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ALASKA STATE LEGISLATURE

Senate Labor and Commerce
Committee, Chair
•
Legislative Budget and Audit
Committee
•
Senate Rules Committee
•
Committee on Committees



While in Session
State Capitol, Rm. 9
Juneau, AK 99801
(907) 465-3704
Fax: (907) 465-2529

While in Anchorage
716 W. 4th Ave, Ste. 440
Anchorage, AK 99501
(907) 269-0169
Fax: (907) 269-0172

SENATOR JOHNNY ELLIS
SENATE MAJORITY LEADER

MEMORANDUM

DATE: April 6, 2009

TO: Representative Bob Herron
Representative Wes Keller
Co-Chairs, House Health and Social Services Committee

FROM: Senator Johnny Ellis

RE: Hearing Request for SB 32 – Medicaid: Home/Community Based Services

I am requesting that Senate Bill 32, "An Act relating to medical assistance payments for home- and community-based services and provision of personal care services in a recipient's home; and providing for an effective date" be scheduled for a hearing in the Senate Finance Committee at your earliest convenience. The bill passed the Senate on a unanimous vote, and I am joined by nine co-sponsors from both parties and all regions of the state.

This bill includes the providers of home- and community-based services to Alaska's senior and developmentally disabled populations in the regular rate review process afforded to providers of institutional care. Alaska has made great strides in reforming our network of support for seniors as well as for children and adults with developmental disabilities. Our long-standing state policy is to promote the least restrictive and most cost-effective forms of care, and SB32 does that by providing an equitable review process to home- and community-based service providers.

Included in this packet:

- A current version of CSSB 32 (FIN) – 26-LS0218\M
- Fiscal Notes
- Sponsor Statement
- Letters of Support
- Background Information

Thank you for your consideration. Please contact my staff Max Hensley with any questions.

ALASKA STATE LEGISLATURE

Finance Committee
•
Health & Social Services Committee
•
Legislative Council
•
Committee on Committees



While in Session
State Capitol, Rm. 103
Juneau, AK 99801
(907) 465-3704
Fax: (907) 465-2529

While in Anchorage
716 W. 4th Ave
Anchorage, AK 99501
(907) 269-0169
Fax: (907) 269-0172

SENATE MAJORITY LEADER
JOHNNY ELLIS

SPONSOR STATEMENT – SENATE BILL 32

AN ACT RELATING TO MEDICAL ASSISTANCE PAYMENTS FOR HOME- AND COMMUNITY-BASED SERVICES

Senate Bill 32 creates a mechanism for regular Medicaid rate review for providers of home- and community-based services to Alaska's elderly and developmentally disabled citizens. Institutional service providers receive regular reviews in order to bring rates in line with costs.

However, home and community-based services (HCBS) have been conclusively proven to lower overall long-term Medicaid costs. One recent study in the academic journal *Health Affairs* found that states with long-established high proportions of HCBS spending saw a 3% overall decrease in long-term care spending between 1995 and 2005 as opposed to a 14.5% increase in low-HCBS states. The study concluded:

*"Justifications based on financial constraints can no longer be credibly offered as reasons for forcing such people [seniors and persons with developmental disabilities] into nursing homes and other institutions. HCBS programs may be one instance in which offering people greater choice also helps reduce costs."*¹

Over the last few years, however, rates for home- and community-based services have been frozen. During that time, not only have costs increased, the medical environment – including regulations, technology, and client expectations – has shifted dramatically. These shifts threaten the continued viability of the hundreds of HCBS providers, primarily private businesses that employ thousands of Alaskans in every region of the state.

Home and community based services are the key to helping our seniors and those living with developmental disabilities live their lives as productive members of our communities while controlling the growth of health care costs. Without the regular review process in Senate Bill 32, many providers will be forced out of business and HCBS services will be taken away from thousands of Alaskans across the state.

¹ *Health Affairs* 28, no. 1 (2009): 262-272.

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: CSSB 32(FIN)
 (S) Publish Date: 3/30/09

Identifier (file name): SB032CS(FIN)-DHSS-RR-03-19-09 Dept. Affected: Health & Social Services
 Title: Medicaid: Home/Community Based Services RDU: Department Support Services
 Component: Rate Review
 Sponsor: Ellis
 Requester: Senate Finance Component Number: 2696

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES							
Personal Services	309.3		309.3	309.3	309.3	309.3	309.3
Travel	15.0		15.0	15.0	15.0	15.0	15.0
Contractual	38.4		38.4	38.4	38.4	38.4	38.4
Supplies	1.8		1.8	1.8	1.8	1.8	1.8
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	364.5	0.0	364.5	364.5	364.5	364.5	364.5

CAPITAL EXPENDITURES							
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CHANGE IN REVENUES (
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	182.3		182.3	182.3	182.3	182.3	182.3
1003 GF Match	182.2		182.2	182.2	182.2	182.2	182.2
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	364.5	0.0	364.5	364.5	364.5	364.5	364.5

Estimate of any current year (FY2009) cost: _____

POSITIONS

Full-time	3.0		3.0	3.0	3.0	3.0	3.0
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

The proposed legislation amends AS 47.07 to add payment rate provisions for Medicaid providers of personal care services and home and community-based services. This legislation would require the Department to review rates annually and set rates considering periodic cost surveys and the Centers for Medicare and Medicaid Services' home health agency inflation rate. The effective date is July 1, 2011.

(Continued on next page)

Prepared by: William J. Streur, Deputy Commissioner Phone 907-334-2520
 Division: Health Care Services Date/Time 3/19/09 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner Date 3/19/2009
DHSS Finance & Management Services

FISCAL NOTE # 3

STATE OF ALASKA
2009 LEGISLATIVE SESSION

BILL NO. CSSB 32(FIN)

ANALYSIS CONTINUATION

Under this legislation, the Department would periodically survey providers to obtain cost information. There are approximately 350 home and community-based service providers , including assisted living homes, and an additional 50 personal care providers. Beginning in FY2010, the Department would need to begin developing cost surveys and providing training and technical assistance to providers as they modify their accounting systems to be able to respond to the surveys. The department needs to be able to provide this assistance to providers, so there is clear understanding of the information needed and clear definitions of cost centers; otherwise, it is likely that providers will be unable to provide accurate survey responses.

The Department would also perform some review and inspection of survey information to ensure accuracy before using survey data to set rates. Staff positions would be necessary to oversee the surveys and conduct rate setting operations. The department requires one of these position to be a supervisory level auditor to supervise staff in carrying out, and ensuring the integrity and accuracy of the new processes required by statute.

