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LTC TASK FORCE
Long-Term Care Task Force



FINAL REPORT
January 1999

Representative Con Bunde, Co-chairman
Senator Gary Wilken, Co-chairman

State Capitol Building
Juneau, Alaska 99801-1182



Official Business

Alaska State Legislature

State Capitol

Juneau, Alaska 99801-1182

Long-Term Care Task Force

January, 1999

To the reader;

The report you are now holding could not have been possible without the dedication and hard work of many people, in government and the private sector, who overcame significant limitations in time and resources to produce valuable recommendations on how Alaska can best provide long-term care for its citizens.

While we helped guide this process as co-chairs of the Long-Term Care Task Force, the credit for its achievement lies with them. We would therefore like to acknowledge our appreciation:

To the members of the Long-Term Care Task Force themselves, who absorbed vast amounts of data and produced creative approaches to one of our state's most pressing human concerns;

To the staffers at various state agencies, who generously shared their experience and expertise so that our recommended actions would have the best possible foundation in real-world experience;

And to the members of the public, who honored us with their time and attention, and whose personal testimony ever reminded us that all Alaskans have a personal stake in ensuring quality long-term care in the Last Frontier.

Thank you one and all.

Sincerely,

A handwritten signature in cursive script, appearing to read "Con Bunde".

Representative Con Bunde
Co-Chair

A handwritten signature in cursive script, appearing to read "Gary Wilken".

Senator Gary Wilken
Co-Chair

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INTRODUCTION TO LONG-TERM CARE

Once thought of as a nation of young people, the United States quickly is becoming elderly. Declining fertility rates, longer life spans, better health care, improved technology and an aging baby boomer generation are contributing factors. Because of the advancements in technology and health care, elderly people and people with disabilities are living longer. Soon people 65 years old and older in this country will outnumber the young.

"Soon people 65 years old . . . will outnumber the young."

In 1900, there were 3.1 million people age 65 or older in the United States. By 2020, this population is expected to reach 54 million, representing about one out of every six Americans. In addition, a large portion will be over the age of 85 – a group that is most likely to need assistance with everyday activities.¹

Alaska, too, is experiencing a rapid growth in our senior and disabled populations. Senator Bert Sharp, Fairbanks, and Senator Jim Duncan, Juneau, introduced Senate Concurrent Resolution 11 (SCR 11) in 1997 to address this critical issue and plan for the future. In his sponsor statement, Senator Sharp made the following comments regarding this resolution:

As Alaska's senior community grows, it is necessary that we plan for the long-term care needs of these citizens. While it is the desirable goal of most families to provide home care for their elderly parents, the reality is that most will live in a long-term care facility. Either way, the costs of providing long-term care is becoming insurmountable to the state and to our private citizens.

SCR 11 will create a long-term care task force. Their mission is to review the findings of the legislative working group and develop an equitable plan for providing actuarially sound and affordable long-term care options for all of the Alaska's senior citizens.²

"The Long-Term Care Task Force is created."

This resolution was adopted in 1998 and the 12-member Long-Term Care Task Force, composed of legislators, state officials and private citizens, was created.

and inflation). "The growth of the long-term care programs ... will be significant over time if costs or population grow at even a moderate rate."⁴

The question of who should pay for long-term care – the federal government, the state government, or private individuals themselves – was the focus of much discussion. Since Medicare and most private health insurance policies generally do not pay for long-term care, many people look to public financing to fund their nursing home or home health care needs.⁵ In Alaska, Medicaid pays for the care of 80 percent of all nursing home residents. (The state pays 40 percent of all Medicaid costs.)

"The public is in denial about long-term care needs."

"The public is in denial about long-term care and routinely ignores the risk. Less than ten percent of seniors have purchased long-term care insurance and virtually none of the baby boomers have done so," stated Mr. Stephen Moses, Long-Term Care Center President, before a National Press Club Forum on November 19, 1998 in Washington, D.C. One out of three of us will need long-term care at some point in our lives. However, fewer than one in 20 Americans have purchased insurance to pay for it, forcing Medicaid to pick up the tab instead.⁶

Both at the state and federal level, policymakers are wrestling with this issue. *The Wall Street Journal* reported on December 7, 1998 that the Clinton administration was working on a proposal to provide tax credits to defray the cost of long-term care for the elderly and people with physical disabilities. Others are urging reform through the Social Security Act.

"The recommendations proposed by the Task Force will slow the growth of state expenditures."

The Task Force only scratched the surface in its discussion on how to adequately fund the increasing demand for long-term care for seniors and persons with disabilities living in Alaska. More in-depth and extensive research and analysis is necessary before a single funding plan, or a group of funding alternatives, can be structured. In the meantime, the recommendations proposed by the Task Force will slow the growth of state expenditures and begin the shift from public spending to private payers. ❖

QUALITY LONG-TERM CARE

As society has changed, so has the long-term care community. Long-term care now includes a broad spectrum of care including subacute medical care, ongoing skilled nursing care, care of the developmentally disabled and special populations, to adult day care, residential care, assisted living, and home and community-based care.⁷

A big change in home care for seniors and adults with disabilities was the development of the Medicaid waiver CHOICES program in December 1993. Indeed, a number of low-income seniors and adults with physical disabilities, who otherwise would need nursing home care, may now elect to receive long-term care services in their home or community. The plan of care is designed to meet the needs and preferences of each individual.

The CHOICES alternative is a popular option for qualifying Alaskans; the number of clients more than doubled between 1996 and 1998. Unfortunately not all seniors have this choice. The vast land area of our state, low population density, and our population distribution combine to create difficult hurdles to clear. But these unique problems can be solved, one step at a time.

"The CHOICES alternative is a popular option; the number of clients more than doubled between 1996 and 1998."

The Task Force recognizes that long-term care is reinventing itself as providers strive to meet the diverse needs of Alaska's seniors and adults with physical disabilities. With each step, the quality of long-term care continues to improve. ♦

PERSONAL CARE ATTENDANT

RECOMMENDATION

1

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

Personal Care Attendant (PCA) services enable adults with physical and mental disabilities and elderly Alaskans to live in their own homes or communities. PCA services are typically provided in a consumer's home by trained health care para-

riers that must be addressed before a smooth transition to the new delivery system can occur.⁹ (Please see Appendix G, page 79, for further detail.)

The Task Force recognizes that this summit represents a first step in a long, involved process that may include regulatory and statutory changes, as well as some possible change in funding sources. The Task Force applauds and encourages that beginning. As the Division of Senior Services and others continue and complete their work, the Task Force encourages the general public to get involved.

In addition to reviewing the options for a new delivery system for personal care attendant services, the Task Force recommends that the Division of Senior Services and others review the possibility of establishing professional standards for personal care attendants. The adoption of standards developed through a public process will provide a reasonable framework to assure quality care. ♦

"The Task Force recommends that the Division of Senior Services review the possibility of establishing professional standards for PCAs."

DELEGATION OF NURSING ACTIVITIES

RECOMMENDATION

2

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

On September 21-23, 1998, approximately 100 community, agency and senior advocacy leaders from across Alaska met to identify and address opportunities and challenges affecting the growing number of older Alaskans. The focus of the conference, entitled *Alaskan Seniors: Finding the Common Ground*, was to unite the participants' efforts to better meet the needs and address the concerns of Alaskan seniors. (Please see Appendix H, page 81 for further detail.)

At this conference the participants stressed that the foundation of any long-term care service is the quality of the actual service provided through the public and private sector. A person who is elderly or experiences a disability must have assurance that the care provided is appropriate, provided in a timely manner, and performed by qualified personnel.

"Alaska is proud of its caregivers."

ativity and the active engagement of all interested individuals, agencies, long-term care providers and other professional boards. The Task Force challenges everyone to participate in the decision-making process. ♦

HOME HEALTH AGENCIES/LICENSING REPORTS

RECOMMENDATION
3

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

The Task Force was presented draft legislation that covered two specific areas of concern. The first subject dealt with the disclosure of licensing reports. Under current law, AS 18.20.090, the Department of Health and Social Services cannot make available to the public the annual inspection and investigation reports of the hospitals or nursing homes licensed by the department. As noted in testimony before the Task Force, full public disclosure of licensing reports would benefit the public and help individuals make appropriate decisions regarding their health care needs.

