

SB56, introduced in 1999 by S(HESS) "An act allowing the disclosure of reports with regard to inspection and investigations of certain health care facilities, home health agencies, hospice programs, and assisted living homes; authorizing the Department of Health and Social Services to license home health agencies; and providing for an effective date" was passed and became CH20, SLA99.

Recommendation 4. The Task Force supports an increased effort to train Assisted Living Administrators in proven small business practices and urges collaboration between the Department of Administration and the University of Alaska to provide this education.

The division of senior services provides quarterly "Public Forum" to assisted living administrators on topics relevant to the industry. In addition, the division has worked with the YWCA in Anchorage, which now provides a 14-week course entitled "Starting Your Own Assisted Living Home Business." This course covers all aspects of starting one's own business from developing a business plan, managing personnel to billing and invoicing for services. The division also provided a small grant to the Alaska Caregiver's Association to provide continuing education to assisted living providers.

In addition, the division of senior services has been working closely with the university on this issue and is on the Advisory Board for the newly created Gerontology Program. The program is designed to meet the needs of the state to advance the knowledge, training, education and applied research in the field of aging. This effort is to design and develop a curriculum that supports a minor, professional certification and paraprofessional certification in gerontology. Course work in this field will begin in Summer 2002.

Recommendation 5. 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, together with the Department of Health and Social Services, convened a stakeholders group to discuss a complete review of the assisted living regulations in 1999. Additionally public meetings were conducted in various locations around the state, and a questionnaire was developed to identify areas of existing regulations that needed attention in the rewrite process. At that time, the assisted living industry was approximately 5 years old, and the departments felt that enough experience had been gained that it was time to update the regulations based upon what was known to work and what were potential problems in the existing regulations. A variety of input was sought from providers, residents of assisted living homes, family members and guardians of residents of assisted living.

Regulations resulting from this process were subsequently broken down into three parts. The first part of the regulations were adopted in August, 2001. The second stage of the regulations were adopted on April 6, 2002. The regulations identify minimum standards for administrator education and experience (which also take into consideration the size of the facility, personnel experience, health and safety standards and nutritional standards). The final stage of the regulations cover the general relief program, and are expected to become final in mid-May of this year.

Recommendation 6. 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.

Upon receipt of the Alaska Guardianship System report, the Division of Senior Services convened a group of interested parties that included representatives from the Office of Public Advocacy, court visitors, the Disability Law Center, the Court, the Department of Health and Social Services, and family guardians. Recommendations were developed for legislative change and SB299 was introduced in 2000 to effect the recommendations of the committee. The legislation did not pass. Subsequently, Senate Bill 190 was introduced on April 11, 2001 by Senator Wilken with the same content as SB299 from the previous year and is entitled "An Act relating to guardianships, conservatorships, and protective orders..." This legislation is currently in Senate State Affairs.

In addition, a request was developed for funding for a special project to provide more family guardians education and support services. This project was funded by a grant to the Office of Public Advocacy through the Alaska Mental Health Trust Authority and is currently in its second year. Trainings have been held in locations throughout the state, materials have been developed to assist family guardians, and a special website has been developed to provide answers to frequently asked questions, make forms available and provide an easy e-mail access to an individual in the Office of Public Advocacy for answers to specific inquiries. Additional funding for public guardians to address the extraordinary caseload of the existing guardians in the Office of Public Advocacy has been requested every year since the publication of the Alaska Guardianship System report, based upon the reports findings that the Office of Public Advocacy was hampered in providing services due to the extreme caseloads of the public guardians. This funding was proposed in the Governor's budget, and received the endorsement of the Governor's Council on Disabilities and Special Education and the Alaska Mental Health Trust Authority. However, the legislature has failed to include additional funding for this activity in the operating budget.

Recommendation 7. 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.

SB57 was introduced in 1999 entitled "An act relating to vulnerable adults; and providing for an effective date" to meet the intent of this recommendation. SB57 was passed and became CH21, SLA99.

Recommendation 8. The task force endorses the efforts of the Alaska State Hospital and Nursing Home Association, in conjunction with other training councils, to hold a statewide Workforce Development Summit.

An initial summit to address this issue was held in 1999. Since that time additional work has been done.

The most recent summit was held on April 16 and 17, 2002. The summit covered the challenges facing long-term care work force development, recruitment and retention issues, etc. One area that has been a barrier to workforce development and retention is the low pay scales offered to employees and lack of employer sponsored benefits such as health insurance.