The legislation would also require the Department to prepare an annual report on the medical assistance rate payments under the new rate setting methodology through FY2014. This report would be prepared by the new rate setting staff at no additional cost.

Assumption:

Annual Personal Services:

2 Internal Auditor III positions and 1 Internal Auditor IV in the Office of Rate Review for cost surveys and rate setting - \$309.3

Annual Travel for audit staff to provide technical assistance and training to providers and receive training required by Government Auditing Standards - \$5.0 per FTE

Annual Contractual:

Office space, phones, etc. - \$12.8 per FTE

Annual Supplies - \$0.6 per FTE

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: CSSB 32(FIN)
 (S) Publish Date: 3/30/09

Identifier (file name): SB032CS(FIN)-DHSS-SDMS-03-19-09 Dept. Affected: Health & Social Services
 Title: Medicaid: Home/Community Based Services RDU: Senior & Disabilities Services
 Component: Senior & Disabilities Medicaid Services
 Sponsor: Ellis
 Requester: Senate Finance Component Number: 2662

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims	0.0*		0.0*	6,152.6	12,477.5	18,979.5	25,663.6
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	6,152.6	12,477.5	18,979.5	25,663.6

CAPITAL EXPENDITURES							
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CHANGE IN REVENUES (
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts				3,076.3	6,238.8	9,489.8	12,831.8
1003 GF Match				3,076.3	6,238.8	9,489.8	12,831.8
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	0.0	0.0	0.0	6,152.6	12,477.5	18,979.5	25,663.6

Estimate of any current year (FY2009) cost: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

The proposed legislation amends AS 47.07 to add payment rate provisions for Medicaid providers of personal care services and home and community-based services. This legislation would require the Department to review rates annually and set rates considering periodic cost surveys and the Centers for Medicare and Medicaid Services' home health agency inflation rate. The effective date is July 1, 2011.

Passage of this bill would likely increase Medicaid benefit costs by \$6.2 million in FY2012. Annual inflation of 2.8% each subsequent year would increase benefit costs to a projected \$25.7 by FY2015.

(continued on page 2)

Prepared by: William J. Streur, Deputy Commissioner Phone 907-269-7827
 Division: Health Care Services Date/Time 3/19/09 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner Date 3/19/2009
DHSS Finance & Management Services

FISCAL NOTE # 4

STATE OF ALASKA
2009 LEGISLATIVE SESSION

BILL NO. CSSB 32(FIN)

ANALYSIS CONTINUATION

This statute would affect approximately 350 businesses who are providers of home and community based services (HCBS), including residential living services. These services are delivered under four Medicaid waivers: Adults with Disabilities, Children with Complex Medical Conditions, Mental Retardation/Developmental Disabilities, and Older Alaskans. Expenditures for these waivers in FY2008 were \$141.5 million. This bill would also affect an estimated 52 businesses not included above that provide personal care services. Expenditures for personal care services in FY2008 were \$72.3 million. Total costs in FY2008 that would be subject to the rates is \$213.8 million.

HCBS and personal care providers currently have their rates or rate methodologies established in regulation. Since FY2004 all of those rates have been frozen (some longer), up until Y2009, when the legislature approved a 4-6% increase. This statute will require the Department to adjust Medicaid payment rates to HCBS and personal care providers to consider data from periodic cost surveys and the home health agency inflation rate.

ESTIMATED RATE ADJUSTMENT

This fiscal note assumes that rates are set under section 47.07.069(b)(3) applying the home health agency inflation rate (2.8%). FY2009 projected benefits of \$219.7 million (FY2008 actual costs plus 2.8%) are the baseline used to calculate the incremental costs in the fiscal note. Annual inflation adjustments of 2.8%, beginning in FY 2012, increase benefit costs by \$6.2 million the first year of implementation. By FY2015, costs increase \$25.7.

The Department has no way of estimating the impact of considering the periodic cost survey data on rates set under this bill as it does not have reliable cost survey data from providers upon which to base such an estimate. Therefore, this fiscal note does not reflect any increased or decreased cost from factoring in the cost survey data.

FUND SOURCE

Costs are eligible for the federal medical assistance percentage which is projected to be 50% in FY2012 and beyond.

* -- The legislation would not require rates increases in FY2010 or FY2011; however, any rate increases funded in those years could reduce the amount of new expenditures required to implement the bill.

Palmer Senior Citizens' Center, Inc.

Seniors helping Seniors

February 11, 2009

The Honorable Senator Johnny Ellis
Alaska State Legislature
State Capitol Building, Room #103
Juneau, Alaska 99801-1182

Dear Senator Ellis:

The Palmer Senior Citizens Center, Inc. (PSCC) wanted to express our sincere appreciation for your support and commitment to the seniors in the state of Alaska. PSCC supports your efforts to pass SB32 which will put into statute a regular review of home and community based waiver rates.

Thank you for making the time to meet with Kenneth Anderson, PSCC Board President, and Rachel Greenberg, Office Manager, on Tuesday, January 10th at 2:00.

The Palmer Senior Citizens Center, Inc. hopes that your busy schedule will allow time for you or your staff to visit us. Thank you again.

With Best Regards,

Kenneth A. Anderson

Kenneth A. Anderson
Board President

Richard G. Tubbs

Richard G. Tubbs
Executive Director





The Honorable Senator Johnny Ellis
State Capitol
Juneau, Alaska 99801-1182

Dear Senator Ellis;

I am writing in support of SB 32 on behalf of the membership of the Alaska Behavioral Health Association. The issues of rates and the mechanism and frequency of adjusting those rates are the primary issue for our membership this year.

We support the effort to put into place rate setting mechanisms for the home and community based services and that this model will be applied to the other providers that contract with the State of Alaska to deliver services. It is difficult to manage a business that is focused on delivering health care services when the cost for reimbursement does not keep pace with inflation and cost of living. Fixed costs don't go away and agencies have been trying to meet their grant obligations while keeping the business solvent. Employers are not able to offer competitive wage and benefit packages because of insufficient reimbursement rates.

Please let me know what else our members can do to support your legislation.
Thank you.

