

Leg. Finance - House & Senate Finance Comte Files (1973-74) 8879

HB 302 cont., 313, 314, 321, 325, 326, 327, 230

1 (h) Any patient pursuant to the terms of this compact shall be
2 subject to civil process and shall have any and all rights to sue, be
3 sued and participate in and derive any benefits or incur or be relieved
4 of any obligations or have such obligations modified or his status
5 changed on account of any action or proceeding in which he could have
6 participated if in any appropriate facility of the sending state or
7 being supervised therefrom, as the case may be, located within such
8 state.

9 (i) The parent, guardian, trustee, or other person or persons
10 entitled under the laws of the sending state to act for, advise, or
11 otherwise function with respect to any patient shall not be deprived
12 of or restricted in his exercise of any power in respect of any patient
13 pursuant to the terms of this compact.

14 ARTICLE V. DISPOSITION OF CHARGES.

15 (a) Whenever the authorities responsible for the care and treat-
16 ment of a mentally disordered offender, whether convicted or adjudicated
17 in the state or subject to care, after-care, treatment or rehabilitation
18 pursuant to a contract, are of the opinion that charges based on untried
19 indictments, informations or complaints in another party state present
20 obstacles to the proper care and treatment of a mentally disordered
21 offender or to the planning or execution of a suitable program for him,
22 such authorities may petition the appropriate court in the state where
23 the untried indictment, information or complaint is pending for prompt
24 disposition thereof. If the mentally disordered offender is a patient
25 in a receiving state, the appropriate authorities of the sending state,
26 upon recommendation of the appropriate authorities in the receiving
27 state, shall, if they concur in the recommendation, file the petition
28 contemplated by this paragraph.

29 (b) The court shall hold a hearing on the petition within thirty

1 days of the filing thereof. Such hearing shall be only to determine
2 whether the proper safeguarding and advancement of the public interest;
3 the condition of the mentally disordered offender; and the prospects
4 for more satisfactory care, treatment and rehabilitation of him
5 warrant disposition of the untried indictment, information or complaint
6 prior to termination of the defendant's status as a mentally disordered
7 offender in the sending state. The prosecuting officer of the
8 jurisdiction from which the untried indictment, information or complaint
9 is pending, the petitioning authorities, and such other persons as the
10 court may determine shall be entitled to be heard.

11 (c) Upon any hearing pursuant to this Article, the court may
12 order such adjournments or continuances as may be necessary for the
13 examination or observation of the mentally disordered offender or for
14 the securing of necessary evidence. In granting or denying any such
15 adjournment or continuance, the court shall give primary considerations
16 to the purposes of this compact, and more particularly to the need for
17 expeditious determination of the legal and mental status of a mentally
18 disordered offender so that his care, treatment and discharge to the
19 community only under conditions which will be consonant with the
20 public safety may be implemented.

21 (d) The presence of a mentally disordered offender within a state
22 wherein a petition is pending or being heard pursuant to this Article,
23 or his presence within any other state through which he is being
24 transported in connection with such petition or hearing, shall be only
25 for the purposes of this compact, and no court, agency or person
26 shall have or obtain jurisdiction over such mentally disordered
27 offender for any other purpose by reason of his presence pursuant to
28 this Article. The mentally disordered offender shall, at all times,
29 remain in the custody of the sending state. Any acts of officers,

1 employees, or agencies of the receiving state in providing or facilitat-
2 ing detention, housing or transportation for the mentally disordered
3 offender shall be only as agents for the sending state.

4 (e) Promptly upon conclusion of the hearing the court shall
5 dismiss the untried indictment, information or complaint, if it finds
6 that the purposes enumerated in paragraph (b) of this Article would
7 be served thereby. Otherwise, the court shall make such order with
8 respect to the petition and the untried indictment, information or
9 complaint as may be appropriate in the circumstances and consistent
10 with the status of the defendant as a mentally disordered offender in
11 the custody of and subject to the jurisdiction of the sending state.

12 (f) No fact or other matter established or adjudicated at any
13 hearing pursuant to this Article, or in connectio. therewith, shall be
14 deemed established or adjudicated, nor shall the same be admissible in
15 evidence, in any subsequent prosecution of the untried indictment,
16 information or complaint concerned in a petition filed pursuant to
17 this Article unless:

18 1. The defendant or his duly empowered legal representative
19 requested or expressly acquiesced in the making of the petition, and
20 was afforded an opportunity to participate in person in the hearing; or

21 2. The defendant himself offers or consents to the intro-
22 duction of the determination or adjudication at such subsequent
23 proceedings.

24 ARTICLE VI. ACTS NOT REVIEWABLE IN
25 RECEIVING STATE; RETURN.

26 (a) Any decision of the sending state in respect of any matter
27 over which it retains jurisdiction pursuant to this compact shall be
28 conclusive upon and not reviewable within the receiving state, but if at
29 the time the sending state seeks to remove a patient from the receiving

1 state there is pending against the patient within such state any
2 criminal charge or if the patient is suspected of having committed
3 within such state a criminal offense, the patient shall not be returned
4 without the consent of the receiving state until discharged from
5 prosecution or other form of proceeding, imprisonment or detention for
6 such offense. The duly accredited officers of the sending state shall
7 be permitted to transport patients pursuant to this compact through
8 any and all states party to this compact without interference.

9 (b) A patient who escapes while receiving care and treatment or
10 who violates provisions of after-care by leaving the jurisdiction, or
11 while being detained or transported pursuant to this compact shall
12 be deemed an escapee from the sending state and from the state in which
13 the facility is situated or the after-care was being provided. In the
14 case of an escape to a jurisdiction other than the sending or receiving
15 state, the responsibility for return shall be that of the sending state,
16 but nothing contained herein shall be construed to prevent or affect
17 the activities of officers and agencies of any jurisdiction directed
18 toward the apprehension and return of an escapee.

19 ARTICLE VII. FEDERAL AID.

20 Any state party to this compact may accept federal aid for use in
21 connection with any facility or program, the use of which is or may be
22 affected by this compact or any contract pursuant thereto and any
23 patient in a receiving state pursuant to this compact may participate
24 in any such federally aided program or activity for which the sending
25 and receiving states have made contractual provisions: provided that
26 if such program or activity is not part of the customary regimen of
27 the facility or program the express consent of the appropriate official
28 of the sending state shall be required therefor.

29 ARTICLE VIII. ENTRY INTO FORCE.

1 This compact shall enter into force and become effective and
2 binding upon the states so acting when it has been enacted into law
3 by any two states from among the states of Illinois, Indiana, Iowa,
4 Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio,
5 South Dakota and Wisconsin. Thereafter, this compact shall enter
6 into force and become effective and binding as to any other of said
7 states, or any other state upon similar action by such state.

8 ARTICLE IX. WITHDRAWAL AND TERMINATION.

9 This compact shall continue in force and remain binding upon a
10 party state until it shall have enacted a statute repealing the same and
11 providing for the sending of formal written notice of withdrawal from
12 the compact to the appropriate officials of all other party states. An
13 actual withdrawal shall not take effect until two years after the notices
14 provided in said statute have been sent. Such withdrawal shall not
15 relieve the withdrawing state from its obligations assumed hereunder
16 prior to the effective date of withdrawal. Before the effective date
17 of withdrawal, a withdrawing state shall remove to its territory, at
18 its own expense, such patients as it may have in other party states
19 pursuant to the provisions of this compact.

20 ARTICLE X. OTHER ARRANGEMENTS UNAFFECTED.

21 Nothing contained in this compact shall be construed to abrogate
22 or impair any agreement or other arrangement which a party state may
23 have with a nonparty state for the custody, care, treatment,
24 rehabilitation or after-care of patients nor to repeal any other laws
25 of a party state authorizing the making of cooperative arrangements.

26 ARTICLE XI. CONSTRUCTION AND SEVERABILITY.

27 The provisions of this compact shall be liberally construed and
28 shall be severable. If any phrase, clause, sentence or provision of
29 this compact is declared to be contrary to the constitution of any

1 participating state or of the United States or the applicability there-
2 of to any government, agency, person or circumstance is held invalid,
3 the validity of the remainder of this compact and the applicability
4 thereof to any government, agency, person or circumstance shall not
5 be affected thereby. If this compact shall be held contrary to the
6 constitution of any state participating therein, the compact shall
7 remain in full force and effect as to the remaining states and in full
8 force and effect as to the state affected as to all severable matters.

9 Sec. 47.32.020. CONTRACTING AGENCY. The Commissioner of the
10 Department of Health and Social Services may negotiate and enter into
11 contracts on behalf of this state pursuant to Article III of this
12 compact and may perform such contracts: provided that no funds,
13 personnel, facilities, equipment, supplies, or materials shall be
14 pledged for, committed or used on account of any such contract, unless
15 legally available therefor.