"Full public disclosure of licensing reports would benefit the public."

The proposed legislation under consideration will make the department's licensing reports available to the public within 14 calendar days after the information is made available to the health care facility being reviewed. Any information that identifies patients or clients remains confidential.

The second area of discussion centered on the actual licensing process for home health agencies. A home health agency, either public or private, is an entity that provides primarily skilled nursing care and therapeutic services to people in their own homes, an assisted living home, or another residential setting.

"A home health agency is an entity that provides primarily skilled nursing care."

The Department of Health and Social Services has, since the early 1980s, licensed home health agencies. Regulations (7AAC 12.500-12.590) were adopted under the department's broad regulatory authority. Only recently did the Department of Law question that authority. The draft legislation presented to the Task Force provides the Department of Health and Social Services with the necessary and specific statutory authority to license and regulate the quality of care provided by

sonnel before they can open their doors to clients. The start-up costs can be substantial and the risks great.

As was noted in the draft *Alaska Rate Study Report*, November 1998, many assisted living home owners/operators are not financially prepared or sufficiently trained in business operations to meet the needs of Alaska's aging population. The Division of Senior Services recognizes that more in-depth business education is necessary, and plans to expand its training options available to interested long-term care providers.

Currently assisted living home administrators and executive personnel are offered a one-day orientation seminar in which necessary fiscal practices are reviewed. The covered topics include general accounting practices, the state and federal reimbursement systems, availability of bank financing and various insurance requirements. In addition, the Division conducts a weeklong workshop and similar topics are reviewed in greater depth. At the completion of this course, the participants are recognized as "certified assisted living home administrators."

"The University ...is exploring the possibility of offering a three-credit college course in business practices for assisted living home administrators."

The Division of Senior Services and the University of Alaska are exploring the possibility of offering a three-credit college course in business practices for assisted living home administrators. The Task Force applauds this effort and encourages continued business training for owners and operators of assisted living homes. ♦

ASSISTED LIVING STANDARDS

RECOMMENDATION

5

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

Recently the *Assisted Living Quality Coalition*, a coalition of six assisted living consumer and industry associations, issued a report that provides a framework for quality initiatives in assisted living facilities, as well as guidelines to help state policymakers set minimum quality standards.

In September 1998 the McDowell Group, Inc. reviewed and assessed the guardianship system in Alaska and issued a report entitled, *The Alaska Guardianship System*. This review was funded by the Mental Health Trust Authority and is the result of the Trustees' desire to look proactively at the future of guardianship services in Alaska. Most clients served within Alaska's guardianship system are Trust beneficiaries.

"The Alaska Guardianship System is reviewed."

The final product met two major objectives: 1) To describe and quantify the entire complex guardianship system; and 2) To identify and analyze major issues and provide clear recommendations for improving the quality of guardianship in Alaska.

This study included 70 in-depth interviews, a facilitated group discussion with the public guardian staff, and a sample telephone survey of 17 private guardians in Anchorage and Fairbanks. In addition, court data on open guardianship cases was analyzed and secondary research was conducted on other state's practices and standards.

The Alaska guardianship system was found to be complex, sophisticated, fragmented and confusing. Guardianship is a wide-ranging issue interconnecting Alaska courts, state agencies, the legislative branch, the legal profession, non-profit sector, many local, state and federal social service agencies, and private households.¹⁸

"The McDowell Group estimated that individuals suffering from Alzheimer's Disease account for approximately half of all guardianship cases."

As estimated by the McDowell Group, individuals suffering from Alzheimer's Disease and related dementia accounted for approximately half of all the guardianship cases and individuals experiencing developmental disabilities accounted for a quarter of all the cases. In other words, almost seventy-five percent of all clients receiving guidance and support from a guardian may also be receiving long-term care service.

The Task Force applauds the foresight of the Mental Health Trust Planning Board in initiating this review and urges serious consideration and discussion of the formal recommendations outlined in the report. In addition, the Task Force recommends that the President of the Senate and the Speaker of the House be notified by March 31, 1999 of any statutory changes necessary to implement the report's recommendations. ♦

likelihood and give the Department of Administration the needed leeway to conduct a thorough investigation in order to protect the vulnerable adult. (Appendix B)

Federal and state law provides for long-term care ombudsman services for vulnerable adults who are 60 years and older and reside in a nursing home or an assisted living facility. The Task Force recognizes that vulnerable persons under the age of 60 who reside in nursing homes or assisted living facilities also have a need for protective services. The Disability Law Center, the State Independent Living Council and its regional centers, the Division of Senior Services, and the Division of Mental Health and Developmental Disabilities offer protective and advocacy services to these individuals. Greater access and collaboration between these organizations will help strengthen their ability to meet the needs of these vulnerable persons under the age of 60 who are living in an institutional setting.

The Task Force recommends that these entities coordinate efforts: 1) to increase residents' awareness of the protection and advocacy services available within the state; 2) to facilitate the system's response to complaints and requests for assistance. ♦

"The Task Force recognizes that vulnerable persons under the age of 60 who reside in nursing homes or assisted living facilities also have a need for protective services."

WORK FORCE DEVELOPMENT SUMMIT



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

On September 17, 1998 the Alaska Human Resource Investment Council (AHRIC) and the University of Alaska Statewide Vocational/Technical Education Advisory Council (UASVTEAC) held a joint meeting in Seward to discuss issues surrounding the demand and capacity of Alaska's health care industry.

The concerns expressed at this joint meeting parallel the testimony received by the Long-Term Care Task Force. Many long-term health caregivers testified in great detail about how fragile the job situation is for people who provide day-to-day health care for seniors and adults with disabilities. Low pay, lack of adequate training and frequent job turnover were some of the reoccurring problems mentioned.

"Low pay, lack of adequate training and frequent job turnover (are) problems."

During the facilitated roundtable discussions, the group was challenged to envision a more responsive workforce development system that produces a quality, skilled Alaska health care workforce. A common theme throughout the discussion was the lack of a formal, education career ladder that encourages an individual health caregiver to advance and grow within the health care field. As it was envisioned, a person could enter the health care profession at the entry level (personal care attendant) and through training and college education advance in the field. Through training, education and experience the caregiver could obtain certification at each level of expertise. This career ladder would enhance the training, education opportunities, and earnings for health care providers.

As noted at the conference, it is projected that more than 1,500 new jobs in the health care profession will be created over the next five years. One half of these new jobs will require two-year associate's degrees, four-year baccalaureate degrees or master's degrees. An integrated training program that includes both vocational and college education will be necessary to meet this new job demand.

The Task Force is excited about the new job possibilities and expansion of the health care industry, but also recognizes the challenge before the University of Alaska and other training institutions. A well-qualified, trained workforce must be available. The Task Force applauds the University of Alaska's active involvement in addressing the needs of the health care industry and encourages the University to explore further the development and expansion of its curriculum to facilitate a career ladder for health care providers. ♦

"It is projected that more than 1,500 new jobs in the health care profession will be created over the next five years."

ADVANCE DIRECTIVES

RECOMMENDATION
10

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

Advance directives are legal documents, prepared in advance of any incapacitating condition, stating the author's preference for health care. Advance directives help all individuals maintain control over their health care decisions even after the loss of decision-making capability. The Task Force heard testimony in support of

"Advance directives help all individuals maintain control over their health care decisions."