This year legislation has been introduced to attempt to address the availability and affordability of health insurance coverage for individuals employed by non-profits and small businesses. **House Bill 315** was introduced on January 14, 2002 by Representative Rokeberg and is entitled "An Act allowing employers that are small businesses, small nonprofit organizations, or small associations for insurance purposes to join state employee insurance coverage as a group; and providing for an effective date." The bill was referred to State Affairs, Labor and Commerce and Finance. The bill is now in Labor and Commerce.

Recommendation 9. The Task Force encourages the University of Alaska to explore further development and expansion of its current curriculum to facilitate a career ladder for health care providers.

The division, Alaska State Hospital and Nursing Home Association and assisted living industry continue to pursue this recommendation. The division of senior services has been working closely with the university on this issue and is on the Advisory Board for the newly created Gerontology Program. The program is designed to meet the needs of the state to advance the knowledge, training, education and applied research in the field of aging. This effort is to design and develop a curriculum that supports a minor, professional certification and paraprofessional certification in gerontology. Course work in this field will begin in Summer 2002. The legislature recently heard from the ASHNA and the University of Alaska about the workforce shortages in health care and efforts being made to address worker development.

Recommendation 10. 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.

Senior organizations throughout the state have emphasized the need for and understanding of advance directives. The Common Ground conferences sponsored by the Alaska Commission on Aging and AARP have included specific breakout sessions regarding this subject area.

House Bill 197 was introduced on March 19, 2001 by Representative Hudson entitled "An Act relating to directives for personal health care services and for medical treatment." It was referred to

Health, Education and Social Services and Judiciary committees. The bill now has additional sponsors and is currently in Judiciary committee.

Recommendation 11. The Task Force recognized and supports Resolution 98-59, *In Support of Elder Care Facilities in Rural Alaska*, as adopted by the Alaska Federation of Natives 1998 Annual Convention.

The Division of Senior Services continues this support through its efforts of the Rural Long-Term Care Unit. Division staff have continued to work with rural communities, government and tribal entities and the various health corporations in an effort to develop assisted living and home and community based services in rural Alaska. Dillingham now has a new 15-unit assisted living facility where seniors and elders can remain in their own community or region and enjoy family support, native foods and traditions, etc. Prior to this development, senior and elders were have to move to large urban area skilled nursing facilities for this type of service. Funding for this project has been on-going through the Alaska Mental Health Trust Authority. In addition, the division of Senior Services has received a three year "Coming Home" grant through the Robert Wood Johnson Foundation to strengthen this effort. Much of the work of the division staff is with communities exploring the entire realm of long-term care services, from personal care attendant services to assisted living. The Administration on Aging has also funded a pilot project directed specifically at supporting the needs of individuals and family members experiencing need for increased support because of a family members Alzheimer's disease. This project is directed to identify needs and appropriate supports in small rural communities without a large health or social services infrastructure.

The Alaska Commission on Aging, with support from the Mental Health Trust Authority, holds a fall meeting each year in a rural location to better acquaint the commission members with the available infrastructure and future needs of the rural hub communities and their surrounding villages.

Recommendation 12. 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.

The Department of Health and Social Services continues to pursue 100% federal match for Medicaid services to Alaska Natives. A national workgroup of Medicaid directors, sponsored by the American Public Human Services Association, works with federal officials on Indian Health policy issues. This issue has been brought before Congress and work continues with the National Indian Health Board to assure the language forwarding the 100% federal funding is supported by the NIHB and is included in the Indian Health Care Improvement Act reauthorization bill currently before Congress.

As noted above, the Division of Senior Services continues to work with regional native health corporations on assisted living and home and community based services. In addition, division staff sit on various committees and provide technical assistance to the Alaska Native Tribal Health Consortium. Additionally, division staff recently were invited to speak about efforts underway in Alaska at a national Indian Health Service Eldercare Roundtable concerning long-term care in Indian Country.

Recommendation 13. 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.

SB58 was introduced by the S(HESS) committee in 1999. SB58 was "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". The legislation created a fund that could be used to supplement an individual's income for obtaining long-term care services. This fund would be available to individuals who did not qualify for other public assistance because either their personal income exceeded Medicaid standards, or they did not meet the Medicaid level of care determination. This legislation received several hearings in both S(HESS) and S(FIN). The bill was never moved from Senate Finance due to concerns over the financial costs of the program to the State.

Recommendation 14. 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.