In Health,

Steve Horn
Executive Director

Attachment



AARP Alaska
3601 C Street
Suite 1420
Anchorage, AK 99503

T 1-866-227-7447
F 907-341-2270
TTY 1-877-434-7598
www.aarp.org/ak

February 3, 2009

The Honorable Bettye Davis, Chair
Senate Health, Education and Social Services Committee
Alaska State Capitol, Room 30
Juneau, AK 99801-1182

RE: SB 32-Ellis--Support

Dear Chair Davis:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the Senate Health and Social Services Committee to support SB 32, authored by your Committee colleague Senator Johnny Ellis and co-sponsored by you.

SB 32 would allow annual rate reviews of all home and community based services similar to the process for hospitals. Rates for HCBS services under Medicaid have remained the same for several years, discouraging needed providers from entering the field and forcing current providers to reduce their services and cut back on clients.

As we age, many of us would prefer to stay at home or with our families but sometimes we need extra help to do so. With the growing numbers of older people who need support to live on their own, private and public organizations now offer many different options to allow us to "age in place" in our homes and communities. These options form the continuum of home and community based services, ranging from meals on wheels to adult day care. In addition to meeting our personal preferences to remain home and in our communities, HCBS services are much less expensive than institutional care.

Younger persons with disabilities are also primary users of HCBS services to allow them to continue their education, work and participate as full citizens in their communities and with their families.

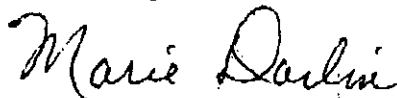
We cannot expect the providers of HCBS to continue to operate on rates often set years ago. It makes sense to review HCBS rates every year just as we do with hospitals.

AARP requests an "AYE" vote on SB 32.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-752-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Joe Paskvan
Senator Johnny Ellis
Senator Joe Thomas
Senator Fred Dyson



Establish a Regular and Periodic Schedule of Rate Reviews for Home and Community-Based Services

The Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse and the Alaska Commission on Aging, in collaboration with the Alaska Mental Health Trust Authority, the Alaska Brain Injury Network and the Alaska Suicide Council, have identified the establishment of a regular and periodic schedule of rate reviews for home and community based services one of their four legislative priorities for 2009. Regular and periodic rate reviews, for both Medicaid and grant-funded services, are imperative to maintaining the systems of care that serve Alaska's most vulnerable populations. The provisions for this legislation are in SB 32, sponsored by Senator Ellis.

- Before last year's rate rebasing for FY09, most home and community-based services providers had been over a decade without a rate review or increase. This resulted in an erosion of the system, as frozen rates resulted in a diminishing pool of resources – reducing the quality and availability of services.
- In FY07, home and community based services were provided to nearly 57,000 people who would have otherwise been served by costly institutional or nursing home care.
- In order for the Department of Health and Social Services (DHSS) and the State of Alaska to create and maintain a 10-year fiscal plan that adequately budgets for the costs of home and community-based services, a schedule of rate reviews is necessary.
- Our system of care for Alaskans with special needs is based on a network of non-profit providers. Without adequate funding, our providers cannot continue to provide quality services. Without our providers, we have no system of care.

Overview

Home and community-based services include a wide range of Medicaid and grant-funded services for Trust beneficiaries and other vulnerable Alaskans. Mental health care, infant learning, personal care attendant services, assisted living services, senior care, substance abuse counseling, and services for Alaskans with developmental disabilities are all examples of services provided at home or in our communities. These services maintain individuals' quality of life and reduce the need for more costly institutional, emergency and nursing home care.

For more that 10 years, providers have struggled to meet the demand for services while maintaining an acceptable quality of service because there has been no structure for reviewing the rates paid for those



February 23, 2009

Senator Bettye Davis
Chair, Senate Health and Social Services Committee

Senator Johnny Ellis
Sponsor, SB32

Senator Hoffman, Co-Chair – Senate Finance Committee
Senator Stedman, Co-Chair – Senate Finance Committee
Senator Elton, member - Senate Finance Committee
Senator Huggins, member - Senate Finance Committee
Senator Olson, member - Senate Finance Committee
Senator Thomas, member - Senate Finance Committee

I am writing this letter in support of SB32, a bill which I believe will strengthen Home and Community Based (HCB) Providers like Access Alaska and many others. We HCB providers form the backbone of Alaska's long-term care system. We HCB providers are not only the current backbone, but given our cost-effectiveness and desirability – consumers want to age in place – we are the state's answer to the long-term care dilemma.

Like hospitals and nursing homes, we are businesses with actual costs – we pay rent or mortgages, insurance, and personnel. As these costs have grown while reimbursement rates stay flat, our ability to pay workers a living wage has decreased to the point that in many communities, direct service workers can earn more working at a fast food restaurant than they can helping to care for our elders. This has limited our ability to attract workers and in some cases is creating a crisis in the long-term care system.

This is but one example of the ravages of the current rate-setting regime.

In the larger view, it is important to keep in mind that a strong HCB provider system is critical to the state's ability to meet the coming wave of long-term care users. Policy groups from the National Conference of State Legislatures to the AARP have all recommended states rebalance their Medicaid spending in favor of HCB and take advantage of new waiver and partnership opportunities, in order to meet the growing demand for Medicaid long-term care services. In many cases, Alaska has not taken advantage of these opportunities.

Alaska has the enviable position of being one of the top states in the nation in terms of balanced spending between institutional (nursing home) care and HCB care. However, the system has been strained to the point of breaking over the last several years, primarily because of the inattention to Medicaid reimbursement rates. Therefore, it makes sense that the state should do everything it can to strengthen the system.

I believe SB32 goes a long way toward doing just that. We greatly appreciate your leadership on this issue and stand ready to support its passage and implementation.

Sincerely,

Jim Beck
Executive Director
Access Alaska, Inc.

121 W. Fireweed, Suite 105
Anchorage, Alaska 99501
907-248-4777
Fax 907-248-0639
Toll free 800-770-4488
TTY 907-248-8799

Fairbanks
526 Gaffney Road, Suite 100
Fairbanks, Alaska 99701
907-479-7940
Fax 907-474-4052
Toll free 800-770-7940
TTY 907-474-8619

Mat Su
897 Commercial Drive
Wasilla, Alaska 99654
907-357-2588
Fax 907-357-5585
Toll free 800-770-0228

Kenai
10807 Kenai Spur Highway
Kenai, Alaska 99611
907-283-7224
Fax 907-283-5993
Toll free 888-260-9336

Opening Doors to Independence
www.accessalaska.org
info@accessalaska.org



6311 DeBarr Road Suite L-2 Anchorage, AK 99504
Phone: (907) 336-3365 and Fax: (907) 336-3397

February 3, 2009

Senator John Ellis
Senator Bettye Davis
via email

Dear Senator Ellis and Senator Davis,

I am writing to support SB 32, which establishes periodic rate reviews for home and community-based services. Ensuring consistent rate increases for providers enables less expensive care for the elderly and develops a workforce aimed at the medical field.