INDIAN HEALTH SERVICE

RECOMMENDATION

12

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

The Indian Health Service plays a pivotal role in the delivery of health care in rural areas of Alaska. "Designing a health care delivery system in rural Alaska, mostly populated by Alaskan Natives residing in communities of a few dozen to a couple thousand people, has been totally dependent upon the system developed by the Indian Health Service."²⁵

The Indian Self-determination and Education Assistance Act (PL 93-638) enabled Alaska Native people to become more actively involved in determining their destinies in health and educational affairs by allowing tribes to take over the operation of Indian Health Service programs and facilities. The Alaska Area Native Health Service encompasses nine service units distinguished by their cultural similarities and transportation patterns. Each service unit's field hospital or clinic serves as that service unit's headquarters and hub from which services radiate. In addition, personnel work at 22 health centers, and 167 village-built clinics.²⁶

It has required ingenuity and determination to deliver community-based care to the dozens of villages scattered over thousands of square miles that each tribe serves without benefit of a road system.²⁷ The principal provider of health services at the village level is the community health aide, chosen by the village council. Planning for long-term care involves determining the level of patient care needed and providing home health services when possible. To date, with the exception of a nursing home wing in Nome, there are no nursing facilities in Alaskan villages and only two developing home health agencies. The establishment of home and community-based long-term care services has been difficult and has achieved limited success.

New federal policy released during FY97 expanded 100 percent federal funding for Medicaid services to Alaska Natives to include tribal facilities and contract health services. Unfortunately the Health Care Financing Administration (HCFA) has determined that the actual health care must be provided "in" an Indian Health Service or tribal owned or leased facility in order to qualify for the 100 percent

"The Indian Health Service plays a pivotal role in the delivery of health care in rural areas of Alaska."

"The principal provider of health services at the village level is the community health aide."

HOME AND COMMUNITY-BASED LEGISLATION

RECOMMENDATION

13

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

In 1995 Governor Knowles appointed a Long-Term Care Steering Committee, chaired by Department of Administration Commissioner Mark Boyer and Department of Health and Social Services Commissioner Karen Perdue, to develop and implement an interdepartmental Long-Term Care Strategic Plan. The Steering Committee developed legislation to create a comprehensive home and community-based services program that would not be limited to just Medicaid-eligible persons.

Many seniors and adults with disabilities cannot fully pay for all the long-term care services they need, but still cannot qualify to receive Medicaid benefits. When these moderate income seniors or adults with disabilities do not receive the necessary health care services, they can ultimately require more intensive services than would have been needed had they received earlier support to stabilize their situation.

The legislation proposed by the Steering Committee authorizes the Department of Administration to establish and administer a program of home and community-based support services for adults with long-term care needs. Under this proposed legislation, adults receiving services are expected to contribute through co-payments for services on a sliding scale and are required to apply for payment from other sources if available.

The long-term care home and community-based program offered under Medicaid is meeting great acceptance. When given an option, people often elect to receive the long-term health care they need in their home and community rather than an institution. Almost twice as many Alaskans elected this Medicaid waiver in FY97 as in FY96.

Passage of the proposed legislation will allow all Alaskans with demonstrated needs the opportunity to request services through the Department of Administration's home and community-based care program, not just those eli-

"Many seniors and adults with disabilities cannot fully pay for all the long-term care services they need."

"The Task Force acknowledges the value of home and community-based long-term care services."

the temporary relief provided to the family caregivers is not enough to adequately address the pressing long-term care needs of an ADRD individual.

However, modifying the Medicaid eligibility requirement for ADRD-only patients may have budget implications for the state.³⁴ Approximately 40 percent of the cost for qualified Medicaid patients is paid from the state's General Fund. Some states have reduced the budget impacts by requiring that all long-term care patients receive universal care plan counseling. (Please see recommendation 20) The effect of this requirement has been to place residents in the least restrictive long-term care setting, which often is also the lowest-cost setting. The effect has been to prolong the time that residents can pay for their own care, and therefore, reduce the potential cost to the Medicaid program.³⁵

"Persons with ADRD may have great difficulty living without assistance."

In addition to the budget concerns, the Division of Senior Services may not have the capacity to serve the additional clientele who may apply for home and community-based waiver services if ADRD is included as an eligible diagnosis.

Even though changing the Medicaid eligibility requirement to include ADRD-only patients raises serious concerns, 48 other states offer Medicaid programs to patients suffering from only Alzheimer's Disease. Alaska should too.

The Task Force requests the Department of Administration and the Department of Health and Social Services review all options available to the state, including Medicaid, to support the long-term care needs of patients whose sole diagnosis is Alzheimer's Disease and Related Disorders. Also, the Task Force requests that a preliminary report outlining the departments' findings be submitted to the President of the Senate and Speaker of the House by April 30, 1999. ♦

INCREASE MEDICARE ACCESS

RECOMMENDATION

15

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

The Task Force heard testimony regarding individuals covered by Medicare who were having difficulty accessing health care services. General concerns were ex-

UNIVERSAL CARE PLAN COUNSELING

RECOMMENDATION

20

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

The purpose of universal long-term care plan counseling (or pre-admission assessment) is to educate consumers about their long-term care options. Long-term care counseling helps individuals find an appropriate long-term setting of their choice. Currently long-term care counseling is not available to all Alaskans entering the long-term care system.

Medicaid eligible patients are now more likely to receive information about their long-term options than are non-Medicaid eligible individuals. "(N)on-Medicaid eligible Alaskans who are being discharged from hospitals are not receiving adequate and consistent information, and as a result, some have been placed in nursing homes without understanding their choices. Others are not necessarily receiving the services of their choice, or in the location of their choice."⁴⁵

Under a pilot project in Anchorage, long-term care planning is available in hospitals and long-term care facilities. Professional staff from the Division of Senior Services, Department of Administration, work directly with long-term care providers to identify Medicaid-eligible Alaskans for whom the waiver program might be appropriate. A care coordinator is assigned to the patient and the patient's needs are screened and assessed. The seniors and the adults with physical disabilities are active participants in the planning process and determine the best health care plan for them. Based on the information provided to them, many adults opted for the waiver services.

Both Medicaid-eligible and non-Medicaid-eligible individuals will benefit from long-term care planning. The Task Force recognizes how important appropriate and timely long-term care planning and care coordination is for the long-term health of both seniors and adults with disabilities. Therefore, the Task Force requests the Department of Administration evaluate a phased-in universal care plan counseling requirement for all Alaskans entering the long-term care system, regardless of their ability to pay. ♦

"The purpose of universal long-term care plan counseling is to educate consumers about their long-term options."

"Medicaid eligible patients are now more likely to receive information about their long-term options than are non-Medicaid eligible individuals."

accessibility to those resources is less than the current or projected requirement for health services to maintain the good health of citizens of this state." In other words, the Department must grant a certificate of need for new construction, expansion or remodeling of a nursing home facility if the service is not available or sufficiently accessible, and the applicant can demonstrate that the proposed service will be provided in a quality manner.

In its report the *Legislative Working Group* stated the following:

While availability, accessibility and quality are important, they are insufficient for assessing a current or projected requirement for health services. Meeting a current requirement does not mean that there is a long-term need for the service or facility or there will be the resources necessary to sustain the service or facility throughout its life cycle. Similarly, meeting a current or projected need does not mean that it is the most cost-effective method for doing so; nor does it mean that the State, facing declining resources, should encourage and support low priority service in the face of more pressing priorities. The certificate of need program requires more explicit statutory and regulatory definition in these areas to better control costs and better target the health care priorities of Alaskans.⁴⁷

"The Legislative Working Group states that the certificate of need program requires more explicit statutory definition."

Currently there is a potential in Alaska for many new nursing beds to be built and, if built, these beds will cost the state a great deal. Using a medium growth projection, it is estimated that the senior population in Alaska will grow from 31,398 in 1997 to 80,927 by 2015.⁴⁸ In FY97, the Alaska Medicaid program spent \$43.8 million for 720 licensed nursing home beds. If the need for beds remains constant in the future, the number of beds could grow to 1,861 by 2015, a 250 percent growth at the annual cost to Medicaid of an additional \$109.5 million. "Proposed projects need to be compared against feasible alternatives to determine if the proposal is the most cost effective way of achieving comparable results."⁴⁹

"Under the legislation, new nursing home projects will need to demonstrate cost effectiveness."