The Department of Health and Social Services prepared information regarding options and costs of providing ADRD coverage through the Medicaid program. The Senate HESS committee held hearings in 2001 regarding these options. No expansion of the Medicaid program has been authorized. The Department of Administration, Pioneers' Home program continues to strengthen its program to meet the needs of individuals with advanced dementia.

Recommendation 15. 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.

The Department of Health and Social Services purchases Medicare part B for recipients of Medicaid. In addition, the Division of Medical Assistance has recently employed a staff person to look specifically at the provision of Medicare paid services throughout Alaska. The Department continues to raise the issue of payment levels for Medicare services in Alaska. The federal officials are traveling to Alaska again in early summer to meet with state officials. This will continue to be a topic of discussion.

Recommendation 16. The Task Force supports an increase in the rate paid to assisted living home providers under the general relief assistance program and the recommendations of the Alaska Rate Study Report to be considered in determining the new rate structure.

Reimbursement to assisted living home providers in 1983 was at approximately \$34.50 a day for supportive and protective services. Legislation was passed that increased the rate to \$50, \$60 and \$70 over a three year period. On July 1, 2002, the rate increases to \$70.00 a day. Existing statutes identify the services to be provided by an assisted living home provider to a general relief recipient as "supportive and protective services." Supportive services is defined in AS 47.24.900 to include health needs. Medicaid will not pay for services paid for by another source. Accordingly, if a general relief client is being provided services the state Medicaid program can not be billed for the same services.

The Departments of Administration and Health and Social Services are close to finalization of regulations that define room and board versus supportive services (40% and 60%, respectively). Under the proposed regulations, an assisted living provider with a client that is only on the general relief program will receive 100% reimbursement (currently at \$60 a day). Once the regulations are finalized, and if the client is on both general relief and the state Medicaid Waiver program, the general relief program will only pay for room and board (40% of the total daily reimbursement). In this instance, the state Medicaid Waiver program will reimburse the assisted living provider for the service

component. Currently, DOA and DHSS have Medicaid reimbursement rates under review and anticipate moving to an "acuity-based" reimbursement methodology to better compensate assisted living providers for clients with extensive needs.

Recommendation 17. The Task Force urges continued support for Alaska Housing Finance Corporation's Senior Housing Office and its state planning grant program.

Prior to the formation of the Senior Housing Office and related loan and grant programs, development of senior housing living options were non-existent. In previous years, the Legislature has supported this office and program funding. The administration continues to support the efforts of this office. Without the efforts of this office and the funding provided through this program, new senior housing development will most likely halt and result in inappropriate and costly placement of Alaska's aging population into hospitals or skilled nursing facilities.

Recommendation 18. The task force requests the Alaska Commission on Aging coordinate and strengthen efforts to inform and educate all Alaskans on long-term care services available in Alaska.

The Alaska Commission on Aging continues to work with grantees to inform them of the home and community based services available through the Medicaid Waiver programs. Several grantees throughout the state are now enrolled as Medicaid providers and furnish services to senior citizens and adults with disabilities. Some of these services are adult day care, home delivered meals and transportation. Grants from the Alaska Commission on Aging are also used to support senior center information and referral programs and the Senior Voice. The Commission also prepares a monthly newsletter, conducts teleconferences throughout the legislative session to keep seniors current on issues under debate in the legislature, and holds a statewide conference every other year to bring providers and seniors from throughout the state together to discuss issues of long-term care. The Common Ground III conference held in 2002 focused specifically on the needs of caregivers.

Recommendation 19. 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.

With funding from the Alaska Mental Health Trust Fund, the division has contracted with an administrator of an Alaskan nursing home to develop a comprehensive assessment tool. The contractor is working with hospitals and nursing homes to achieve this goal. Current activities include: 1) developing, testing, and implementing a preadmission screening tool which can be incorporated into the Medical Data Set; 2) identifying a reauthorization tool within the MDS that will provide all elements needed to evaluate a reauthorization request; and, 3) working with the Division of Medical Assistance, Licensing and Certification and this division to modify the current authorization timeframes to better coincide with MDS reporting timeframes and elimination of a physician signature on the preadmission screening tool. It is anticipated that this project will be completed in June 2003.

At the same time, the division has begun its data integration project with funding from the Alaska Mental Health Trust Fund. Appropriate servers and software has been purchased that can read the data from the screening and assessment tool, regardless of type, and convert this information to useful information for making level of care determinations for the Medicaid Waiver program. The comprehensive assessment tool is of equal importance to the division and the medical and nursing home industry in that it will simplify the number of assessments used and increase efficiencies.