16 * Sec. 2. This Act takes effect on the day after its passage and
17 approval or on the day it becomes law without approval.
18
19
20
21
22
23
24
25
26
27
28
29

The Legislature of the State of Alaska
 FISCAL NOTE
 First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB 302
 Title: Interstate Compact on Mentally Disordered Offender
 Requested by: House Finance Committee Date: March 28, 1973
 Return Date Requested: ASAP
 Agency: Health and Social Services Program: Mental Health

II. FISCAL DETAIL

Budget Request Unit(s) Affected: _____
 A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

B. FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

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

No costs are associated with this bill which provides a mechanism by which the Department of Health and Social Services can enter into mutually acceptable arrangements for the care and treatment of persons who are found by the courts to be not guilty of a crime by reason of insanity or mentally incompetent to stand trial. It has the potential of making savings to the State possible under circumstances where such individuals could be placed in secure institutions outside the State thereby eliminating the necessity for construction and/or staffing of a secure facility within Alaska.

IV. ATTACHMENTS

V. DATE: March 28, 1973

PREPARED BY: *James Lee Cain*

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



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date



JUHEAU ALASKA

Alaska State Legislature
House

FINANCE COMMITTEE BILL ASSIGNMENT

TO: Rep. Ose DATE: March 10, 1973

FROM: Earl D. Hillstrand
Chairman
House Finance Committee

BILL NO.: HOUSE BILL 313

TITLE: "An Act relating to the Professional Teaching Practices Act; and providing for an effective date."

COMMENTS: This bill has been referred to you for your review and research and eventual presentation to the committee for their consideration.

Introduced: 3/7/73
Referred: Health, Education &
Education and Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 HOUSE BILL NO. 313

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the Professional Teaching Practices
7 Act; and providing for an effective date."

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

9 * Section 1. AS 14.20.500 is amended to read:

10 Sec. 14.20.500. SUPPORT. In addition to available state funds,
11 the [THE] commission shall also be financed by members of the profes-
12 sion in accordance with regulations promulgated by the department
13 including, if necessary, an increase in the fees for certificates.

14 * Sec. 2. This Act takes effect on the day after its passage and approval
15 or on the day it becomes law without approval.

16

17

18

19

20

21

22

23

24

25

26

27

28

29

The Legislature of the State of Alaska
FISCAL NOTE
First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB 313

Title: Professional Teaching Practices Act

Requested by: Legislative Finance

Date: 3/9/73

Return Date Requested: 3/16/73

Agency: Education

Program: Pre-Elem.-Secondary

II. FISCAL DETAIL

Budget Request Unit(s) Affected: PTPC - New BRU

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES		41.9				
200 TRAVEL		15.0				
300 CONTRACTUAL		3.5				
400 COMMODITIES		1.9				
500 EQUIPMENT		1.2				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		63.5				

B. FUNDING: (Thousands of dollars)

GENERAL FUND		16.0				
FEDERAL FUNDS						
OTHER		*47.5				

C. POSITIONS:

PERMANENT/TEMPORARY	/	2 /	/	/	/	/
MAN MONTHS (P./T.)	/	24 /	/	/	/	/

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

*From certificate fees - See Attachment #1.

IV. ATTACHMENTS

#1 - Fiscal analysis

#2 Memo regarding status of certificate fee regulation changes.

V. DATE: 3/13/73

PREPARED BY

J. Nathaniel Cole

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

ATTACHMENT #1

FISCAL ANALYSIS:	100:	a) Ex. Sec. Range 26 + Benefits	\$32,000	
		b) Sec. Services Range 10 + Benefits	<u>9,900</u>	
		Total 100		\$41,900
	200:	Transp. 50 trips @\$150 trip	7,500	
		Per dien 250 days @ \$30/day	<u>7,500</u>	
		Total 200		15,000
	300:	a) Communications	1,000	
		b) Machine rental - Xerox & other	500	
		c) Contracted personal services	<u>2,000</u>	
		Total 300		3,500
	400:	Office & professional supplies and materials	1,900	1,900
	500:	Office equipment	1,200	<u>1,200</u>
				<u>63,500</u>

AS 14.20.500 indicates that Prof. Teaching Practices activities are to be supported by the profession. The Department of Education is in the process of increasing regular certificate fees to \$30 (with a \$10 fee for each additona? endorsement to the regular certificate). Other types of certificates are being increased to \$10. Estimated receipts generated by the certificate fees are shown below:

1,600 regular certificates @\$25 each for PTPC	=	\$40,000
500 endorsements @\$10 each for PTPC	=	5,000
500 other types of certificates @5.00 ea for PTPC	=	<u>2,500</u>
Total		<u>\$47,500</u>

MEMORANDUM

ATTACHMENT #2

TO: [Jay Hogan, Director
Division of Legislative Finance
State Capitol, Room 425

DATE : March 12, 1973

FROM: Nathaniel H. Cole, Director
Administrative Services
Department of Education

SUBJECT: House Bill No. 313
Relating to Professional
Teaching Practices Act

The attached memorandum indicates action taken by the State Board of Education pursuant to a request by the Professional Teaching Practices Commission to increase certification fees from \$10 to \$30 to provide a total of \$25 per certificate fees to be used to finance the full-time Executive Secretary and staff for the Professional Teaching Practices Commission.

This would generate between ^{40,000}~~\$30,000~~ and ^{50,000}~~\$20,000~~ annually for the support of that function.

Barring any unfortunate difficulties that may arise during the hearings this regulation will become effective the first State Board of Education meeting after April 13, 1973. This next State Board of Education meeting has been set for the latter part of April.

N.H.C.

NHC:br

Attachment

File: 023.5

STATE
of ALASKA

MEMORANDUM

TO: Jay Hogan, Director
Division of Legislative Finance
State Capitol, Room 425

DATE : March 12, 1973

FROM: *Nat Cole*
Nathaniel H. Cole, Director
Administrative Services
Department of Education

SUBJECT: House Bill No. 313
Relating to Professional
Teaching Practices Act

The attached memorandum indicates action taken by the State Board of Education pursuant to a request by the Professional Teaching Practices Commission to increase certification fees from \$10 to \$30 to provide a total of \$25 per certificate fees to be used to finance the full-time Executive Secretary and staff for the Professional Teaching Practices Commission.

This would generate between \$50,000 and \$60,000 annually for the support of that function.

Barring any unfortunate difficulties that may arise during the hearings this regulation will become effective the first State Board of Education meeting after April 13, 1973. This next State Board of Education meeting has been set for the latter part of April.

N.H.C.

NHC:br

Attachment

File: 023.5

Bonne Kadema copy

STATE OF ALASKA

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

WILLIAM A. EGAN, GOVERNOR

POUCH F — ALASKA OFFICE BUILDING
JUNEAU 99801

March 2, 1973

To: All School Administrators
Department of Law
Legislative Affairs
Each Legislator

From: Marshall L. Lind *M. Lind*
Commissioner of Education

Subject: Proposed Changes in Regulations Governing Certification and
Physical Examinations of School Employees.

The Department of Education has initiated action to amend or repeal the regulations governing certification and physical examinations for school employees. The proposed regulations would raise the certificate fee for regular, administrative and Type C certificates to \$30, and the fees for vocational trades certificates and letters of authorization to \$10. These changes have been formally requested by the Professional Teaching Practices Commission to help fund a full-time executive secretary for that organization.

Other sections of Chapter 12 Certification of Professional Workers are also amended or repealed as indicated on the enclosed copies.

In Chapter 6, Section 4 AAC 06.050 the differentiation in requirements for physical examinations based upon age are repealed.

The purpose of this notice is to call your attention to these changes prior to the hearings scheduled later this month in Anchorage, Fairbanks, and Juneau.

Attachment

Bonnie Kadema copy

STATE OF ALASKA

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

WILLIAM A. EGAN, GOVERNOR

POLICY F — ALASKA OFFICE BUILDING
JUNEAU 99801

March 2, 1973

To: All School Administrators
Department of Law
Legislative Affairs
Each Legislator

From: Marshall L. Lind *M. Lind*
Commissioner of Education

Subject: Proposed Changes in Regulations Governing Certification and
Physical Examinations of School Employees.

The Department of Education has initiated action to amend or repeal the regulations governing certification and physical examinations for school employees. The proposed regulations would raise the certificate fee for regular, administrative and Type C certificates to \$30, and the fees for vocational trades certificates and letters of authorization to \$10. These changes have been formally requested by the Professional Teaching Practices Commission to help fund a full-time executive secretary for that organization.

Other sections of Chapter 12 Certification of Professional Workers are also amended or repealed as indicated on the enclosed copies.

In Chapter 6, Section 4 AAC 06.050 the differentiation in requirements for physical examinations based upon age are repealed.

The purpose of this notice is to call your attention to these changes prior to the hearings scheduled later this month in Anchorage, Fairbanks, and Juneau.

Attachment

STATE
of ALASKA

MEMORANDUM

TO: Jay Hogan, Director
Division of Legislative Finance
State Capitol, Room 425

DATE : March 12, 1973

FROM: Nathaniel H. Cole, Director
Administrative Services
Department of Education

SUBJECT: House Bill No. 313
Relating to Professional
Teaching Practices Act

The attached memorandum indicates action taken by the State Board of Education pursuant to a request by the Professional Teaching Practices Commission to increase certification fees from \$10 to \$30 to provide a total of \$25 per certificate fees to be used to finance the full-time Executive Secretary and staff for the Professional Teaching Practices Commission.