Under the legislation proposed by the *Legislative Working Group on Long-Term Care*, new nursing home projects will need to demonstrate the cost-effectiveness of each request. Proposed projects will be compared against feasible alternatives to determine if the proposal is the most effective way to achieve comparable results. The Task Force recognizes that this issue needs more discussion and recommends that legislation be introduced for further consideration. (Please see Appendix B, page 69, for further detail. ♦

Health and Social Services would become a central point for identifying and monitoring statewide efforts to provide increased services to the increasing senior population with limited state dollars.⁵⁴

"Other states in general have found that through consolidation, they reduce the time and energy spent managing these programs and concentrate their resources on the people that the programs serve."⁵⁵

The Task Force wrestled with these recommendations from two respected, yet distinctly different, consultants. The Task Force noted the fact that both long-term care advisors arrived at the same conclusion. However, it also recognized that in 1993, a major organizational restructure occurred with the creation of the Division of Senior Services within the Department of Administration. As noted in Administrative Order No. 139, the purpose of the reorganization was to provide better access to services and promote dignity and independence for seniors. In addition to this major reorganization, in 1996 and 1997, several other programs were transferred from the Department of Health and Social Services to the Department of Administration.

"A major organizational restructure occurred with the creation of the Division of Senior Services."

The Task Force recognizes that the various programs responsible for the delivery of long-term care services have undergone significant management restructuring over the past few years and, possibly, the time is not right to consider yet another move: a move towards consolidating all long-term care programs within one department.

"At some point, the time may be right for Alaska to consider the value of consolidation of services."

However, at some point the time may be right for Alaska to consider the value of consolidation of services. The Task Force recommends the Department of Health and Social Services, Department of Administration, and the Legislature monitor the success of the various long-term care programs offered by states that have consolidated their efforts into one agency and determine if consolidation would benefit the people of Alaska in the future.

In addition, the Task Force received testimony that the Office of the Long-Term Care Ombudsman may be more effective if placed in a department or agency that is independent of the administrative functions that administer long-term care services, funding or licensing. The Task Force requests the Department of Administration survey other states to determine whether the Office of the Long-Term Care Ombudsman is located in a neutral agency and recommend any necessary changes.

coordination and consider the relationship of these two programs when developing state Medicaid policy. ♦

MEDICAID AND MEDICARE ELIGIBLE

RECOMMENDATION

24

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

Medicare is the federal health insurance program for Americans age 65 or older and certain Americans with disabilities. Eligible Americans are automatically covered by Medicare Part A (hospital insurance) if they receive Social Security benefits. If the individual is not eligible for Social Security, a premium may be required.

Medicare is completely funded by federal dollars; no state money is necessary. Unfortunately Medicare doesn't pay for all of the medical expenses for the people it is meant to serve. In fact, Medicare now pays for less than half of the total health care bill of older people.⁵⁷ But for those services that Medicare will reimburse, it is to Alaska's advantage to bill the federal government for payment.

Currently the Alaska Medicaid program pays Medicare premiums, deductibles, and coinsurance on behalf of Medicaid recipients eligible for Medicare benefits. However, not all Alaska nursing homes bill Medicare when appropriate, but, instead rely on Medicaid to reimburse the facilities for the health care costs incurred. (Medicaid is a federal and state health care program; 40 percent of the cost is paid from the state's General Fund.) If nursing homes billed Medicare for Medicare services provided to patients eligible for both Medicaid and Medicare, the Department of Health and Social Services estimates that the annual General Fund savings to the Medicaid program could be as high as \$400,000.⁵⁸

In recent years, the Department of Health and Social Services has encouraged nursing facilities to bill Medicare for services provided to patients who qualify for both Medicare and Medicaid (dual eligible). This urging has achieved limited results.⁵⁹ In some instances, nursing homes bill Medicare for inpatient hospital care (Medicare Part A), but do not request payment from Medicare for ancillary

"If nursing homes billed Medicare for services...an estimated General Fund savings to the Medicaid program could be as high as \$400,000."

even though they still do not have enough income or resources available to cover their long-term medical needs.⁶²

The "Miller Income Trust" authorized by the Omnibus Budget Reconciliation Act of 1993 lifted the lid on income caps altogether for most people.⁶³ Under federal law, an individual may establish an irrevocable trust, known as a "Miller Trust." The trust is a mechanism that allows people who do not qualify for Medicaid coverage, based solely on income, to qualify by assigning their income to a trust. Approximately 70 Alaskans established Miller Trusts in 1997 thereby qualifying for long-term care services through Medicaid. Although all medical needs are covered under Medicaid, people who establish a Miller Trust will permanently lose all their disposable income. "It is a big step, and should not be entered into lightly."⁶⁴

The Miller Trust allows individuals who need long-term care services and earn slightly more than the established allowable monthly maximum to qualify for Medicaid. "However, one difficulty that we (Alaska Legal Services Corporation) have observed is that trustee fees are not among the items for which the Trust must pay. For needy Alaskans with disabilities or the elderly who have no friends or family to serve as trustees, this can create an extreme hardship."⁶⁵ In response to this recognized concern, Ms. Marcia Rom, director of the Senior Law Project, and private attorney Ms. Una Gandhir conducted a policy study on how Miller Trusts were administered nationwide. This study was supported by a grant from the Alaska Mental Health Trust Authority.

Upon completion of the nationwide review, it was concluded that two options were available to help relieve this financial burden assumed by some individuals who establish a Miller Trust. Two possible solutions are: 1) that the cost of administering the trust be considered an allowed expense covered by the Miller Trust; or 2) that an independent funding source be identified and established to pay a fixed fee for trust administration. The Task Force agrees that this issue should be explored further and requests the Department of Health and Social Services revisit the regulations governing the Miller Trust in response to this recent study.

"Many individuals are disqualified even though they still do not have enough income to cover their long-term medical needs."

"The Task Force agrees that this issue should be explored further."

The current partnership between the Trust Authority, the Governor, and the Legislature, is necessary to assure these improvements continue. The Task Force recognizes the partnership formed with the Alaska Mental Health Trust Authority and supports the continued working relationship. ♦

PRIVATE FUNDING FOR LONG-TERM CARE

In a recent interview, U.S. Sen. Charles Grassley, Chairman of the Senate Special Committee on Aging, stated the following:

Longer and healthier lives are a blessing and a testament to the progress and advances made by our society. However, all Americans must be alert and prepared for long-term care needs. The role of private long-term care insurance is critical in meeting this challenge. Because increasing numbers of Americans are likely to need long-term care services, it is especially important to encourage planning today.

Earlier this year, the Special Committee on Aging, which I chair, held a hearing to explore the challenges of providing long-term care for the baby boomer generation. A key message from that hearing was that policy makers need to encourage personal responsibility for financing long-term care. Most families are not financially prepared when a loved one needs long-term care.

So, with the impending retirement of the baby boomers, it is imperative that Congress takes steps now to encourage all Americans to plan ahead for potential long-term care needs. The bill I introduced, S.2492, The *Long-Term Care and Retirement Security Act*, will do this. It will allow Americans who do not currently have access to employer subsidized long-term care plans to deduct the amount of such a plan from their taxable income. This bill will encourage planning and personal responsibility while helping to make long-term care insurance more affordable for middle class taxpayers and encourage Americans to be pro-active and prepare for their own long-term care needs by making insurance more widely available and affordable.

The Task Force applauds the fact that members of Congress recognize the severity of the long-term care financing problem facing America, as well as Alaska, and that possible solutions are being proposed and discussed. ♦

"The role of private long-term care insurance is critical."

"The Task Force applauds the fact that members of Congress recognize the severity of the long-term care financing problem."

tirement boards expressed interest in adjusting its current Long-Term Care Plan and asked Deloitte & Touche LLP to refine the various options presented to the boards and report back in another joint meeting on March 23, 1999.