Recommendation 20. 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' Care Plan Counseling Program staff work closely with hospital discharge planners, nursing home providers and consumers with information on they types of services available to help prevent unnecessary institutionalization. The division was recently awarded a Nursing Home Transition grant from the Center for Medicaid and Medicare Services (formerly HCFA) to help people move out of nursing homes move and into a homelike environment with appropriate home and community based services.

Additionally, as mentioned earlier in Recommendation 1, the Medicaid Community-Integrated Personal Assistance Services and Support Project will address this recommendation.

Finally, the division operates the Alaska Medicare Information Counseling and Assistance Program. This program provides information to educate and assist the Alaskan population on the Medicare insurance program and other related home and community based services available in the State of Alaska. Together with division staff and 75 volunteers, there were 85 outreach events conducted for over 19,000 Alaskans.

Recommendation 21. 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).

HB187 "An Act relating to Certificates of Need for Health Facilities" was passed by the legislature and became CH55 SLA99. This legislation embodied the recommendations of the Legislative Working Group on Long-Term Care. Regulations are pending to reflect this legislative change. Final adoption is expected later this summer

Recommendation 22. 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 and the Department of Health and Social Services have worked over the past several years to consolidate all senior program services in the Department of Administration. The Adult Protective Services function, the Medicaid waiver administration for the CHOICE waiver for the elderly and the Adult with Physical Disabilities waiver, and the administration of the Personal Care Attendant services program were all transferred from DHSS in the consolidation of services.

Recommendation 23. 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.

The Department of Health and Social Services purchases Medicare part B premiums for recipients of Medicaid.

Recommendation 24. 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.

The Department of Health and Social Services purchases Medicare part B premiums for recipients of Medicaid. This assures that services eligible for reimbursement under Medicare are paid for first from the federal program, before Medicaid reimbursement kicks in. The Division of Medical Assistance continues to monitor Medicare policy at the federal level to assure that the state policy for Medicaid is changed to reflect any changes in Medicare and avoid any cost-shifting from Medicare to Medicaid.

Recommendation 25. 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.

The Department of Health and Social Services has this recommendation as part of a work plan. However, due to staff limitations this continues to be postponed while projects of higher priority are addressed.

Recommendation 26. The Task Force acknowledges and supports the four guiding principles of the American Health Care Association's *SecureCare* congressional proposal.

SecureCare is built upon four principles designed to solve the nation's long-term care crisis while preserving the safety net for American's poor elderly and persons with disabilities. The guiding principles are: 1) transform long-term care from welfare to health care; 2) coordinate long-term care private resources with Medicare and Social Security; 3) encourage personal and family responsibility for long-term care; and 4) maximize quality and control costs through market competition and consumer choice.

Recommendation 27. The Task Force supports the continued partnership with the Alaska Mental Health Trust Authority to help meet the long-term needs of Alaskans.

The administration concurs and continues to work collaboratively with the Alaska Mental Health Trust Authority and its beneficiary groups.

Recommendation 28. 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 Division of Retirement and Benefits completed the new plan designs for retirees' long-term care insurance in 2000. Open enrollment was conducted and retirees were allowed to upgrade their LTC insurance program if they met certain basic underwriting requirements. Three plan design options are now available to retirees. The Department studied the possibility of expanding the SBS options for active state employees to include the purchase of long-term care insurance. However, the demographics in this market suggest that the majority of people do not seek long term care insurance until their mid-fifties. Because our retiree population is so young, the analysis suggested that the administration costs of expanding this coverage to active employees far out-weighted the potential increase in participation.

Recommendation 29. 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 Division of Insurance has materials available regarding Long Term Care Insurance availability in Alaska.

Recommendation 30. 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 Center's mission is 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 publishes, free of charge, a periodic on-line new service called "LTC Bullets" which covers the latest information and trends in long-term care financing.

Recommendation 31. The Task Force requests the Senate and House Health, Education and Social Services Committees, 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.

A second Long term Care Task Force was authorized by the legislature. The Task Force basically focused on progress in addressing the original task force recommendations.

Currently, the legislature has under consideration SB 306/HB 419 **Prescription Drug Assistance Task Force**. This legislation would create a task force to look at approaches used by other states to address the high cost of prescription drugs for seniors without insurance coverage.