As the second largest provider of in-home care services, we are intimately familiar with the associated challenges. The cost of doing business has increased while rates have been flat. Without entrepreneurial incentive, providing direct care may rest on the more expensive option; state-managed assisted living facilities and state-managed skilled nursing facilities

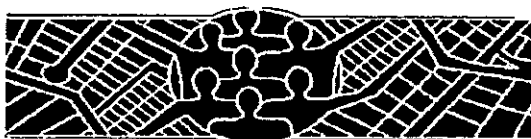
Workforce development for the medical field starts with our in-home care staff. Our Personal Care Assistants (PCA's) can receive certification and provide low level care for the elderly. Many family members and college-age PCA's get their first glimpse at the medical field.

Thank you for your support of SB 32. Please contact me with any questions. My direct line is extension 104 at (907) 336-3365.

Best regards,

A handwritten signature in black ink, appearing to be "BR" with a flourish.

Brian Richardson
Chief Executive Officer



CENTER FOR COMMUNITY

700 Katlian Street, Suite B

Sitka, AK 99835

Phone: 907-747-6960

Senator Johnny Ellis
Alaska State Legislature
P.O. Box
Juneau, AK 99811

RE: Support on behalf of constituents in Sitka, Yakutat, Hoonah, Kake, Angoon, Wrangell, and Ketchikan, for SB 32, "An act relating to medical assistance payments for home and community-based services."

Center for Community is a non-profit organization that provides personal care and home and community based services throughout the services throughout South East Alaska: with clients and employees in nearly every community from Yakutat to Metlakatla. In these communities, we employ a total of 71 Southeast residents and serve 113 Southeast clients at the current time (not counting Juneau).

Senate Bill 32 will cure a long-standing problem in Alaska's Medicaid system for long term care of our seniors and other children and adults with disabilities of all kinds. SB 32 will finally ensure that the Legislature and the Administration regularly receive information about the true cost of providing care to Alaskans--at home--who are trying to avoid more expensive institutionalized long term care. SB 32 gives everyone the information necessary to make both short term budgetary and long term policy choices.

Thank you for your introduction of Senate Bill 32. If we can do anything to further legislative support for passage of SB 32, please call upon us.

Sincerely

Connie J. Sipe, Executive Director
Center for Community

csipe@cfc.org

(Sitka Headquarters Office: 747-6960)

AGENET'S 2009 Legislative Priorities

The Association of Alaska's Providers of Services to Older Alaskans

Contact Information: Marianne Mills (463-6154) or Ken Duff (262-6331)

1. Support legislation, such as SB 32, which would put into statute a regular review of Home and Community-Based Medicaid Waiver rates similar to the process for institutions (hospitals, nursing homes).

- Services available to persons eligible for the Home and Community-Based (HCB) waiver program include meals, transportation, chore, respite, care coordination, adult day services, specialized medical supplies/equipment and home modifications.
- These services are provided for a fraction of the cost of institutionalized care to older Alaskans in their own homes and traditional communities.
- Investing in home and community-based care is the most cost effective way to provide long-term care while supporting local communities throughout the state.
- Regular rate reviews will provide parity with hospitals and nursing homes which have had a similar statute in place since 1999.
- Regular rate reviews will provide a good management tool for the Department of Health and Social Services to determine program costs, budget adequately, and create a 10-year fiscal plan.

2. Work with the legislature to adjust grant rates with a \$2 million increment for Family Caregivers, Nutrition, Transportation & Support Services grants.

- Senior grants help pay for home and community-based services for senior citizens who are not eligible for the HCB Medicaid Waiver program, services such as meals, rides, adult day, chore, respite, care coordination, and health promotion.
- Investing in senior grants upfront save millions of dollars the State would otherwise pay for expensive institutional care (nursing homes). In Alaska, the cost of one month's stay in a nursing home is \$10,000-\$20,000 per senior (compare this to a package of grant services for only \$61 to \$83 per month).
- Alaska's long term care policy is aimed at allowing Older Alaskans to remain at home for as long as possible; these grants help them remain at home, saving the state money, and also support the unpaid work of their family caregivers, work which has been valued at \$534 million in Alaska.
- In July 2009, a regional funding formula will shift senior grant monies out of seven (of nine) regions of the State, jeopardizing local communities from providing much-needed services; this shift will happen even though senior populations in all regions are still increasing and as the costs for food, fuel and workers increase.
- The proposed \$2 million increase in senior grants will help ensure that all regions of the State receive adequate funding to continue senior grant services so that seniors may remain in their traditional communities.



Alzheimer's
Resource of Alaska

Senator Bert Stedman
Senator Lyman Hoffman
Co-Chairs Senate Finance Committee
Alaska State Legislature
Capitol Building
Juneau, Alaska 99801

Anchorage &
Statewide Services
1750 Abbott Road
Anchorage, AK 99507
phone 907-561-3313
fax 907-561-3315
Toll-free in Alaska
800-478-1080

Fairbanks Services
565 University Ave.
Suite 2
P.O. Box 72791
Fairbanks, AK 99707
phone 907-452-2277
fax 907-457-3376

Juneau Services
3100 Channel Drive
Suite 19
Juneau, AK 99801
phone 907-586-6044
fax 907-586-6084

Mat-Su Valley Services
Trinity Barn Plaza
P.O. Box 4406
Palmer, AK 99645
phone 907-746-3413
fax 907-746-3412

www.alzaska.org

March 2, 2009

Senators Stedman & Hoffman,

The Alzheimer's Disease Resource Agency of Alaska (ADRAA) formally requests your support of the CS for Senate Bill 32 which has just been referred to the Senate Finance Committee and is currently awaiting a hearing date. As you are aware, CSSB 32 would regulate rate review for medical assistance payments for home and community based (HCB) personal care services for providers working in personal and assisted living homes. Currently, no such review is regularly mandated for HCB or Assisted Living Care, although facility based providers such as nursing homes are reviewed regularly to keep up with the growing population served and accurate information regarding cost of care.