Deloitte & Touche LLP brought to the two boards' attention the possibility of including active state employees under the Long-Term Care Plan. According to Deloitte & Touche LLP, Alaska is unique in limiting eligibility for long-term care insurance to retirees only.⁷⁹ Any proposal that increases the number of individuals covered under a private long-term care insurance plan will decrease the potential future burden to the Medicaid program and ultimately reduce the state's General Fund obligation. The "true promise" of long-term care insurance is in the employer-sponsored market, where people can buy policies when they are young enough to ensure affordability.⁸⁰

The Task Force applauds the Alaska Retirements Boards' foresight in exploring ways to expand the Long Term Care Plan to include active employees and encourages serious consideration of this proposal. ♦

"Any proposal that increases the number of individuals covered under a private long-term care insurance plan will decrease the potential future burden to the Medicaid program."

INFORMATION ON PRIVATE LONG-TERM CARE INSURANCE

RECOMMENDATION

29

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

On March 9, 1998 Mr. Paul Willging, Ph.D., executive vice-president of the American Health Care Association, testified before the U.S. Senate Special Committee on Aging. "Most Americans (76 percent) do not believe they will ever need long-term care, but the facts are that two out of five will at some point in their lives, and that one in five over the age of 50 is at risk of needing long-term care within 12 months. None-the-less, few take any steps to plan for the possibility, believing Medicare will provide for their needs. Medicare, of course, will not. It only provides limited long-term care, so government help for most Americans comes only when they have exhausted their personal savings and are forced onto welfare."⁸¹

Private long-term care insurance coverage, must be considered as another option. Although the market is still small – the American Association of Retired Persons

"Most Americans (76%) do not believe they will ever need long-term care, but the facts are that two out of five will at some point in their lives."

CENTER FOR LONG-TERM CARE FINANCING

RECOMMENDATION

30

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

Mr. Stephen Moses and Mr. David Rosenfeld established The Center for Long-Term Care Financing in April 1998. The Center's mission is to promote universal access to top-quality long-term care by encouraging private financing and discouraging welfare financing of long-term care for most Americans.

The Center for Long-Term Care Financing advocates public policy that targets scarce public resources to the neediest, while encouraging people who are young, healthy and affluent enough, to take responsibility for themselves. The Center publishes, free of charge, a periodic on-line news service called "LTC Bullets" which covers the latest information and trends in long-term care financing.

Mr. Stephen Moses was formerly Director of Research for LTC, Incorporated and a senior analyst for the Health Care Financing Administration and the Office of Inspector General of the U.S. Department of Health and Human Resources. On November 19, 1998 Mr. Moses addressed a National Press Club Forum in Washington, D.C. on the topic of long-term care financing reform.

The Task Force reviewed the Center's first policy paper, *LTC Choice - A Simple, Cost-Free Solution to the Long-Term Care Financing Puzzle*, and found the material very informative and practical. As the issue of long-term care financing is discussed at the national level, as well as in Alaska, the current and accurate information available through this organization will be invaluable. The Task Force recognizes the value of the information compiled and distributed by the Center for Long-Term Care Financing and encourages the continued association with the Center. ♦

"The Center for Long-Term Care Financing's mission is to promote universal access to top-quality long-term care by encouraging private financing and discouraging welfare financing."

CONCLUSIONS

The major driving force in the Alaska long-term care system for the next few decades will be the extremely high growth rate of the elderly population. At the current high growth rate the 65 to 74 age population will double every 14 years, the 75 to 84 age population will double every 12 years, and the 85 and over population will double every 10 years. These growth rates will have lasting consequences in Alaska.⁸⁵

These high growth rates are coupled with the high cost of providing long-term care in Alaska. Medicaid nursing home costs per day are the highest in the nation, \$223.61.⁸⁶ For a private pay patient the average cost of a stay in a nursing home facility is \$117,500 per year.⁸⁷ Long-term health care in Alaska is expensive.

We must remember that neither private health insurance nor Medicare covers long-term care to any significant extent, and few older adults have private long-term care insurance. Because of the high cost of long-term care, Medicaid coverage for long-term care provides a safety net for the middle class as well as the poor. In Alaska, 80 percent of nursing home residents were dependent on Medicaid to finance at least some of their care. Medicaid long-term care expenditures for the elderly are projected to more than double in inflation-adjusted dollars between 1993 and 2018.⁸⁸ If this projection is tied to Alaska's high growth rate of the elderly population, the potential financial burden facing our state is tremendous.

The recommendations presented by the Long-Term Care Task Force are certainly not the total answer to this huge problem. But the ideas are a beginning; this problem will be solved one step at a time. With the steps set forth in this report, the quality of long-term care will improve, the access to long-term care will expand, and the delivery of long-term care will be enhanced. These steps will slow the growth of state expenditures and begin the shift from public spending to private responsibility.

The Task Force recommended creative approaches to one of our state's most pressing health concerns. Our recommendations are grounded in real-work experience and the realization that all Alaskans have a personal stake in ensuring quality long-term care is available for all residents. The Task Force trusts the 21st Legislature will give serious consideration to these recommendations. ♦

"The ideas are a beginning; this problem will be solved one step at a time."

GLOSSARY OF COMMONLY USED TERMS

ADRD - Alzheimer's Disease and Related Disorders.

Activities of Daily Living - This term includes activities such as: eating, bathing, dressing, using the toilet, communication, and moving from one place to another.

Assisted Living Homes - Formerly called adult foster homes, assisted living homes are facilities that provide a homelike environment for seniors and people who have a disability and need assistance with everyday living activities.

Care Coordination or Case Management - The assessment of needs, coordination and monitoring of services required by an individual experiencing a short-term medical crisis or long-term chronic care. These services, offered by trained providers, will ensure that long-term care resources are used strategically.

Certificate of Need (CON) - A certificate issued by the State of Alaska to an individual or organization proposing to construct or modify a health facility, acquire major new medical equipment, modify a health facility, or offer a new or different health service. CON is intended to control expansion of facilities and services by preventing excessive or duplicative development of facilities and services.

CHOICES - The CHOICES Program provides home and community-based services for seniors 65 or older and adults with physical disabilities who require a nursing facility level of care and who are eligible for Medicaid. With the assistance of a care coordinator, each senior or adult with physical disabilities who qualifies and elects home care instead of care in a nursing facility will have services described in a plan of care paid for from state Medicaid funds.

Chronic Care - Care and treatment provided to individuals whose health problems are long-term and continuing in nature.

Health Care Financing Administration (HCFA) - The federal government agency within the U.S. Department of Health and Human Services which directs the Medicare and Medicaid programs and conducts research to support those programs.

Home and Community-Based Care - Long-term care services delivered outside of a nursing home. These services include transportation, home delivered meals, home care, home alterations and maintenance, personal care, adult day services, assisted living facilities, respite care, and care coordination.

Long-Term Care - A combination of health care, personal care, and social services required by people who have some degree of diminished capacity on a long-term basis.

FOOTNOTES

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2. Sharp, Bert, Senator: "Sponsor Statement for SCR 11." Winter, 1998.
3. "Legislative Working Group on Long-Term Care - Report." 1997, page 50
4. Ibid, page 27
5. Layzell, Anne, C.: "The Aging of America." *The Council of State Governments*, August, 1998.
6. Ibid.
7. American Health Care Association: "Facts and Trends – The Nursing Facility Sourcebook." 1998, page iiiii
8. "Legislative Working Group on Long-Term Care - Report." 1997, page 11
9. Letter to "Alaskans" on the Personal Care Attendant Summit, October 29, 1998
10. Ladd & Associates, "Long-Term Care in Alaska: Recommendations for Reform." page 33
11. Alaska Board of Nursing, "Position Statement - Activities of Unlicensed Assistive Personnel." November 1993
12. Ibid.
13. Alaska Commission on Aging: "*Living Longer, Growing Stronger.*" April 1998
14. Hickel, Wally, Governor: transmittal letter, January 14, 1998
15. Alaska Commission on Aging: "*Living Longer, Growing Stronger.*" April 1998, page 3
16. AHCA: "The Assisted Living Quality Coalition Guidelines for Assisted Living." *NOTES*, September, 1998
17. Weymiller, Mary: Letter to Senator Wilken and Representative Bunde on the need for standards, October 19, 1998