This would generate between \$50,000 and \$60,000 annually for the support of that function.

Barring any unfortunate difficulties that may arise during the hearings this regulation will become effective the first State Board of Education meeting after April 13, 1973. This next State Board of Education meeting has been set for the latter part of April.

N.H.C.

NHC:br

Attachment

File: 023.5



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date

"An Act relating to medical assistance for needy persons; and providing for an effective date."

COMMITTEE REPORT

3-7-73

HOUSE

Mr. Speaker:

Date 3-7-73

The Committee on FINANCE has had HB 314

under consideration. A Majority of the members of the Committee

recommends it DO PASS

recommends it DO NOT PASS

recommends it DO PASS WITH ATTACHED AMENDMENT(S)

recommends it BE REPLACED WITH CS FOR _____ AND THAT

CS FOR _____ DO PASS

"and" recommends it BE REFERRED TO THE _____

COMMITTEE

reports it back WITHOUT RECOMMENDATION

"other"

Members signing the Majority report:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members NOT concurring in the Majority report:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ Chairman

Introduced: 3/7/73
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 HOUSE BILL NO. 314

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to medical assistance for needy
7 persons; and providing for an effective date."

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

9 * Section 1. AS 47.07.030 is amended to read:

10 Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services
11 to be offered to eligible persons include inpatient hospital, outpatient
12 hospital, laboratory and X-ray, skilled and intermediate nursing home,
13 physicians and home health care services. If required by federal law or
14 valid federal regulation, then the medical services of diagnostic medical
15 screening services to include dental services for children under 21
16 years of age, and reasonable transportation to and from the point of
17 medical care, shall be provided. No additional services may be pro-
18 vided unless approved by the legislature.

19 * Sec. 2. This Act takes effect on the day after its passage and approval
20 or on the day it becomes law without approval.



JUNEAU ALASKA

Alaska State Legislature
House

FINANCE COMMITTEE BILL ASSIGNMENT

TO: Representative Haugen DATE: March 8, 1973
House Finance Committee

FROM: Earl D. Hillstrand
Chairman
House Finance Committee

BILL NO.: HOUSE BILL 314

TITLE: "An Act relating to medical assistance for needy persons; and
providing for an effective date."

COMMENTS: This bill has been referred to you for your review
and research and eventual presentation to the
committee for their consideration.

Criteria for Skilled Nursing Care

Fiscal Note Attachment "C"

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF MEDICAL ASSISTANCE

Chapter I

Definitions

1. A Patient is an individual who is in need of and is receiving professional services directed by a licensed practitioner of the healing arts toward maintenance, improvement, or protection of health or alleviation of disease, disability or pain.
2. A Skilled Nursing Home Patient is a patient who is eligible for medical assistance under the title XIX State plan and who has been admitted to a skilled nursing home on recommendation of a physician and is receiving room, board, and professional services in the institution on a continuous 24-hour a day basis.
3. A Mental Hospital Patient is a patient, in a State where the title XIX State plan includes psychiatric care to the aged in hospitals for mental diseases, who is age 65 or older, is eligible for medical assistance under the title XIX State plan and has been admitted to a hospital for mental diseases on recommendation of a physician and is receiving room, board, and professional services in the institution on a continuous 24-hour a day basis.
4. Hospital Discharge Summary is a summary, in concise narrative form, of a patient's entire clinical and treatment profile while in a hospital. At the very least, it should identify the patient's chief complaint and primary reason for hospitalization; contain highlights of diagnostic and treatment modalities employed and details of pertinent findings and results; and summarize the patient's condition at the time of discharge, including specific instructions and recommendations to be followed in after-care. If the patient is being transferred to another health-care facility, such as a skilled nursing home, the discharge summary should clearly indicate primary and secondary diagnoses, and treatment orders to be followed upon admission to the second facility. It should contain sufficient clinical and other data to permit initiation of nursing care without interruption. However, such often is not the case; nor does the patient's hospital physician always continue on as his attending physician in the facility to which he is transferred; therefore, discharge summaries and transfer forms which may accompany medical assistance patients upon their admission to

standards of good medical practice.
so dated that reliance upon it would be inconsistent with customary
the patient's present clinical condition, needs and treatment and not
I/ A "current" examination should be one that is recent enough to reflect

6. Nursing Plan of Care is a program and plan for the provision of nursing
and personal care. Good nursing practice calls for such a plan for each
patient. It is prepared by the supervisory nurse, based upon identifying
information provided, including the physician's orders and plan for medical
care, together with informed observations of the patient and information
elicited from him. It should include early and long-term nursing goals,
and should be revised and up-dated at least weekly based upon treatment
results and/or the patient's changing profile of needs.

The medical plan of care is the physician's specific treatment and
medication orders and related therapeutic regimens that are to be followed
in care of the patient, based on his medical evaluation. This medical
plan of care also states treatment goals, estimates the probable kind of care
that may be appropriate for meeting the patient's needs when his condition
reaches a point where the care recommended initially no longer is necessary.
The plan of care is in writing and a part of the patient's medical record.

5. Physician's Medical Evaluation and Plan of Care is a physician's
complete appraisal of the current clinical condition, diagnosis or diagnosis,
and medical needs of the patient based upon a current physical examination,
recorded medical history, and where necessary, the patient's rehabilitation
needs. It documents the type and range of care being recommended by him for
the patient, and is prepared prior to admission to a skilled nursing home
or mental hospital or prior to authorization of payment for care in such
facilities.

a state XIX certified skilled nursing home or hospital for mental diseases
usually are not adequate to fulfill the requirements of Section 250.23
(a)(1)(i) with respect to medical evaluation prior to such admission or
prior to authorization of payment for skilled nursing home or mental
hospital care.

Table with multiple rows and columns, containing definitions and other text, mostly illegible due to blurriness.

Part 5. Services and Personnel for Skilled Nursing Facilities

5-60-20 Medical Review in Skilled Nursing Homes and Mental Hospitals

5-60-20 Chapter I - Definitions (continued)

A well-structured nursing plan of care is the central core of information about the patient, containing a description of his specific and individualized needs and the best ways of meeting those needs. Optimal patient care can not be guaranteed by an adequate nursing care plan but can never be obtained without it.

7. Medical Review Team is a physician-supervised unit composed of one or more physicians and other appropriate health and social service personnel, responsible to the single State agency as employees, consultants, or contractors which provides periodic medical reviews and inspections in skilled nursing homes and hospitals for mental diseases approved by State agencies as providers of care for eligible medical assistance patients. It involves peer professional evaluations made by disciplines of like training and experience of the range, quality, adequacy and necessity of care and services being provided for individual medical assistance patients in skilled nursing homes and hospitals for mental diseases. Its most usual composition on skilled nursing home site visits is, one physician, one or more professional nurses, and one trained social worker; and for mental hospital site visits, one psychiatrist or a physician knowledgeable in the care of patients suffering from mental diseases, a psychiatric nurse and a social worker with training and/or experience in working with the mentally ill.

8. Utilization Review is a peer evaluation of quantitative and qualitative data reflected by or extracted from random or selective samplings of medical records of medical assistance patients. It involves analysis of samples of records for assessment of over or under use of treatment resources and professional services and the duration of stays with respect to those patients.

(4) Administration and/or control of medications required by State law to be the exclusive responsibility of registered or licensed nurses and other specific services subject to such limitations under the State nurse practice act.

(3) Continuous availability of nursing personnel at the level of a licensed practical nurse or higher.

(2) A treatment plan involving the planning and administration of multiple services prescribed by the physician.

(1) Observation by a registered professional nurse, or a licensed practical nurse, at least once daily, and assessment of the total needs of the patient by such personnel.

If the physician determines that the patient requires any one or more of the following, skilled nursing home care is appropriate:

Criteria of Medical Need - In General, a physician should refer a patient to a skilled nursing facility when in his judgment the patient requires skilled nursing services, but does not require the constant availability of the medical services of an acute hospital. Skilled nursing services are those which must be furnished by or under the direct supervision of licensed nursing personnel, and under the general direction of a physician in order to assure the safety of the patient and to achieve the medically desired results. The critical factor in determining skilled nursing services is the need for the services of licensed health personnel.

Skilled Nursing Home Care

The chapter concludes with criteria for the suggested standardized medical evaluation form for use by attending physicians, a brief description of alternatives to skilled nursing home and mental hospital care, and the relationship between evaluation of medical need, suitable alternatives, and the State agency's authorization of payment for care.

(continued)

<p>Director of Health Services Department of Health Services State of Michigan Lansing, Michigan</p>	<p>Director of Health Services Department of Health Services State of Michigan Lansing, Michigan</p>
<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>	<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>
<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>	<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>
<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>	<p>Assistant Director Department of Health Services State of Michigan Lansing, Michigan</p>

5-41-72 Chapter 115 - Appropriateness of Medical Services and Patient Hospital Care: Criteria of Medical Need and Feasible Alternatives (continued)

(5) Continuing medical and nursing care of sufficient degree to necessitate the maintenance of a continuing clinical record by the institution.

(6) Performance of any direct services that the physician judges can be provided safely only by

- (a) a registered professional nurse; or
- (b) a licensed practical nurse; or
- (c) other personnel working under the direction of a professional or licensed practical nurse.