The Alzheimer's Resource of Alaska provides in home care services for individuals affected by Alzheimer's disease and related dementias and for frail elders. In FY08, we provided 57,452 hours of services statewide. The services provided include personal care, respite for family caregivers, and household chores such as meal preparation, snow shoveling, and chopping wood. It is the work of unpaid family caregivers as well as professional in home workers that allows elders to remain in their homes, and their communities rather than being placed in full time nursing care at great cost to the state.

ADRAA thanks the bill's sponsor and co-sponsors for their foresight on this issue and for their continued support of seniors across Alaska. We enthusiastically support SB 32 which would strengthen the existing infrastructure of home and community based services and would allow for the best possible outcome for both our clients and employees.

Sincerely,

Dulce Nobre
Executive Director

cc: Senator Johnny Ellis
Senator Charlie Huggins
Senator Bettye Davis
Senator Donald Olsen

cc: Senator Joe Thomas
Senator Kim Elton
Senator Joe Paskvan

The least among us

Alaska's developmental disabilities providers look for allies in the state government

By Brendan Joel Kelley

THIS COMING SATURDAY, on his Fox News program *Geraldo at Large*, Geraldo Rivera is devoting the show to the long waiting lists where people with developmental disabilities languish while waiting to receive services.

"The waiting list is, in essence, the new institution," Rivera told a Pennsylvania blogger associated with The Arc, a national network of service providers for the developmentally disabled. "It's imprisoning in some ways, handicapping the families of the developmentally disabled, really handcuffing them in ways that put tremendous stress and strain on their lives."

Though it's doubtful that Alaska will be mentioned on the show, our state also maintains a list of developmentally disabled people who are eligible for services but aren't receiving them due to inadequate funding. Each year the Department of Health and Social Services prepares a report on this list, and the report for 2008 is due any day now. When the last annual report was released last December, there were 943 individuals on the waiting list. They've been waiting for services an average of 3.7 years.

At the beginning of December, a couple of weeks before Republican Governor Sarah Palin released her budget, state Senator Johnny Ellis (D-Anchorage) wrote Palin a letter asking her to address the waiting list, known officially as the Developmental Disabilities Registry.

"During your time on the campaign trail with Senator John McCain as the Vice Presidential nominee, I was very pleased to hear you speak on multiple occasions about the problems faced by special needs children in our country," Ellis wrote. He then pointed out that as of October 1, the registry contained 993 individuals, mostly between the ages of 4 and 17. "I respectfully request that you do your very best to provide the funding necessary to fully eliminate the Waitlist," Ellis continued, before asking Palin to include funding recommended by the governor's Ad

Hoc Committee, on the DD Registry in her budget.

But that money wasn't included in the budget that Palin released on December 15. And for service providers in the developmental disabilities community, the waiting list is far from the only problem. Organizations like The Arc of Anchorage, Hope Community Resources, and many other home and community-based service providers are barely afloat financially, because the rates at which they're reimbursed aren't commensurate with the actual costs.

Ellis is hoping to change that with a bill he'll introduce in the next legislative session. The bill would evaluate reimbursement rates for home and community-based service providers annually.

"THE NUMBER ONE THING we want [the legislature] to do is establish a regular rate review process for how they pay us," says Gwendolyn Lee, executive director of The Arc of Anchorage. "The current system is not equitable."

Even if the waiting list were eradicated by sufficient funding from the state, Lee says, it would bring those people to a service provider system "that's weakened in its ability to deliver high quality services, and can't find the workers to meet the needs of the existing people."

At The Arc, which offers a large variety of services to those with developmental disabilities, under-funding has resulted in high turnover despite cost-cutting measures. "We have deferred maintenance; we have cut health insurance; we do not give raises; we ask people to do more," Lee says. "We are stretched; the rubber band is truly stretched."

Simply put, The Arc can only afford to hire workers at the lowest possible wages, making for high turnover and training costs. This means that the person with a disability has a constant revolving door of people coming and going from their life, each one having to learn the individual's critical issues, health issues, and personality nuances. "It's really depressing for the staff who are trying to deliver quality if they're constantly hiring and retraining people to do the very basics," Lee says.

There's a real danger to not addressing the financial concerns of home and community-based

"... this would be a real opportunity for Sarah Palin and myself and other legislators from both sides of the aisle to work together and put our money and our commitment where our mouths are. And I expect that she will, I just hope that we do enough to help those people that need the help the most."

—State Senator Johnny Ellis

rates were as low as 9 percent, while only a couple categories gathered responses from over 50 percent of the providers, due to the complexity of the audits.

Meanwhile, hospitals and nursing homes are reimbursed for their costs based on an annual rate review, which is what the home and community-based developmental disabilities providers are asking for. The difference between the two groups, Ellis says, is that "frankly, hospitals and nursing homes have powerful lobbyists in Juneau. These community-based services have never been joined together in a really organized group and have never really had effective lobbyists to get what they need.

"I'm going to put this bill in to the legislature, but it's a really difficult bill to get through, to do what the service providers want—regular rate review and adjustment. I've said to them that they need to create a coalition of people all over the state, clients and service providers and workers to say, 'we need the same thing that the hospitals and nursing homes have.' I think maybe the time has come."

IT'S NOT JUST GERALDO RIVERA that's put the spotlight on the issues the developmental disabilities community faces.



Gwendolyn Lee, Executive Director of The Arc of Anchorage: "It all comes down to how we think about our fellow human beings."

these community services no longer provide these services because they can't afford to, based on the poor reimbursement from the state and/or the feds under Medicaid, then there will be people without services in the community who will have to be institutionalized at greater public expense and more human tragedy."

"It all comes down to how we think about our fellow human beings," Lee says. "Do we have an attitude that the least of these is the most important, and everyone is entitled to fair access to basic community life?"

SIX YEARS AGO, THE STATE realized that the system for reimbursing service providers was flawed and froze the reimbursement rates while studying the issue. Last year, for the first time, the legislature granted an increase in rates, which varied according to the type of services provided. But there is still no mechanism in place for rates to keep up with inflation and cost of living increases.

To study the problem, the state hired an auditing firm, Myers and Stauffer, which attempted to analyze the service providers' costs versus reimbursements. The technique that the firm used, however, was unwieldy for many of the smaller sized organizations that provide services for the developmentally disabled.

"I don't think they got great participation," Ellis says. Indeed, some of the provider response

president, telling families with special needs children that they would find an ally in her, while she held her baby boy Trig, who has Down syndrome.