FOOTNOTES (CONTINUED)

- 68. U.S. Census Bureau, 1996
- 69. Ibid.
- 70. Health Care Financing Administration, 1996
- 71. Ibid.
- 72. U.S. Census Bureau, 1996
- 73. American Health Care Association: "SecureCare – Meeting the Needs of an Aging Nation." 1997, page 8
- 74. Asztalos, Bob: Letter to Senator Wilken regarding American Health Care Association's active ties, November 4, 1998, page 1
- 75. The Segal Company: "Long-Term Care Insurance: A Benefit Whose Time has Come?" July 1998, page 2
- 76. Retiree Group Insurance Information Booklet, State of Alaska, page 68
- 77. Saddler, Dan: Letter to Mr. Dennis Murray regarding the state's long-term care insurance plan, October 15, 1998
- 78. The Segal Company: "Long-Term Care Insurance: A Benefit Whose Time has Come?" July 1998, page 3
- 79. Deloitte & Touche, LLP: "State of Alaska - Alaska Retirement Boards Presentation." October 27, 1998
- 80. National Conference of State Legislatures: "State Health Notes," September 14, 1998
- 81. Willging, Paul Ph.D: "Meeting the Needs of an Aging Nation." American Health Care Association, March 9, 1998
- 82. National Conference of State Legislatures: "State Health Notes," September 14, 1998

APPENDIX A

SCR 11

CS FOR SENATE CONCURRENT RESOLUTION NO. 11(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered: 3/19/98

Referred: Rules

**Sponsor(s): SENATORS SHARP, Duncan, Ward, Adams, Ellis, Hoffman, Kelly, Taylor, Wilken,
Torgerson, Mackie, Green**

REPRESENTATIVES Hudson, Brice, Croft

A RESOLUTION

1 Creating the Long-Term Care Task Force.

2 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

3 WHEREAS the establishment of a system to meet the long-term care needs of aging
4 Alaskans is an important issue not only for elderly persons but also for young and middle-
5 aged Alaskans as they attempt to meet the needs of their parents at the same time that they
6 are facing their own and their children's needs; and

7 WHEREAS the cost of long-term care, whether in a home setting or in an institution,
8 often exceeds an individual's ability to pay for the care either immediately or after a short
9 period of time, causing extreme economic and social stress and hardship for many people who
10 have worked hard for many years and still do not have sufficient assets or income to bear the
11 costs of their care; and

12 WHEREAS residents in a Pioneers' Home have been asked to pay the full cost of
13 their long-term care within seven years, resulting in as much as a 30 percent increase this year
14 in some rates for care in the system; and

15 WHEREAS 80 percent of the cost of care for persons now receiving long-term care
16 in privately operated long-term care facilities is paid through state and federal funds under the
17 Medicaid program; and

1 be it

2 **FURTHER RESOLVED** that the public members of the task force shall serve without
3 compensation but are entitled to per diem and travel expenses authorized for boards and
4 commissions under AS 39.20.180; and be it

5 **FURTHER RESOLVED** that the task force shall select a chair and vice-chair from
6 among its voting members, shall meet as frequently as the task force determines necessary to
7 perform its work, may meet during the interim, and may meet and vote by teleconference; and
8 be it

9 **FURTHER RESOLVED** that the task force shall

10 (1) review the work done and the recommendations made by the long-term
11 care working group established under sec. 3, ch. 84, SLA 1996, if available;

12 (2) review existing elder care services in Alaska, including rural Alaska,
13 including the current types of delivered care and the projected future care demands;

14 (3) review the existing Pioneers' Home system, its current types of delivered
15 care, and its projected future care demands, and craft a mission statement for the Pioneers'
16 Home system to set goals to meet long-term senior care needs;

17 (4) prepare a plan, including drafts of legislation that might be necessary to
18 implement the plan, for establishment of an actuarially sound system of long-term care and
19 propose funding options, including options that would allow prepayments by persons desiring
20 coverage for long-term care and require reasonable copayments by the recipients of the care;

21 (5) hold public hearings on the plan, legislation, and funding proposals
22 developed under (4) of this clause;

23 (6) redraft the plan, legislation, and funding proposals based on the comments
24 received at the public hearings and other information that becomes available to the task force;
25 the final plan, with proposed legislation and funding options, shall be available for public
26 review at least 30 days before the convening of the First Regular Session of the Twenty-First
27 Alaska State Legislature; and

28 (7) submit the plan, proposed legislation, and funding options to the Governor
29 and the legislature by the convening of the First Regular Session of the Twenty-First Alaska
30 State Legislature; and be it

31 **FURTHER RESOLVED** that the task force may begin work immediately upon the

APPENDIX B

PROPOSED LEGISLATION

1-LS0139A
Lauterbach
11/6/98

_____ BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act allowing the disclosure of reports with regard to inspection and
2 investigations of certain health care facilities; authorizing the Department of Health
3 and Social Services to license home health agencies; and providing for an effective
4 date."

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

6 * Section 1. AS 18.20.090 is repealed and reenacted to read:

7 **Sec. 18.20.090. Disclosure of information.** (a) The department shall make
8 reports concerning annual inspections and investigations of the facilities or entities it
9 licenses in this chapter, including statements of deficiencies and approved plans of
10 correction, available to the public within 14 calendar days after the information is
11 made available to the facility or entity being reviewed.

12 (b) The department may not publicly disclose information that identifies
13 patients or clients of the facility or entity under review.

14 * Sec. 2. AS 18.28 is amended by adding new sections to read:

1 a home health agency shall be made to the department on a form provided by the
2 department and shall be accompanied by applicable fees established by the department
3 under AS 18.28.120.

4 **Sec. 18.28.150. Issuance and renewal of license.** (a) Upon receipt of an
5 application for license and the license fee, the department shall issue a license if the
6 applicant meets the requirements established under AS 18.28.110 - 18.28.190. If the
7 applicant does not meet the requirements established under AS 18.28.110 - 18.28.190
8 but makes continued efforts to comply with them, the department may grant a
9 temporary or provisional license for a limited period of time.

10 (b) Each license issued is for the person, agency, corporation, partnership,
11 association, or other form of organization named on the application and is not
12 transferable or assignable except with the written approval of the department.

13 (c) The department shall establish the standards for license renewal and
14 determine the renewal period by regulation.

15 (d) A license is not renewable if it has been suspended or revoked under
16 AS 18.28.160.

17 **Sec. 18.28.160. Denial, suspension, or revocation of license.** (a) The
18 department may deny, change to a provisional license, or revoke a home health agency
19 application or license if the department finds that the agency

20 (1) has endangered or would endanger the health, safety, or welfare of
21 a patient;

22 (2) has a history of deficiencies in quality of care;

23 (3) has had a license to operate a home health agency revoked in any
24 licensing jurisdiction;

25 (4) has been convicted of operating a home health agency without a
26 license in any licensing jurisdiction;

27 (5) lacks a sufficient number of personnel who have the training,
28 experience, or judgment to provide adequate patient care;

29 (6) has committed fraud, deceit, misrepresentation, or dishonesty
30 associated with the application for or operation of a home health agency in any
31 licensing jurisdiction; or

1 which may have branches or subunits;

2 (6) "subdivision" means a component of a multi-function home health
3 agency, such as the home care division of a hospital or the nursing division of a health
4 agency, that independently meets the requirements for a licensure as a home health
5 agency;

6 (7) "subunit" means a home health agency that provides services
7 beyond the geographic area served by the parent home health agency and is unable to
8 share administration, supervision, and services on a daily basis with the parent home
9 health agency.

10 * Sec. 3. TRANSITION. A department affected by this Act may proceed to adopt
11 regulations necessary to implement this Act. Regulations to implement a provision of this Act
12 take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date
13 of sec. 2 of this Act.

14 * Sec. 4. REVISOR'S INSTRUCTION. In AS 18.28.040, 18.28.050, and 18.28.100, the
15 revisor shall substitute "AS 18.28.010 - 18.28.100" for "this chapter."