A patient whose needs can generally be met by unskilled services may, because of special considerations in an individual case, require their performance under skilled supervision or observation. In such situations, however, the complications or special considerations involved should be documented by nursing notes and/or physician orders and/or progress notes. These records should include observations on physical findings, new developments in the course of the disease, and the details of carrying out the services prescribed.

The determining factor as to whether skilled nursing home services are required or the needs can be met in a lesser care facility is the type of care required, not primarily the amount of the care. Many elderly and infirm people need large amounts of attention and care but require only services that can be given by persons with little or no training in nursing. Their needs usually can be met in facilities covered by the intermediate care classification. On the other hand, many persons suffer from chronic diseases that necessitate kinds of treatment and care that require frequent or continuous observation and/or specialized services that can safely be performed for them only by, or under the supervision of, professional or licensed practical nurses. The total amount of time required in caring for these patients often is no greater than that needed by individuals in intermediate care facilities and, in individual instances, it may actually be less. The difference is in the kind of service required.

9-60-73 Chapter III - Appropriateness of Skilled Nursing Home and Mental Hospital Care: Criteria of Medical Need and Possible Alternatives
(continued)

The following examples of conditions indicating need for skilled care or unskilled services are intended to provide a general framework for the exercise of professional judgment. They cannot be used in a check list fashion or as rigid criteria for approving or denying access to skilled nursing home care. While general criteria which are illustrative of skilled nursing home cases and cases for which skilled nursing home admission is not appropriate can be written, there is no substitute for professional judgment applied to individual cases following a thorough assessment of a patient's conditions and needs and the resources available to respond constructively to his needs.

Examples of Skilled Nursing Home Care

(a) Skilled Observations and Assessments: As suggested by the first criterion above, it is often medically reasonable to admit patients to a skilled nursing home mainly for purposes of continuous observation and assessment, by skilled professionals, of a medical disease or postoperative condition. Approval for such admissions should not be of unlimited duration, however; and the physician's plan of care should specify the estimated period required for such assessment. Clinical conditions which might qualify patients for admission for continuous skilled nursing observation could include: unregulated diabetes mellitus where frequent urinalysis and changes in diet and medication are required; coronary artery ischemia, and other heart disease problems such as severe arteriosclerosis or atrial fibrillation where patients require close watching for signs of decompensation, maintenance of proper fluid balance, frequent recording of vital signs, and attentive regulation of medication which might have undesirable side-effects; respiratory insufficiency requiring prompt adjustments in medication and therapy; and mental and behavioral patterns requiring the administration of psychotropic medications; catatonia, organic brain syndrome and other mental conditions where skilled observation is required to detect and respond to changes in the patient's needs and to promote optimal psychosocial and physical functioning.

There must be full written justification by the admitting physician when skilled nursing home patient observation is recommended. Also, the continued need for skilled and continuous observation must be fully documented by

Department of Health and Human Services, National Health Service Administration

Medical Review in Skilled Nursing Homes and Mental Hospitals

3-44-20 Chapter III - Appropriateness of Skilled Nursing Home and Mental Hospital Care: Criteria of Medical Need and Possible Alternatives (continued)

nursing notes and physician progress records. Medical review teams must be especially vigilant when evaluating the continued care of patients who are admitted primarily for observation.

(b) Skilled Nursing Services

Following are examples of kinds of direct services that can be administered safely only by, or under the direct supervision of, skilled nursing personnel (criterion (6) above) and are commonly furnished in skilled nursing homes. Eligible medical assistance patients are entitled to the benefits of these and similar kinds of skilled care when they are provided in a skilled nursing home approved for participation under a title XIX State plan.

(1) Administration of Medication: Medications given by intravenous or intramuscular injections usually require skilled services. (However, intramuscular injections required once or twice a week, or injections which can usually be self-administered, such as daily insulin for well-regulated diabetics would not necessarily require admission to a skilled nursing home.) Oral medication which may require immediate dosage change because of sudden undesirable side effects or serious reactions should be administered by or under observation of licensed nurses, and hence, is a skilled service. Where a prolonged regimen or oral drug therapy is instituted, the need for continued presence of skilled nursing personnel is justified only during the period in which the routine is being established when changes in dosage require professional judgments not possessed by unskilled persons.

(2) Intravenous Feeding, and Clysis: Intravenous feedings and hypodermoclysis are considered to be skilled care.

(3) Levine Tube and Gastrostomy Feedings: These feedings must be properly prepared and administered. Both require supervision and observation by licensed nurses.

(4) Nasopharyngeal Aspiration and Tracheostomy Care: The services and observation required for such care constitute skilled nursing.

3-11-70 Chapter VII - Appropriateness of Skilled Nursing Home and Hospital
Hospital Care: Criteria of Medical Need and Feasible Alternatives
(continued)

(5) Colostomy or Ileostomy Care: Skilled service is usually required during the immediate postoperative period following a newly created or revised opening. General continuous maintenance care of this condition can usually be performed by the patient himself or by a person without professional training and usually does not require continuing skilled care.

(6) Catheterizations: Repeated catheterizations during the immediate postoperative period following abdominal surgery constitute skilled nursing care. This is especially so with early postoperative prostatectomy patients when the risk of hemorrhage and infection is high. Catheters used in other parts of the body, such as bile ducts, chest cavity, etc., require skilled care.

(7) Incontinence: Secondary skin problems resulting from incontinence often require special treatment calling for professional nursing skills. Physicians' orders must indicate the specific treatment required in such instances.

(8) Skin Care: Existence of extensive decubitus ulcers, or other widespread skin disorders usually necessitates skilled care. Physicians' orders for treating the skin and/or decubitus ulcers, rather than diagnosis, would be the principal indicator as to whether skilled care is required.

(9) Dressings: Special care in connection with application of physician prescribed dressings involving prescription medications carried out under aseptic techniques constitute skilled services. Ileostomy or colostomy patients may well require such care in early postoperative periods.

(10) Administration of Medical Gas: Regimens involving the regular administration of medical gases would be instituted only upon specific physician orders. The initial phases of such a regimen require skilled care. However, when such administration becomes regular routine, it would not generally be considered a skilled service since most patients can be taught to operate their own inhalation equipment, or nonskilled personnel can supervise its administration, as in cases of chronic asthma, emphysema, etc.

5-24-72 Medical Assistance - Skilled Nursing Home - Medical Assistance

5-24-72 Medical Assistance - Skilled Nursing Home - Medical Assistance
Medical Care: A Matter of Medical Need and Possible Alternatives
(continued)

(11) Plaster casts: The presence of a cast does not necessarily establish the need for skilled services. If, however, the attending physician's orders reflect a need for special care or observation by nurses, the care should be skilled.

(12) Heat treatment: Heat treatment furnished by a nurse and specifically ordered by the attending physician as part of active treatment which requires observation by skilled personnel to adequately evaluate the patient's progress would be considered skilled services.

(13) Restorative nursing procedures: Such procedures, including the related teaching and adaptive aspects of skilled nursing, would be considered skilled services when they are part of active treatment and the presence of licensed nurses at the time they are performed is required.

(c) Unskilled Nursing Service

The following are examples of kinds of care and services which, by themselves, or even in some combinations, would not necessarily justify admission of a medical assistance patient to or continued care in a skilled nursing home approved for participation under a title XIX State plan.

(1) Sociological factors, or inadequacies or stresses in the domestic setting of a medical assistance patient, do not alone justify his admission, care, or prolongation of stay in a skilled nursing home.

(2) A patient's need for intramuscular injections once or twice a week would rarely justify his care in a skilled nursing home, unless such need were accompanied by other nursing needs requiring skilled care on a continuous basis. The use of a visiting nurse, a home health agency or an out-patient clinic would be a more appropriate arrangement for this limited need.

(3) Administration of oral medications to a patient too senile or too physically incapacitated to perform the act himself is not a service that necessarily calls for a licensed nurse.

MSA-PRC-25
11/13/72

6-30-70 Chapter III - Appropriateness of Skilled Nursing Home and Medical Hospital Care: Criteria of Medical Need and Feasible Alternatives (continued)

- (4) The primary need of an incapacitated nonambulatory patient is for frequent changes in body position to avoid development of decubiti, this would not by itself call for the skills of licensed nursing personnel.
- (5) Maintenance colostomy or ileostomy care can usually be performed by patients for themselves or by nonprofessional persons after appropriate instruction.
- (6) The presence of superficial decubiti or other inflammation requiring palliative skin care with medicated creams and topical ointments does not call for skilled care.
- (7) Routine change of surgical dressings on non-infected wounds, or routine care of long-term chronic conditions, can be performed by non-skilled persons.
- (8) The presence of a cast over any part of a patient's body, or the use of braces and similar devices do not require skilled nursing care for their routine maintenance; nor would the use of protective restraints such as bed rails, body supports and harnesses require the services of skilled personnel. If any special care in connection with the application or use of any such items calls for professional skills, justification for the same must be documented by the attending physician in the patient's medical record.
- (9) Intermittent administration of medical gases for patients whose medical need for the same has stabilized does not require skilled care.
- (10) Physical therapy performed by a licensed physiotherapist, although a professional adjunctive service which should be made available to patients by skilled nursing homes when ordered by their physicians, is not itself considered to call for skilled nursing care.
- (11) Supervision, training, and assistance in activities of daily living can be performed by non-skilled persons.