"I understand that statement," Lee says. "As a parent of a new child with disabilities, it's easy to say 'I feel your pain, I understand your situation, I'll work to improve it.' It's easier said than done to really be an advocate. She is in a very different position than a lot of our families that may not have the circle of support that she has. I think that every family that heard that statement is watching now. We are now anxious to work with her to make that her legacy. It's an incredible opportunity for her, but she has to be willing to do it."

"This morning I heard Governor Palin say that we need to tighten our belts," says Ann WingQuest, The Arc of Anchorage's director of public affairs. "We're beyond tightened anymore. It frightens me when I hear her say that, because we have been so weakened and so stretched. She did say that we're not supposed to look to the government to make us healthy; the problem with our population is that their health care needs are not something that they elected. It wasn't like they were smoking and drinking and becoming obese. These are genetic or birth defects or whatever, and they need help."

Ellis is also looking to the governor to stand by what she campaigned on. "[Palin] got a lot of acclaim on the campaign trail as an advocate for kids with disabilities, not just kids with Down syndrome, but kids with disabilities. Now it's time to live up to that, and I'm hoping and inviting the governor to work with me to pare down the waiting list for DD services, to consider the bill on rate adjustment for DD providers and other community-based service providers. So this would be a real opportunity for Sarah Palin and myself and other legislators from both sides of the aisle to work together and put our money and our commitment where our mouths are. And I expect that she will, I just hope that we do enough to help those people that need the help the most."

There's still a chance that agencies such as The Arc and their advocates in the legislature might get their wishes. Governor Palin's communications director Bill McAllister says, "all of this is pending. The Department of Law is evaluating the rate re-basing issue. And the wait list is under review in the [Department of Health and Social Services] commissioner's office." ♦

bjk@anchoragepress.com

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

December 8, 2009

Representative Wes Keller
600 East Railroad, Suite 1
Wasilla, AK 99654

Dear Representative Keller:

The Alaska Commission on Aging (ACoA) is pleased to present to you our FY2011 legislative priorities for the upcoming session. These top issues were identified with input from older Alaskans, family caregivers, providers, and senior advocates statewide. The ACoA is a state agency under the Department of Health and Social Services, established in 1982. Our charge is to plan, educate and advocate on behalf of all older Alaskans (persons aged 60 years and older) through inter-agency collaboration so that Alaska seniors/elders may lead useful and meaningful lives with dignity and independence and have access to quality services when seniors need them to remain safely in their homes and chosen communities for as long as possible.

- 1. Establish a regular and periodic schedule of rate reviews for home- and community-based services** that serve persons who are Medicaid-eligible and meet nursing home level of care. This measure will promote ongoing awareness of the true costs of providing services. SB 32, sponsored by Senator Johnny Ellis, passed the Senate and the House Health and Social Services Committee last session and waits to be scheduled for a hearing in House Finance. ACoA encourages passage of this legislation.
- 2. Eliminate, or alternatively, adjust the cap on adult dental services reimbursed by Medicaid** to provide program benefits that keep pace with higher health care costs due to inflation, and **allow Medicaid patients access to two-years program benefits in a single year** to permit scheduling of treatment around the oral health care needs of the patient. The current law places a statutory \$1,150 limit on dental health care expenditures per eligible client. When the Medicaid Adult Dental program was created in 2005, this amount was sufficient to pay for one half of a set of dentures, either an upper or lower, with the idea that a patient who needed dentures could have both sets if the treatment was scheduled around the turn of the fiscal year. Although health care costs continue to rise, the cap has not been increased in three years. Allowing Medicaid patients access to two years of program benefits in a single year furnishes Alaskans and their dentists the flexibility needed to provide treatment addressing oral health emergencies that can occur at any time.
- 3. Provide increased operating and capital funding to establish an Alaskan Public Transportation Fund for operations of local coordinated transportation systems** which the State can use to leverage additional federal funds to improve accessible, affordable transportation for older Alaskans, persons with disabilities, low-income individuals, youth and others without access to transportation so that Alaskans with special needs may have greater access to employment and community participation opportunities. According to the Governor's Coordinated Transportation Task Force Report (2009), Alaska is one of only three states in the nation that does not provide any specific state funding for public transportation.
- 4. Provide operating funding to enhance the Aging and Disability Resource Centers**, administered under the Division of Senior and Disabilities Services, to streamline access to more efficient information and referral services by providing eligibility screening, options counseling, and assessments so that Alaskans can make informed decisions and have access to long-term care services through a "one-stop shop," reducing confusion and program fragmentation.

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Keep in file
SB 32
HSS
hearings

5. Return to the original wording of AS 47.07.020 (b) (6), the Medicaid statute establishing income eligibility for persons requiring nursing home level of care, referencing 300% of the maximum Supplemental Security Income (SSI) benefit rate rather than the current frozen dollar amount (\$1,656 a month) to reflect changes in cost of living so that seniors and other Medicaid-eligible persons will not be disqualified for services, including home- and community-based waiver services, due to small increases to their Social Security and other benefits. The amount of \$1,656 is the monthly amount of 300% of SSI in 2003. The 2009 income equivalent is \$2,022 monthly.

We also want to take this opportunity to share with you highlights from the Alaska Elder/Senior Community Forums that we hosted in Kotzebue (August) and Anchorage (December) to increase understanding about the issues that are of most importance to older Alaskans and to identify unmet needs. These forums, to be held in other locations statewide in the coming year, are being conducted to gather public input that will be used to develop the next Alaska State Plan for Senior Services, FY2012-2016. This document, prepared every four years, provides the State with a guide for delivering senior services and meets the requirement of the U.S. Administration on Aging for the state to access funding from the Older Americans Act which provides federal funding for a range of senior programs. Although these forums will be ongoing, Anchorage and Kotzebue participants identified the following issues as the most important:

- Provide improved access to quality and affordable health care, long-term supports that include home- and community-based services in communities where older Alaskans live, and promote disease prevention and wellness programs;
- Promote financial security, increase affordable senior housing, and improve elder safety;
- Provide safe, dependable, and affordable coordinated community transportation services so that seniors/elders can get to medical appointments and remain actively engaged in their communities;
- Enhance information and assistance services to help individuals access long-term support services and make informed decisions regarding their care.

Upon retirement, more seniors are choosing Alaska as their lifelong home to be close to family, friends and the unique Alaskan lifestyle. For the first time, Alaska is now the state with the fastest growing senior population, according to the U.S. Administration on Aging (2008), replacing Nevada, which held that position for many years. Alaska is home to approximately 80,000 persons aged 60 years and older who comprise about 12% of the state's population (Alaska Department of Labor). Alaska's senior population is expected to increase by four to six percent each year through 2020, as baby boomers become of age, by which time the total number of seniors will grow by almost 64 percent. The oldest Alaska seniors, 85 and older, are expected to triple during the next 25 years, vastly increasing the number of Alaskans living with Alzheimer's disease and related disorders.