16 * Sec. 5. Section 3 of this Act takes effect immediately under AS 01.10.070(c).

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

DATE: January 11, 1999

TO: Sheila Peterson
Staff Assistant
Long-Term Care Task Force

FROM: Elmer A. Lindstrom 
Special Assistant to the Commissioner

SUBJ: Licensing Home Health Agencies and Disclosure of Licensing Reports Bill

The Department of Health and Social Services and Department of Administration have reviewed the above named bill under consideration by the Long-Term Care Task Force. We support this bill, both for the Disclosure of Licensing Reports and Licensing Home Health Agencies sections. We have included an analysis of each section and recommendations we feel are essential to the bill.

Section 1

Disclosure of Licensing Reports

Analysis:

The disclosure of licensing reports would affect all health facilities licensed by the Department under AS18.20. This would include hospitals, nursing homes, ambulatory surgical centers and free standing birth centers. We believe it is in the interest of the public to have access to licensure reports to assist in making decisions about their health care needs.

Recommendations:

If this language is included only in AS18.20, it would not allow for the disclosure of licensure reports for hospice organizations licensed under AS18.18 or for disclosure of reports of home health agencies licensed under statute proposed in this bill. It is recommended the bill include similar language in AS18.18 and in the home health licensure section to allow for disclosure of reports in these facilities/agencies as well. Recommended language would be:

- ***Section _ . AS 18.18. is amended by adding a new section to read:**

Sec. 18.18.350. Disclosure of information. (a) The department shall make reports concerning inspections and investigations of the hospice programs it licenses in this chapter, including statements of deficiencies and approved plans of correction, available to the public within 14 calendar days after the information is made available to the hospice organization or entity being reviewed.

The current language is too broad and would lead to confusion and challenge. Rationale for requiring licensing of entities that meet the home health agency definition is to ensure compliance with minimum standards for entities effectively operating as home health agencies, but may not be calling themselves such.

- **Section 18.28.190(4) should be revised to read:**

Sec. 18.28.190. Definitions

...

(4) "Home health agency" is a public agency or private organization, or a subdivision of such an agency, or organization, that primarily engages in providing skilled nursing services in combination with [MEDICAL SOCIAL SERVICES,] physical therapy, occupational therapy, speech therapy, or [AND OTHER] home health aide services to individuals in the individual's home, an assisted living home, or another residential setting;

Note: A home health agency is only required to provide at a minimum skilled nursing service in combination with one other therapy of those listed above. Acceptable therapies are physical therapy, occupational therapy, speech therapy or home health aide services. Medical social services **MUST NOT** be included as a qualifying service. This is consistent with the federal standards for Medicare certification. Additionally, the current language would require home health agencies provide all the above therapies, which would create undue hardship on most home health agencies and would result in many to go out of business. Therefore, it is highly recommended that "medical social services" be deleted, "physical therapy" be inserted, "or" be inserted, and "and other" be deleted as shown above. Again, physical therapy qualifies as one of the therapies that may be used along with skilled nursing, and must be included, while medical social services does not qualify as one of the required therapies that may be used. Medical social services may be provided by a home health agency, however the agency must also have skilled nursing service and one of the other qualifying therapies as well.

- Disclosure of licensure reports for home health agencies licensed under the statute proposed in this bill is recommended. Recommended language to be inserted would be:

Sec. 18.28.170. Disclosure of information. (a) The department shall make reports concerning inspections and investigations of the home health agency it licenses in this chapter, including statements of deficiencies and approved plans of correction, available to the public within 14 calendar days after the information is made available to the home health organization or entity being reviewed.

(b) The department may not publicly disclose information that identifies patients or clients of the organization or entity under review.

Note: Because the Department is currently surveying home health agencies, there would be no increased funding necessary for this bill anticipated for FY2000.

1-LS0135A
Lauterbach
11/5/98

_____ BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Introduced:
Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to vulnerable adults; and providing for an effective date."

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

3 * Section 1. AS 47.24.015(c) is amended to read:

4 (c) The department, or its designee, shall immediately terminate an
5 investigation under this section upon the request of the vulnerable adult who is the
6 subject of the report made under AS 47.24.010 unless [. HOWEVER, IF] the
7 investigation to that point has resulted in reasonable cause to believe that the
8 vulnerable adult is in need of protective services, the request is made personally by
9 the vulnerable adult and the vulnerable adult is not competent to make the
10 request on the adult's own behalf, or the request is made by the vulnerable
11 adult's guardian, attorney-in-fact, or surrogate decision maker and that person
12 is the alleged perpetrator of abuse and is being investigated under this chapter.
13 If the department has reasonable cause to believe that the vulnerable adult is in
14 need of protective services.

15 (1) the department may petition the court as set out in AS 47.24.019;

1 * Sec. 5. TRANSITION. A department affected by this Act may proceed to adopt
2 regulations necessary to implement this Act. Regulations to implement a provision of this Act
3 take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date
4 of sec. 1 of this Act.

5 * Sec. 6. Section 5 of this Act takes effect immediately under AS 01.10.070(c).

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
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FAX: (907) 465-3068

MEMORANDUM

DATE: January 11, 1999

TO: Sheila Peterson
Staff Assistant
Long-Term Care Task Force

FROM: Elmer A. Lindstrom 
Special Assistant to the Commissioner

SUBJECT: Draft legislation relating to vulnerable adults

The Department of Health and Social Services and Department of Administration have revised the draft legislation relating to vulnerable adults and support it's introduction as drafted.

This bill will increase the State's ability to provide protective services to a vulnerable adult in circumstances when the vulnerable adult's guardian, attorney in fact, or surrogate decision-makers the alleged perpetrator of abuse.

We appreciate the Task Force's endorsement of these changes.

cc: Pat Pourchot, Legislative Director
Office of the Governor
Karen Perdue, Commissioner
Department of Health and Social Services
Alison Elgee, Deputy Director
Department of Administration

I-LS0138VA
Lauterbach
11/6/98

_____ BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Introduced:
Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act establishing an in-home and community-based services program for
2 certain adults with long-term care needs; and providing for an effective date."

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

4 * Section 1. FINDINGS AND POLICY RELATED TO SECTION 2. (a) Regarding sec.
5 2 of this Act, the legislature finds that

6 (1) many elderly, chronically ill, or other physically or cognitively impaired
7 adults in Alaska have long-term care needs and would benefit from the availability of a wider
8 range of in-home and community-based services;

9 (2) currently the long-term care needs often go unmet or require the adult to
10 seek services in an institutional setting when in-home or community-based services could
11 provide a more appropriate and less costly level of care;

12 (3) expanding the availability of in-home or community-based services would
13 allow adults to maintain their independence longer, maximize the adult's or family's resources
14 to provide essential care and perhaps avoid or reduce state expenditures for care, and avoid

(c) The department may adopt regulations necessary to implement, interpret, or otherwise carry out the purposes of AS 47.24.200 - 47.24.290. Notwithstanding the provisions of AS 47.24.200 - 47.24.290, the regulations adopted may further define, limit, or assign priorities to adults eligible for the services and define, limit, or assign priorities to services to be provided as necessary to fulfill program objectives or as necessary to ensure that program expenditures will not exceed appropriations available for the program.

Sec. 47.24.205. Adults to be served. (a) An adult is eligible for services under AS 47.24.200 - 47.24.290 if the department determines that

- (1) the adult is not described in (b) of this section;
- (2) the adult has a long-term care need;
- (3) the adult's need for services is because of medical, physical, or cognitively functional impairment;
- (4) the adult's limitations restrict the ability to carry out the normal activities of daily living and to live independently; and
- (5) the adult meets the requirements of AS 47.24.200 - 47.24.290 and the regulations adopted under those provisions.