When any of the following circumstances exist, the patient must have, in addition, a condition which concurrently requires active skilled nursing care to justify admission and continued care in a skilled nursing home:

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF MEDICAL ASSISTANCE

Fiscal Note Attachment "D"

Regulations for Intermediate Care

§ 14,603 Intermediate Care Facility Services

Under a 1971 law, P. L. 92-223, effective January 1, 1972, a State may choose to include intermediate care facility services, other than services in an institution for tuberculosis or mental diseases (except for certain public institutions for the mentally retarded, as explained below), in its Medicaid program. As explained below, intermediate care facility services were formerly available under certain categorical assistance programs whenever States chose to include them in those programs.

Definition of Intermediate Care Facility

An intermediate care facility (ICF) is an institution licensed under State law to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing home is designed to provide, but who because of their mental or physical condition require care and services above the level of room and board —i.e., intermediate care—that can be made available only in institutional facilities. To be a provider under Medicaid, an ICF must meet standards approved by the Secretary of HEW for the proper provision of such care, and must also meet safety and sanitation standards established under regulation of the Secretary of HEW, in addition to safety and sanitation standards applicable to nursing homes under State law.

State Plan Requirements

If a State chooses to include ICF care in its Medicaid program, its Medicaid plan must provide for review of a patient's need for such care, and must also provide for on-site inspections in ICF's (see § 14,722).

Institutions Which May Serve as ICF's

In addition to institutions which provide only intermediate care in accordance with the standards described above, hospitals and skilled nursing homes meeting these standards also qualify as ICF's if they can provide an intermediate level of care. ICF's include Christian Science sanatoria, but only with respect to institutional services deemed appropriate by the State. With respect to services furnished to individuals under age 65, public institutions or distinct parts of such institutions for mental diseases or mental defects are not considered ICF's, except that an ICF may be a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions, provided that: (a) its primary purpose is to provide health or rehabilitative services for mentally retarded individuals, and it meets such standards as

[The next page is 6241-3.]

may be established by the Secretary; (b) the medically indigent individual who subject to certain conditions for payment is made under Medicaid is receiving active treatment under a program of health care rehabilitative services; and (c) the State or political subdivision responsible for operating the institution has agreed that the non-Federal expenditures with respect to patients in the institution (and a part thereof) will not be reduced because of payments made under Medicaid.

Legislative Background

Before passage of P. L. 92-225, as noted above, there was no Federal financial participation in providing ICF services under Medicaid. Thus, the lowest level of institutional care available under the Medicaid program was skilled nursing home care. As a result, many public assistance recipients were placed in skilled nursing homes—a higher and more costly level of care than they actually needed—in order to receive care under Medicaid. To remedy this situation, the Social Security Amendments of 1967 made it possible for any State with an approved plan for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or a plan combining these three, to modify such plan to include vendor payments for institutional services in ICF's for individuals entitled to money payments under one of these plans, or individuals who would be entitled to money payments except for their status as ICF inpatients.

Nevertheless, many States did not implement programs of ICF care. As the House Ways and Means Committee stated in its Report on H. R. 1, the proposed Social Security Amendments of 1971, "Many thousands of patients are in skilled nursing homes who do not need that level of care . . . Thousands of those people are in skilled nursing homes because their States have not established intermediate care programs." Accordingly, the Committee expressed the intent of Congress to make ICF care more readily available as an alternative to more costly skilled nursing home and hospital care by including it under Medicaid; and also to make ICF care available to medically needy persons under Medicaid:

"The amendment would provide for the transfer of the intermediate care provisions from Title XI of the Social Security Act to Title XIX (Medicaid). This action will enable the medically indigent, presently ineligible for intermediate care, to receive such care, when a State has a medically needy program and when such care has been determined as appropriate to their health care needs. This change should also serve to end the practice in some States of keeping medically indigent patients in skilled nursing homes when they could more appropriately be cared for in intermediate care facilities. Such States may do so because, under present law, Federal matching funds are available toward the costs of skilled nursing home care provided medically indigent persons but not for care of such people in intermediate care facilities."

Although H. R. 1 failed to become law in 1971, the intent of Congress expressed therein that ICF's be included under Medicaid was implemented in P. L. 92-225, as noted above.

Reimbursement

At the time ICF services were included under Medicaid, Federal law and regulations did not specify any basis for reimbursement under Medicaid for these services.

General Provisions

Pending the issuance of new regulations and supporting standards implementing the provisions of the Federal Social and Public Health Service Act, existing ICF programs approved under the various child assistance provisions will be accepted for Federal financial participation under title XIX, Medicaid. For ICF's approved before enactment of P. L. 92-223, and for facilities applying for certification during the interim period, a determination of need for dispositive funds pursuant to existing regulations (42 CFR 254.130, § 21,455) will be accepted as meeting the requirements of P. L. 92-223. Similarly, determination of need of indigent funds for care in ICF's may be made for the interim period in accordance with the existing regulation, and States that did not have approved ICF programs may apply for approval under the existing regulation during the interim period.

Pending issuance of new regulations and supporting standards, approved ICF programs in the following jurisdictions will be accepted for funding under Medicaid:

Alabama	Kentucky	Nebraska	S. Carolina
Arkansas	Louisiana	Nevada	S. Dakota
Colorado	Maine	New Mexico	Tennessee
Dist. of Columbia	Maryland	New York	Texas
Florida	Massachusetts	Ohio	Utah
Georgia	Michigan	Oregon	Vermont
Illinois	Minnesota	Pennsylvania	Virginia
Indiana	Montana	Rhode Island	Washington
Kansas			Wyoming

7.01 Source.—Soc. Sec. Act §§ 1902(a) | Program Instruction, APA-PI-72-5; MSA-
(31), 1905(a)(16), (c), (d), ¶ 17,270, 17,335, | PI-72-7, ¶ 25,416.
17,359, 17,341. Reg. § 254.130, ¶ 21,455, SRS.

TO THE LEGISLATURE OF THE STATE OF ALASKA

EIGHTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to medical assistance for needy persons."

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

* Section 50. AS 47.07.030 is amended to read:

Sec. 47.07.030. Medical services to be provided. Medical services to be offered to eligible persons include inpatient hospital, outpatient hospital, laboratory and X-ray, skilled and intermediate nursing home, physicians and home health care services. If required by federal or valid federal regulation, then the medical services of diagnostic medical screening services to include dental services for children under 21 years of age, and reasonable transportation to and from the point of medical care, shall be provided. No additional services may be provided unless approved by the legislature.

Medical Services and Institutions

- 67. Medical Assistance for Needy Persons (§§ 47.67.010—47.67.030)
- 68. Uniform Alcoholism and Intoxication Treatment Act (§§ 47.68.010—47.68.070)
- 69. Alaska Longevity Bonus (§§ 47.69.010—47.69.050)
- 70. Office of Child Advocate (§§ 47.70.010—47.70.050)

Chapter 67. Medical Assistance for Needy Persons.

Section	Section
10. Purpose	69. Receipt of federal money
20. Eligible persons	70. Reimbursement for cost settled providers
30. Medical services to be provided	80. Definitions
40. State plan for provision of medical assistance	
50. Implementation of the medical assistance program	

Sec. 47.67.010. Purpose. It is declared as a matter of public concern that the needy persons of this state receive uniform and high quality medical care, regardless of race, age, national origin, or economic standing. Accordingly, this chapter authorizes the Department of Health and Social Services to apply for participation in the national medical assistance program as provided for under title XIX of the federal Social Security Act. (§ 1 ch 182 SLA 1972)

Sec. 47.67.020. Eligible persons. A resident of the state who is eligible to receive financial assistance under titles I (Old Age Assistance), IV (Aid to Families with Dependent Children), X (Aid to the Blind), XIV (Aid to the Permanently and Totally Disabled), or XVI (the combined program for Aid to the Aged, Blind and Disabled) of the Social Security Act as those programs are administered by the state, including a person now in a nursing home who, if he left the nursing home, would be eligible, is eligible to receive medical assistance under title XIX of the Social Security Act. Receipt of medical assistance under this chapter is considered to be an additional benefit to these individuals and does not affect other aid or payments, federal or state, for which the recipient is eligible. (§ 1 ch 182 SLA 1972)

Legislative committee report for HCS (CSB 56), see 1972 House report on ch. 182, SLA 1972 (PAGES Journal, p. 1631.

The Department of Health and Social Services does not possess the authority to authorize any person, including one who has been granted a child in need of supervision, to be responsible to a custodian who has been committed to his custody. It is the responsibility of the Department of Health and Social Services to provide for the care and protection of children in need of supervision. The Department of Health and Social Services is not authorized to provide for the care and protection of children in need of supervision.

These are the provisions of section 4707.03 of the Revised Code which relate to the Department of Health and Social Services. The Department of Health and Social Services is not authorized to provide for the care and protection of children in need of supervision. The Department of Health and Social Services is not authorized to provide for the care and protection of children in need of supervision.