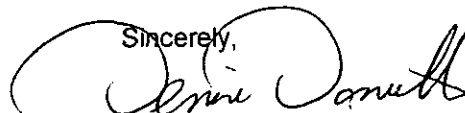
Please feel free to contact Denise Daniello, ACoA's executive director (465-4879 or denise.daniello@alaska.gov) for additional information about these issues or with any questions concerning Alaska's senior population.

The Alaska Commission on Aging will be meeting in Juneau February 10th-12th, 2010 and hopes to schedule a meeting with you to discuss our priorities in person. We look forward to working with you this legislative session. We appreciate your consideration of these advocacy priorities and thank you for your support of services for older Alaskans.

Sincerely,


Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Sincerely,


Denise Daniello
ACoA Executive Director



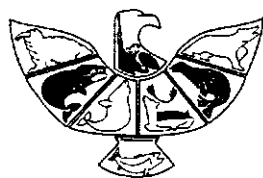
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file SB 13/32*

Alaska Native Health Board
1840 Bragaw Street, Suite 220 | Anchorage, AK 99508
www.anhb.org

The Alaska Native Health Board (ANHB) represents 25 tribal health organizations serving approximately 130,000 Alaska Native and American Indian individuals. These priorities will be the focus of ANHB state advocacy for Fiscal Year 2011.

EXECUTIVE SUMMARY OF ANHB 2011 STATE PRIORITIES

- Full funding for Village Safe Water (VSW) projects.
 - More than 6,000 homes in rural Alaska don't have safe drinking water.
 - Lack of safe water and sanitation creates major health problems, including higher rates of respiratory tract infections, meningitis, pneumonia, and serious ear and blood infections.
 - The State should fund its share of VSW projects at last year's budgeted level.
- Strengthen Medicaid, Denali Kidcare and related programs.
 - Tribal long-term care and behavioral health projects will serve Alaska Native Medicaid beneficiaries at the 100% federal payment percentage. It makes financial sense for the State to invest in these tribal projects and to set reasonable payment rates for them.
 - S.B.13 will raise Denali Kidcare eligibility to 200% of federal poverty level (FPL) for certain children and pregnant women. Alaska is one of only five states with SCHIP eligibility levels below 200% of the FPL. This will bring Alaska in line with national standards.
 - S.B. 32 will require annual review of Medicaid Home & Community Based Services (HCBS) and Personal Care Attendant (PCA) rates. Medicaid rates for services to Alaska Native Elders and vulnerable persons should be at a level that covers actual costs.
- Strengthen domestic violence, sexual assault, and child abuse/neglect programs. Alaska Natives suffer high rates of domestic violence, sexual assault and child abuse/neglect.
 - Alaska's reported rate of forcible rape is over two and a half times the national average.
 - The rate of sexual assaults against Alaska Native women in Anchorage for 2000-2003 was over 7 times greater than for White women.
 - In Alaska State Trooper cases, predominantly in rural areas with a high percentage of Alaska Natives, 94% of all sexual assault victims are 15 years of age or younger.
- Strengthen behavioral health and substance abuse programs.
 - Alaska's suicide death rate is nearly twice the national average. The suicide death rate for Alaska Natives is over three times greater than for Alaska Whites.
 - Alaska's binge and heavy drinking rates are among the highest in the nation. However, there is no statistical difference between the rates for Alaska Natives and non-Natives.
 - Over 40% of Alaska Natives smoke, which is twice the rate for non-Natives, and Alaska Natives are disproportionately represented among the 600 Alaskans who die each year from the effects of tobacco use or secondhand smoke, e.g. lung cancer and heart disease. Thus there is a great need for tobacco program and funding support for tribal health providers.
- Strengthen healthcare workforce development initiatives.
 - S.B. 139 will create a healthcare loan repayment & employment incentives program.
 - Other health workforce initiatives are needed, including strengthening WWAMI, the State visa waiver program, and the Nat'l Health Service Corp loan repayment program.



SUMMARY OF ALASKA TRIBAL HEALTH CHALLENGES

WATER AND SANITATION.

- Over 6,000 (mostly Alaska Native) homes in rural Alaska don't have safe drinking water.
- Infants in Alaska Native villages with limited water service are hospitalized for pneumonia at 11 times the rate for all U.S. infants.
- Southwest Alaska suffers some of the highest rates of meningitis, pneumonia and serious ear and blood infections in the world, primarily associated with lack of in-home water.

VILLAGE BUILT CLINICS.

- The IHS' Village Built Clinic (VBC) Lease Program is designed to fund rent, utilities, insurance, janitorial, and maintenance costs of healthcare facilities in over 150 rural Alaska communities. Despite the dramatic increase in the costs of providing fuel, utilities and other necessities, funding has not materially increased since 1996.
- In 2007, VBC lease payments covered less than 60% of village clinic operating costs, which have continued to skyrocket in rural Alaska, mostly due to heating and utility costs.
- Without adequate funding, Tribes have had to cannibalize funding from critical health programs, defer maintenance and repairs, reduce clinic operations and lay off health staff.

DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND CHILD ABUSE AND NEGLECT.

- 75% of Alaska Native women are physically and/or sexually assaulted during their lifetime.
- Alaska has the highest reported rate of sexual assault in the United States. Within Alaska, Alaska Natives are victimized 3 to 4 times more frequently than others.
- Alaska's child sexual assault rate is 6 times the national average.
- In Alaska State Trooper cases, which are mostly in rural areas with a high percentage of Alaska Natives, 94% of sexual assault victims are 15 years of age or younger.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE.

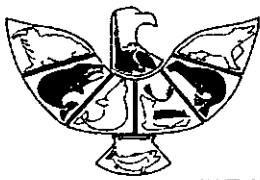
- Alaska's statewide suicide death rate is nearly twice the national average.
- Within Alaska, the Alaska Native suicide death rate is three times greater than for Whites.
- Alaska's binge and heavy drinking rates are among the highest in the nation. Alaska's rate of alcohol-related deaths is three times the national average.
- Alaska ranks second in the nation in use of illicit drugs for those 12 years of age and older.

HEALTH WORKFORCE RECRUITMENT AND RETENTION.