Section 4707.03 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows: Section 4707.03 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows:

Article I, Juvenile Courts.

Chapter 47, Definitions and Words of the Code.

Section 4707.01 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows:

(2) "Department" means the Department of Health and Social Services. (1) "Cost shared" providers are those providers who will be reimbursed on the basis of reasonable cost as provided for in federal laws and regulations.

Section 4707.02 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows:

(4) Good services for operation of principal and interest payments. (5) Preservation, improvement and expansion of buildings and equipment. (6) Health and safety for the population of the United States. (7) Health and safety for the population of the United States. (8) Health and safety for the population of the United States.

Section 4707.03 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows: Section 4707.03 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows:

Section 4707.04 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows: Section 4707.04 of the Revised Code, which relates to the Department of Health and Social Services, is hereby amended to read as follows:

Chapter 8

RECOMMENDATIONS FOR LEGISLATIVE ACTION

The Department recommends a change in the enabling Medicaid legislation, AS 47.07.030. The addition of the words "and intermediate" in describing the level of nursing home care would enable the State to claim 50% Federal participation for those persons now residing in a nursing home setting who do not meet the Medicaid criteria for need of skilled nursing home services.

At the time Department projections were made for utilization of services under Medicaid, it was assumed that all of the categorical recipients in a nursing home setting were eligible for skilled nursing home care. After the program was implemented, it was discovered that an estimated 75 of total 310 nursing home patients did not medically qualify for skilled nursing home care.

The effect of the proposed change in AS 47.07.030 would be to generate Federal receipts for 50% of these expenditures rather than bearing the total costs for these services from unrestricted State General Funds. It is estimated the Federal participation during FY 1974 would be \$378,100. The savings of State General Funds during the current fiscal year would be approximately \$78,900 if the amended legislation were enacted into law sufficiently before March 31, 1973 for the Department to submit a revision to the State Plan to the Federal agency by that date.

The proposed change in the legislation would not result in the provision of services to a greater number of people, but rather, would allow the State to claim Federal financial participation for those persons in a nursing home setting who do not meet the current Medicaid eligibility criteria for skilled nursing home care.

Supporting fiscal data and the recommended amendment to AS 47.07.030 follow.

Appendices B, C, and D contain additional information on nursing homes and intermediate care facilities.

Fiscal Detail

<u>Without Intermediate Care</u>	<u>100% State General Fund</u>
42 patients @ \$32.00 per day ⁽¹⁾	\$490,600
33 patients @ \$16.80 per day ⁽²⁾	<u>202,300</u>
Total State General Fund	<u>\$692,900</u>
<u>With Intermediate Care</u>	<u>50% State General Fund</u>
75 patients @ \$23.00 per day ⁽³⁾	<u>\$629,600</u>
State General Funds	\$314,800
Federal Funds	\$314,800
* Estimated State General Fund Savings FY 74 With Intermediate Care	<u>\$378,100</u>
<u>FY 73</u>	
Amended prior to 3/31/73 - 3rd Quarter 33 @ 16	\$ 23,800
Amended prior to 6/30/73 - 4th Quarter 55 @ 22	<u>55,000</u>
Total Estimated Cost Reduction Possible FY 73	<u>\$ 78,800</u>

* Without the ICF Option it will cost the State this amount out of General Fund to provide the same level of care to the same group of recipients.

Notes:

1. Estimated 15% of patients in facilities other than Ridgeview Manor.
2. Ridgeview Manor level one patients.
3. Nursing Home operators estimate of reimbursement rate. Actual costs would be determined at close of this fiscal year through cost settlement procedures. All costs are estimated in 1974 dollars.

The Legislature of the State of Alaska
 FISCAL NOTE
 First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB 314
 Title: An Act relating to Medical Assistance for Needy Persons
 Requested by: Legislative Finance Date: February 9, 1973
 Return Date Requested: _____
 Agency: Health & Social Services Dept. Program: Medical Assistance Division

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Medicaid and GR-Medical (Skilled Nursing Home

A. EXPENDITURES: (Thousands of dollars) Services and Intermediate Care)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL N.H.-IC only	-0-	-0-	-0-	-0-	-0-	-0-
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL *	-0- *	-0- *	-0- *	-0- *	-0- *	-0- *

B. FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

* See attached material with regard to savings of state general funds.

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

Medicaid Services are matched 50% Federal and 50% State General Funds.

General Relief Medical is 100% State General Funds.

- IV. ATTACHMENTS
- A. Statement of Position
 - B. Fiscal Detail
 - C. Criteria for Skilled Nursing Care
 - D. Regulations for Intermediate Care

V. DATE: 3-13-73

PREPARED BY: *[Signature]*

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

100
The Honorable William W. Ryan
Gov. Ariz.

DATE February 9, 1973

FROM Frederick McQuinn, Commissioner
Dept. of Health & Social Services

SUBJECT: Recommend Amending
Legislation - AS 47

Attached hereto is a recommended change in the enabling Medicaid legislation, AS 47.07.030. The addition of the words "and intermediate" in describing the level of nursing home care would enable the State to claim 50% Federal participation for those persons now residing in a nursing home setting who do not meet the Medicaid criteria for need of skilled nursing home services. At the time Department projections were made for utilization of services under Medicaid, it was assumed that all of the categorical recipients in a nursing home setting were eligible for skilled nursing home care. After the program was implemented it was discovered that an estimated 75 of total of 310 nursing home patients did not medically qualify for skilled nursing home care.

The effect of the proposed change in AS 47.07.030 would be to generate Federal receipts for 50% of these expenditures rather than the total cost for these services paid from unrestricted State General Funds. As indicated in the attached fiscal note, it is estimated the Federal participation during FY 1974 would be \$378,100. The savings of State General Funds during the current fiscal year would be approximately \$78,900 if the amended legislation was enacted into law sufficiently before March 31, 1973 for the Department to submit a revision to the State Plan to the Federal agency by that date.

The proposed change in the legislation would not result in the provision of services to a greater number of people, but rather, allow the State to claim Federal financial participation for those persons in a nursing home setting who do not meet the Medicaid eligibility criteria for skilled nursing home care.

I have been in contact with Region K, Social and Rehabilitation Services, HEW in Seattle and advised that the addition of the words "and intermediate" will be sufficient to support a State Plan amendment provision for Federal reimbursement for Intermediate Care in nursing homes.

I would be happy to meet with the chairmen of the Senate and House Finance Committees to explain the rationale of this request if this be your desire.

Your favorable consideration for submitting the amendment to AS 47.07.030 to the Legislature for their action will be greatly appreciated.

FHM:as

Attachments

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAL ASSISTANCE

Fiscal Report Attachment "A"

Statement of Position

The Alaska State Legislature, in adopting Title XIX Medicaid during the 1972 Session, chose the eight mandatory services, including skilled nursing home care.

The Department had been providing nursing home care under contractual arrangements through the Division of Family & Children Services. As of September 1, 1972, there were "skilled" nursing homes in Alaska but no "intermediate nursing homes." Two nursing homes, as of this date, have agreed to provide "intermediate" level nursing home care.

It has been determined that 30 - 35 persons in Ridgeview Manor and an estimated 15% of those patients in other facilities will not meet the Title XIX-Medicaid criteria for "skilled nursing" care. Therefore, there is no Federal Financial Participation in these costs under the current definition. By redefining the term to read ". . . skilled and intermediate nursing home . . ." the State would receive a 50% Federal match for the estimated 75 patients so affected.

Estimated cost reductions (further savings to the State):

If Amended prior to 3/31/73 - 3rd Quarter	\$ 33,800
" " " " 6/30/73 - 4th Quarter	\$ 55,000
" " " " 7/1/73 - FY 74	\$373,160

No increased utilization is anticipated, as the caseload has not exceeded projections. These are basically the same patients for which the Department provided care prior to Medicaid and for which the Department now provides care with the State bearing 100% of the cost. Under the amendment proposed the Federal Government will pay 50% of the total cost for the "skilled" and "intermediate" care patients.

DIVISION OF GENERAL ADMINISTRATION

Fiscal Note Attachment "B"

Fiscal Detail

<u>Without Intermediate Care</u>	<u>100% State General Fund</u>
42 patients @ \$32.00 per day ⁽¹⁾	\$490,600
33 patients @ \$16.80 per day ⁽²⁾	<u>202,300</u>
Total State General Fund	<u>\$692,900</u>
<u>With Intermediate Care</u>	<u>50% State General Fund</u>
75 patients @ \$23.00 per day ⁽³⁾	<u>\$629,600</u>
State General Funds	\$314,800
Federal Funds	\$314,800
Estimated State General Fund Savings FY 74 With Intermediate Care	<u>\$378,100</u>
<u>FY 73</u>	
Amended prior to 3/31/73 - 3rd Quarter 33 @ 16	\$ 23,800
Amended prior to 6/30/73 - 4th Quarter 55 @ 22	<u>55,000</u>
Total Estimated Cost Reduction Possible FY 73	<u>\$ 78,800</u>

Notes:

1. Estimated 15% of patients in facilities other than Ridgeview Manor.
2. Ridgeview Manor level one patients.
3. Nursing Home operators estimate of reimbursement rate. Actual costs would be determined at close of this fiscal year through cost settlement procedures. All costs are estimated in 1974 dollars.



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date



JUNEAU ALASKA

Alaska State Legislature
House

FINANCE COMMITTEE BILL ASSIGNMENT

TO: Representative Saylor DATE: March 30, 1973

FROM: Earl D. Hillstrand
Chairman
House Finance Committee

BILL NO.: HOUSE BILL 321

TITLE: "An Act making a special appropriation to the Office of the Governor
for the Mt. McKinley recreation city study; and providing for an
effective date."

COMMENTS: This bill has been referred to you for your review
and research and eventual presentation to the
committee for their consideration.

Introduced: 3/8/73
Referred: Resources and
Finance

1 IN THE HOUSE

BY THE RESOURCES COMMITTEE

2 HOUSE BILL NO. 321

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation to the Office
7 of the Governor for the Mt. McKinley recreation city
8 study; and providing for an effective date."

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

10 * Section 1. The sum of \$200,000 is appropriated from the general fund
11 to the Office of the Governor for the purpose of funding the state's share
12 of the planning costs for the Mt. McKinley recreation city.

13 * Sec. 2. This Act becomes effective on the day federal funds in the
14 amount of \$700,000 or more are made available for planning costs of the
15 Mt. McKinley recreation city.



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date

COMMITTEE REPORT

3-18-73

HOUSE

Mr. Speaker:

Date March 26 1973

The Committee on Finance has had HR 325

under consideration. A Majority of the members of the Committee

- recommends it DO PASS
- recommends it DO NOT PASS
- recommends it DO PASS WITH ATTACHED AMENDMENT(S)
- recommends it BE REPLACED WITH CS FOR _____ AND THAT
CS FOR _____ DO PASS
- "and" recommends it BE REFERRED TO THE _____
COMMITTEE
- reports it back WITHOUT RECOMMENDATION
- "other"

Members signing the Majority report:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members NOT concurring in the Majority report:

_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____

W. J. ... Chairman



JUNEAU ALASKA

Alaska State Legislature
House

FINANCE COMMITTEE BILL ASSIGNMENT

TO:

DATE: March 19, 1973

FROM:

Earl D. Hillstrand
Chairman
House Finance Committee

BILL NO.: HB 325

TITLE: Creating the Capital Location Advisory Commission;
and providing for an effective date.

COMMENTS: This bill has been referred to you for your review
and research and eventual presentation to the
committee for their consideration.

Introduced: 3/8/73
Referred: State Affairs and
Finance

1 IN THE HOUSE

BY RANDOLPH, FISCHER, PRITZ, HACKNEY,
J. MILLER, ORSINI, RANDOLPH, URION,
WARWICK AND WILSON

2 HOUSE BILL NO. 325

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act creating the Capital Location Advisory Com-
7 mission; and providing for an effective date."

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

9 * Section 1. CREATION. The Capital Location Advisory Commission is
10 created in the Office of the Governor.

11 * Sec. 2. COMPOSITION OF THE COMMISSION. The commission consists of nine
12 members. Three members shall be appointed by the presiding officer of the
13 senate, three members shall be appointed by the presiding officer of the
14 house of representatives, and three members shall be appointed by the gover-
15 nor. Members shall be appointed on a nonpartisan basis, with a view to
16 giving representation to the various geographic areas of the state. Each
17 presiding officer of the legislature shall appoint one member from each of
18 the geographic areas referred to in sec. 5(1) of this Act. Members of the
19 commission shall elect a chairman and vice-chairman.

20 * Sec. 3. COMPENSATION OF THE COMMISSION. Members of the commission serve
21 without compensation but are entitled to per diem and travel expenses autho-
22 rized by law for other boards and commissions.

23 * Sec. 4. PURPOSE. The purpose of the commission is to study and evalu-
24 ate the advantages and disadvantages of the present location of the state
25 capital and the advantages and disadvantages of at least two possible alter-
26 native locations, and make recommendations to the legislature.

27 * Sec. 5. POWERS AND DUTIES. The commission shall

28 (1) secure and study all information available relating to
29 advantages and disadvantages of

1 (A) retaining the state capital at its present location in
2 Juneau, including the total investment of the state in the present
3 location, the amount of additional investment necessary in the future
4 to accommodate the anticipated growth of the state; the transportation
5 and social costs borne by the state and by members of the state govern-
6 ment as the result of the location of the capital in Juneau; the loss
7 to public and private property owners in Juneau; the moving and dis-
8 location expense to state employees located in Juneau; and the cost to
9 the state in reparations and damage payments and moving expenses for
10 facilities and personnel;

11 (B) relocating the capital north of the parallel of latitude
12 64 degrees north, with a detailed study and evaluation of at least one
13 possible site within that area and a projection of the cost to the
14 state, including the cost of the development and payment for municipal
15 services; and

16 (C) relocation of the capital to a different location south
17 of the parallel of latitude 64 degrees north, with a detailed study and
18 evaluation of at least one site within that area and a projection of
19 the cost to the state, including the cost of development and payment
20 for municipal services;

21 (2) employ sufficient personnel to carry out the provisions of
22 secs. 1 - 5 of this Act, including experts knowledgeable in the following
23 fields:

- 24 (A) architecture or civil engineering;
25 (B) economics or urban economics;
26 (C) environmental science;
27 (D) finance or accounting;
28 (E) land use planning or urban planning; and
29 (F) transportation.

1 (3) make an initial report to the legislature within 20 days of
2 the convening of the second session of the eighth legislature, setting out
3 its evaluation of the present capital location and at least one site in each
4 of the two alternative areas, and the commission's recommendation, including
5 recommendations relating to the various methods of financing any proposed
6 relocation.

7 * Sec. 6. This Act takes effect on the day after its passage and approval
8 or on the day it becomes law without approval.
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

The Legislature of the State of Alaska
 FISCAL NOTE
 First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB 325-326
 Title: Capital Location Advisory Commission
 Requested By: Legislative Finance Date: 5/20
 Return Date Requested: cash
 Agency: _____ Program: _____

II. FISCAL DETAIL

Budget Request Unit(s) Affected: _____

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES						
200 TRAVEL		41.9				
300 CONTRACTUAL		208.1				
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		250.0				

B. FUNDING: (Thousands of dollars)

GENERAL FUND		250.0				
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

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

Assume six full Commission meetings @ 5 days
 per diem 33,500
 Travel 8,400

Remainder would more than
 likely be contracted services of experts in
 the fields referred to in HB 325

IV. ATTACHMENTS

V. DATE: _____ PREPARED BY: [Signature]

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



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date

Introduced: 3/7/73
Referred: State Affairs and
Finance

1 IN THE HOUSE

BY RANDOLPH

2 HOUSE BILL NO. 326

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation to the Office
7 of the Governor for the Capital Location Advisory
8 Commission; and providing for an effective date."

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

10 * Section 1. The sum of \$250,000 is appropriated from the general fund
11 to the Office of the Governor to fund the Capital Location Advisory Commis-
12 sion.

13 * Sec. 2. The unexpended and unobligated portion of this appropriation
14 lapses into the general fund June 30, 1974.

15 * Sec. 3. This Act takes effect upon the effective date of a version of
16 an Act creating the Capital Location Advisory Commission.
17
18
19
20
21
22
23
24
25
26
27
28
29

The Legislature of the State of Alaska
 FISCAL NOTE
 First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB 325-326
 Title: Capital Location Advisory Comm
 Requested by: Legislative Finance Date: 12/20
 Return Date Requested: None
 Agency: _____ Program: _____

II. FISCAL DETAIL

Budget Request Unit(s) Affected: _____
 A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES						
200 TRAVEL		41.9				
300 CONTRACTUAL		208.1				
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		250.0				

B. FUNDING: (Thousands of dollars)

GENERAL FUND		250.0				
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

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

Assume six full commission meetings @ 5 days
 per diem 33,500
 Travel 8,400

Remainder would more than
 likely be contracted services of experts in
 the fields referred to in HB 325

IV. ATTACHMENTS

V. DATE: _____ PREPARED BY: [Signature]

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



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date

COMMITTEE REPORT

HOUSE

3-8-73

Mr. Speaker:

Date March 8, 1973

The Committee on FINANCE has had HB 327

under consideration. A Majority of the members of the Committee

() recommends it DO PASS

() recommends it DO NOT PASS

(x) recommends it DO PASS WITH ATTACHED AMENDMENT(S)

() recommends it BE REPLACED WITH CS FOR _____ AND THAT

CS FOR _____ DO PASS

() "and" recommends it BE REFERRED TO THE _____

COMMITTEE

() reports it back WITHOUT RECOMMENDATION

() "other"

Members signing the Majority report:

Members NOT concurring in the Majority report:

_____ recommends: BE PASSED AS AMENDED
_____ recommends: _____
_____ recommends: _____
_____ recommends: _____
_____ recommends: _____

_____ Chairman

A M E N D M E N T

Offered in the HOUSE

By Finance Committee

To: _____ HOUSE BILL NO. 327

_____ SENATE BILL NO. _____

AMENDMENT: Page 1 Line 10

Change "217,250" to "207,250"

Introduced: 3/7/73
Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY REQUEST
OF THE LEGISLATIVE COUNCIL

2 HOUSE BILL NO. 327

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a supplemental appropriation to the
7 Legislative Affairs Agency; and providing for an
8 effective date."