- The Alaska health workforce vacancy rate is over 10% and growing, particularly for hard-to-fill positions in rural areas, almost all of whom are "safety net" providers that deliver care primarily to Medicaid, CHIP, and Medicare beneficiaries, and to the uninsured.
- Tribal health program vacancy rates exceed statewide rates across the board, typically by 150-200%. The average time it takes for a Tribal health provider to fill a physician vacancy is 14 months, at an average cost \$131,000 (including locum tenens costs).

CANCER.

- Cancer is the leading cause of death among Alaska Natives.
- Contributing factors are late diagnosis and poor access to both screening and treatment.
- The Alaska Native five-year cancer survival rate is just over half the overall U.S. survival rate.
- Alaska Native women have the highest cancer death rate of all U.S. racial and ethnic groups.



The Alaska Native Health Board (ANHB) represents 24 Tribes and tribal health organizations, which serve approximately 130,000 Alaska Native customer-owners.

**Alaska Tribal Health Talking Points for the November 5, 2009
WHITE HOUSE TRIBAL NATIONS CONFERENCE**

INDIAN HEALTH CARE IMPROVEMENT ACT. The best way to strengthen tribal health is to reauthorize the Indian Health Care Improvement Act (H.R. 2706 and S. 1790). We urge the Administration to fully support IHCIA reauthorization. The new bills contain the tools needed by tribal health programs to narrow Alaska Native health disparities gaps through improvements or authorization in the areas of:

- Access to Medicaid, SCHIP and Medicare resources
- Long-term care, elder care and chronic disease care
- Health facility and water & sanitation projects
- Domestic violence, sexual assault, and child abuse prevention
- Behavioral health and substance abuse prevention
- Health profession and health workforce development

HEALTHCARE REFORM. First and foremost, the Administration should honor the trust responsibility to Tribes. In healthcare reform, this means (1) assuring that reform legislation fully supports and protects the Indian health delivery system; (2) assuring that tribal health programs have full opportunity to participate in and benefit from reform; and (3) acknowledging and respecting Tribes as sovereign governments. We urge the Administration's support for:

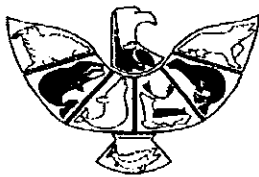
- The Indian-specific provisions contained in the Senate Finance Committee bill
- The Indian-specific provisions prepared by the House Natural Resources Committee Chair
- General provisions in both the House and Senate bills that will benefit tribal health with regard to improving sustainability, strengthening public health and preventive services, and strengthening the tribal health workforce

INDIAN HEALTH SERVICE APPROPRIATIONS. We urge the Administration's continued support for critical tribal health needs, including:

- The Indian Health Service Village-Built Clinic lease program
- The Alaska Dental Health Aide Therapy (DHAT) program
- Tribal Self-Governance contract support cost shortfalls
- Construction of basic water & sanitation infrastructure and healthcare facilities
- Domestic violence, sexual assault, and child abuse & neglect programs
- Behavioral health and substance abuse programs
- Staffing packages for the new Nome and Barrow hospitals

NON-INDIAN HEALTH APPROPRIATIONS THAT IMPACT TRIBAL HEALTH. Because of years of inadequate IHS funding, tribal health programs have had to seek support for basic programs from non-IHS agencies, for which we urge the Administration's full support:

- Denali Commission partners with Tribes on sanitation, energy, and facility projects
- HRSA Community Health Center programs support many village health clinics
- Department of Agriculture Rural Water & Waste Disposal and High Energy Cost programs support basic water and sanitation and energy needs in many Alaska Native villages
- EPA American Indian Environmental Office supports many tribal environmental projects



The Alaska Native Health Board (ANHB) represents 25 tribal health organizations serving approximately 130,000 Alaska Native and American Indian individuals. These priorities will be the focus of ANHB federal advocacy for Fiscal Year 2011.

EXECUTIVE SUMMARY OF ANHB 2011 FEDERAL PRIORITIES

- Permanent reauthorization of the Indian Health Care Improvement Act. We urge the Administration and Congress to support permanent IHCA reauthorization, which will empower and advance tribal health programs in the following areas:
 - Alternate resource systems, including payor of last resort provisions; Medicaid and SCHIP enrollment, coverage and payment; and Veterans Affairs support for tribal health providers.
 - Authorization for tribal long-term care, elder care and chronic disease programs.
 - Workforce development programs and Indian health professions.
 - Long-term care, Elder care, and chronic disease programs.
 - Facilities and sanitation programs, including maintenance & improvement.
 - Domestic violence, sexual assault, and child abuse & neglect programs.
 - Behavioral health and substance abuse and prevention programs.
- Healthcare reform. We urge the Administration and Congress to support the provisions in the House and Senate reform bills that will help tribal health programs narrow the Alaska Native/American Indian health disparities gaps. First and foremost, the government should honor the trust responsibility to Tribes. In the context of healthcare reform, this means:
 - Assuring that reform legislation fully supports and protects the Indian health system.
 - Assuring that tribal health programs fully participate in and benefit from reform.
 - Acknowledging and respecting Tribes as sovereign governments.
- Full funding for Indian Health Service appropriations. We urge the Administration and Congress to use Self-Governance as the preferred tribal funding mechanism for the following critical needs:
 - The Indian Health Service Village-Built Clinic lease program.
 - The Dental Health Aide Therapy (DHAT) program.
 - Tribal Self-Governance contract support costs.
 - Construction of basic water & sanitation infrastructure and healthcare facilities.
 - Behavioral health and substance abuse programs.
 - Domestic violence, sexual assault, and child abuse & neglect programs.
 - Staffing packages for the new Nome and Barrow hospitals.
- Non-Indian Health Service appropriations that greatly impact tribal health. Because of inadequate IHS funding, tribal health programs have sought support from certain non-IHS programs. We urge the Administration and Congress to fully support the:
 - Denali Commission, which partners with Tribes on sanitation, energy, and facility projects.
 - HRSA Community Health Center program, which supports tribally-operated village clinics.
 - Department of Agriculture Rural Water & Waste Disposal and High Energy Cost programs, which support basic water, sanitation and energy needs for Tribes.
 - EPA American Indian Environmental Office, which supports tribal environmental projects.
- "Title VI" legislation will extend the efficiencies and flexibilities of Tribal Self-Governance to all of Department of Health & Human Services. We urge support for Title VI legislation.