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

10 * Section 1. The sum of \$317,250 is appropriated from the general fund
11 to the Legislative Affairs Agency for additional expenses for the fiscal year
12 ending June 30, 1973.

13 * Sec. 2. This Act takes effect on the day after its passage and approval
14 or on the day it becomes law without approval.

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99801

March 9, 1973

MEMORANDUM

TO : Representative Earl D. Hillstrand
Chairman, House Finance Committee

FROM : John M. Elliott, Executive Director

SUBJECT: Supplemental Budget HOUSE BILL NO. 327

Pursuant to the Committee's request of March 8, please find enclosed a breakdown of the Legislative Council's supplemental request showing those items of the supplemental which are related to the acquisition of the Assembly Apartments and which are not.

JME:hg
Enclosures

ASSEMBLY

Equipment		<u>\$ 19,061.13</u>
	Total	\$19,061.13

Contractural

Rent 10,202.56 x 7	78,417.92
Electricity 400.00 x 7	2,800.00
Garbage 52.00 x 7	364.00
Water 60.00 x 7	420.00
Architects Fees	118,000.00
Miscellaneous	500.00
Xerox Machine	1,668.00
Telephones	<u>1,500.00</u>
	Total
	\$203,669.92

Total Equipment	\$ 19,061.13
Contractural	<u>203,669.92</u>
Total	<u>\$222,731.05</u>

NOT CONNECTED TO ASSEMBLY

Equipment

5 Calculators (Finance)	\$ 974.55
2 Library Shelving (Finance)	188.00
1 Storage Cabinet (Finance)	<u>105.00</u>
Total	\$ 1,267.55

Contractural

Juneau Douglas Telephone Co. (late billings)	\$ 1,285.33
Xerox Corporation	504.46
I.B.M. Maintenance (late billing)	1,052.70
Michie Co.	2,981.29
Mag Card Typewriters	3,525.00
Xerox - Anchorage	1,000.00
Division of Buildings	3,922.00
Telex	500.00
McLean Associates	<u>16,350.00</u>
Total	\$31,120.78

Temporary Employees

Through 90th day	\$62,000.00
------------------	-------------

Equipment	\$ 1,267.55
Contractural	31,120.78
Temporary Employees	<u>62,000.00</u>
Total	\$94,388.33

STATE OF ALASKA THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99801

LEGISLATIVE AFFAIRS AGENCY

March 8, 1973

MEMORANDUM

TO : House Finance Committee
FROM : John M. Elliott, Executive Director
SUBJECT: Legislative Affairs Supplemental Appropriation

In response to the Committee's request for a breakdown of the requested supplemental, the amount requested reflects the sums needed to operate the legislature through April 7 (90 days). The total of \$317,250 is broken down as follows:

1. Equipment \$20,036.33

This figure represents the amount of unbudgeted funds expended by the legislature for furniture and equipment - primarily for the offices in the Assembly and elsewhere. The equipment purchased is as follows:

CAPITOL OFFICE SUPPLY

	(14 desks	5 extensions	\$ 3,374.14
<u>In</u>	(14 chairs		1,486.69
<u>Place</u>	(5 file cabinets		575.88
	(5 calculators (for Finance)		974.55
<u>Yet to</u>	(1 desk, 19 chairs, 6 file cabinets		3,427.57
<u>Arrive</u>			<u>9,838.83</u>

YUKON OFFICE SUPPLY

128 chairs	5,741.22
2 desks and 1 credenza	1,148.30
8 file cabinets	1,236.32
5 tables	1,114.09
7 bookcases	564.58
2 library shelves (Finance)	188.00
1 storage cabinet (Finance)	105.00
	<u>10,097.51</u>

On order

2 typing tables	\$ 100.00
	<u>10,197.51</u>
	\$20,036.34

2. Contractual \$34,616.11
(excluding Assembly rental)

This figure is accounted for as follows:

Drapes	\$ 181.33
Don Abel (table tops)	146.00
J.D Telephone Company (late billings)	1,285.33
Xerox Corporation	504.46
IBM (late billings)	1,052.70
The Michie Company (Supplements)	2,981.29
McLean Associates	16,350.00

Additional rentals and miscellaneous-

Mag Card Typewriters	3,525.00
Xerox - Juneau	1,668.00
Xerox - Anchorage	1,000.00
Telephone installations	1,500.00
Division of Buildings	3,922.00
Telex Machines	500.00
	<u>\$34,616.11</u>

3. Assembly Apartments \$200,501.92

Rental - December 1/July 1	\$ 78,417.92
Remodeling and Architect	118,000.00
Lights	2,800.00
Garbage	364.00
Water	420.00
Miscellaneous	500.00
	<u>\$200,501.92</u>

4. Temporary Employees \$62,000.00

Temporary employee funds will be
depleted on March 24. The \$62,000
will fund them through April 7,
the 90th day

\$62,000.00

TOTAL

\$317,154.37



RECORDS



CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

4/26/89
Date

COMMITTEE REPORT

SENATE

3/17/73

Mr. President:

Date 3/21/73

The Committee on FINANCE has had HR 327
supplemental approp. Legislative Affairs Agency
under consideration. A Majority of the members of the Committee

- recommends it DO PASS
- recommends it DO NOT PASS
- recommends it DO PASS WITH ATTACHED AMENDMENT(S)
- recommends it BE REPLACED WITH CS FOR _____ AND THAT
CS FOR _____ DO PASS
- "and" recommends it BE REFERRED TO THE _____
COMMITTEE
- reports it back WITHOUT RECOMMENDATION
- "other"

Members signing the Majority report:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members NOT concurring in the Majority report:

_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____
_____	recommends:	_____

_____ Chairman

Introduced: 3/7/73
Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY REQUEST
OF THE LEGISLATIVE COUNCIL

2 HOUSE BILL NO. 327

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a supplemental appropriation to the
7 Legislative Affairs Agency; and providing for an
8 effective date."

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

10 * Section 1. The sum of \$317,250 is appropriated from the general fund
11 to the Legislative Affairs Agency for additional expenses for the fiscal year
12 ending June 30, 1973.

13 * Sec. 2. This Act takes effect on the day after its passage and approval
14 or on the day it becomes law without approval.

15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99801

LEGISLATIVE AFFAIRS AGENCY

March 8, 1973

MEMORANDUM

TO : House Finance Committee
FROM : John M. *Joe* Ellicott, Executive Director
SUBJECT: Legislative Affairs Supplemental Appropriation

In response to the Committee's request for a breakdown of the requested supplemental, the amount requested reflects the sums needed to operate the legislature through April 7 (90 days). The total of \$317,250 is broken down as follows:

1. Equipment \$20,036.33

This figure represents the amount of unbudgeted funds expended by the legislature for furniture and equipment - primarily for the offices in the Assembly and elsewhere. The equipment purchased is as follows:

CAPITOL OFFICE SUPPLY

	(14 desks	5 extensions	\$ 3,374.14
<u>In</u>	(14 chairs		1,486.69
<u>Place</u>	(5 file cabinets		575.88
	(5 calculators (for Finance)		974.55
<u>Yet to</u>	(1 desk, 19 chairs, 6 file cabinets		3,427.57
<u>Arrive</u>			<u>9,838.83</u>

YUKON OFFICE SUPPLY

128 chairs	5,741.22
2 desks and 1 credenza	1,148.30
8 file cabinets	1,236.32
5 tables	1,114.09
7 bookcases	564.58
2 library shelves (Finance)	188.00
1 storage cabinet (Finance)	105.00
	<u>10,097.51</u>

On order

2 typing tables	\$ 100.00
	<u>10,197.51</u>
	\$20,036.34

2. Contractual \$34,616.11
(excluding Assembly rental)

This figure is accounted for as follows:

Drapes	\$ 181.33
Don Abel (table tops)	146.00
J-D Telephone Company (late billings)	1,285.33
Xerox Corporation	504.46
IBM (late billings)	1,052.70
The Michie Company (Supplements)	2,981.29
McLean Associates	<u>16,350.00</u>

Additional rentals and miscellaneous-

Mag Card Typewriters	3,525.00
Xerox - Juneau	1,668.00
Xerox - Anchorage	1,000.00
Telephone installations	1,500.00
Division of Buildings	3,922.00
Telex Machines	<u>500.00</u>
	\$34,616.11

3. Assembly Apartments \$200,501.92

Rental - December 1/July 1	\$ 78,417.92
Remodeling and Architect	118,000.00
Lights	2,800.00
Garbage	364.00
Water	420.00
Miscellaneous	<u>500.00</u>
	\$200,501.92

4. Temporary Employees \$62,000.00

Temporary employee funds will be depleted on March 24. The \$62,000 will fund them through April 7, the 90th day \$62,000.00

TOTAL	<u>\$317,154.37</u>
-------	---------------------