(b) The department may not consider an adult with any of the following illnesses, impairments, or disorders as eligible for the program even if the adult also has other illnesses, impairments, or disorders that would otherwise make the adult eligible for the program:

- (1) a developmental disability as described in the definition of "person with a developmental disability" under AS 47.80.900;
- (2) a mental illness as defined in AS 47.30.915;
- (3) a disorder associated with chronic alcoholism as described in AS 47.30.056(f);
- (4) incapacitation as the result of alcoholism or drug abuse as described in the definition of "incapacitated by alcohol or drugs" in AS 47.37.270.

Sec. 47.24.210. Eligibility for services. An adult who meets the requirements of AS 47.24.205 is eligible for services under AS 47.24.200 - 47.24.290 if the adult

- (1) is at risk of being or already has been placed in a setting providing

1 purposes of the program.

2 (c) In areas not served by a provider selected by the department, the
3 department may provide services through individual agreements, grants, or contracts
4 to meet the needs of eligible adults.

5 (d) The department may use demonstration projects to test new approaches to
6 in-home and community-based services in limited areas in the state.

7 **Sec. 47.24.225. Responsibilities.** (a) An adult receiving services under the
8 program shall contribute a copayment towards the cost of care and apply for, cooperate
9 with, and seek payment from other sources as required by the department for which
10 the adult is eligible for the same services.

11 (b) The department shall establish in regulation a schedule for copayments
12 under this section. The schedule must vary on a sliding scale based on

13 (1) the adult's net income and readily available assets;

14 (2) the other uncovered expenses needed to meet the adult's medical
15 and social needs; and

16 (3) the costs to the department of the services.

17 (c) The department may waive a requirement of this section if the department
18 determines that it is not cost effective to require conformance or if the waiver is in the
19 public interest.

20 **Sec. 47.24.230. Collection from third-party payors.** (a) If the department
21 pays for or provides services or assistance under the program to an adult eligible for
22 third-party payments for those services or assistance, the department may seek and
23 recover the payments on behalf of the adult to offset program expenditures. An adult
24 receiving services or assistance under the program is considered to have assigned to
25 the state, through the department, all rights to accrued and continuing payment
26 obligations that the adult may have from the third-party payors.

27 (b) If the department determines that it is feasible, the department may require
28 that a provider seek and recover payment from insurance or other third-party payor
29 before seeking payment from the department for the services under the program.

30 **Sec. 47.24.235. Comprehensive data system.** The department shall develop
31 and implement a comprehensive data system that tracks in-home and community-based

1 [AS 47.24], when a report of harm is made under AS 47.17 or AS 47.24.010
2 [AS 47.24] that might relate to harm caused by actions or inactions of a public home
3 care provider. The regulations must

4 (1) address circumstances under which the department will, or will
5 require a contractor or grantee to, reassign, suspend, or terminate a person alleged to
6 have perpetrated harm;

7 (2) include appropriate procedural safeguards to protect the due process
8 rights of public home care providers who may be reassigned, suspended, or terminated
9 under the circumstances described in (1) of this subsection; and

10 (3) if the home care provider is a certified nurse aide, include
11 procedures under which the department shall notify the Board of Nursing if the nurse
12 aide is suspected of abuse, neglect, or misappropriation of property.

13 * Sec. 5. AS 47.24.011 is amended to read:

14 **Sec. 47.24.011. Duties of the department regarding services and protection**
15 **for vulnerable adults.** In order to facilitate the provision of supportive and protective
16 services for vulnerable adults, the department shall

17 (1) compile information on available supportive and protective services
18 for vulnerable adults in the state;

19 (2) establish, publicize, and maintain a central information and referral
20 service for vulnerable adults;

21 (3) develop and coordinate a statewide system to serve vulnerable
22 adults who are in need of protective services;

23 (4) establish criteria and procedures for the authorization and
24 supervision of other state agencies or community-based service providers to serve as
25 designees of the department under AS 47.24.010 - 47.24.130 [THIS CHAPTER];

26 (5) in accordance with AS 47.24.010 - 47.24.130 [THIS CHAPTER],
27 designate other state agencies or community-based service providers to deliver
28 supportive and protective services to vulnerable adults who are in need of protective
29 services;

30 (6) develop within the central information and referral service for
31 vulnerable adults a central registry for reports of vulnerable adults in need of protective

1 AS 05.15.210.

2 * Sec. 9. This Act takes effect immediately under AS 01.10.070(c).

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

DATE: January 8, 1999

TO: Sheila Peterson
Staff Assistant
Long-Term Care Task Force

FROM: Elmer A. Lindstrom 
Special Assistant to the Commissioner

SUBJ: Proposed Amendments to draft legislation establishing
an in-home and community-based services program for
certain adults with long-term care needs

Funding for home-based services under the new program established under the bill was never intended to supplant other funding available to clients through existing state programs. The original draft of the bill addressed this potential issue by deeming certain classes of persons, e.g., the developmentally disabled, ineligible for the new program since developmentally disabled persons are already eligible for home-based services through existing programs.

The proposed amendments attempt to accomplish the same objective by making it clear that the Department of Administration may not authorize payment for services under the new program if the applicant is eligible for these services through another state program. We believe this is a cleaner approach to resolving the issue than making persons with specific illnesses, impairments, or disorders categorically ineligible for the program.

Based on this analysis, the Department of Health and Social Services and Department of Administration recommend the following amendments:

AS 47.24.200 (b)

Line 30 - Strike "described in AS 47.24.205(b)"

AS 47.24.205 (a)

Line 10 - Strike (1), and renumber.

Lines 18-28 - Strike all of (b)

AS 47.24.215 (b) is amended to read:

1-LS0137A
Lauterbach
11/9/98

_____ BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the certificate of need program for nursing care facilities and
2 other facilities; and providing for an effective date."

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

4 * **Section 1. FINDINGS.** The legislature finds that

5 (1) ch. 84, SLA 1996, placed a two-year moratorium on the issuance or
6 modification of certificates of need under AS 18.07 for nursing beds and created a working
7 group to analyze issues relating to long-term care and the certificate of need program;

8 (2) it is anticipated that the long-term care system in Alaska will face a crisis
9 in its ability to provide services to a growing and increasingly aging population by the twenty-
10 first century unless the system can provide services in a more efficient and appropriate
11 manner;

12 (3) in 1996, the state spent \$120,000,000 in long-term care services for
13 approximately 5,000 Alaskans; approximately two-thirds of these expenditures, \$80,000,000,
14 were made from the state general fund;

perform other functions prescribed in this chapter.

* Sec. 3. AS 18.07.031 is amended to read:

Sec. 18.07.031. Certificate of need required. (a) A person may not make an expenditure of \$1,000,000 or more for any of the following unless authorized under the terms of a certificate of need issued by the department [OFFICE]:

(1) construction of a health care facility;

(2) alteration of the bed capacity of a health care facility; or

(3) addition [OR ELIMINATION] of a category of health services provided by a health care facility.

(b) Notwithstanding the expenditure threshold in (a) of this section, a person may not convert a building or part of a building [THAT IS LICENSED AS AN ASSISTED LIVING FACILITY UNDER AS 47.33] to a nursing home that requires licensure under AS 18.20.020 unless authorized under the terms of a certificate of need issued by the department [OFFICE].

* Sec. 4. AS 18.07.041 is amended to read:

Sec. 18.07.041. Standard of review for applications for certificates of need relating to non-nursing home beds. The department [OFFICE] shall grant a sponsor a certificate of need or modify a certificate of need that authorizes beds other than nursing home beds or that is for a health care facility other than a nursing home if the availability and quality of existing health care resources or the accessibility to those resources is less than the current or projected requirement for health services required to maintain the good health of citizens of this state.

* Sec. 5. AS 18.07 is amended by adding a new section to read:

Sec. 18.07.043. Standard of review for applications for certificates of need relating to nursing homes and nursing home beds. (a) The department shall develop criteria and standards for reviewing an application for a certificate of need, or for a modification of a certificate of need, issued under this chapter for a health care facility that is a nursing home or has nursing home beds.

(b) In developing the criteria and standards under (a) of this section, the department shall consider

(1) whether the sponsor recognized statewide, regional, and community

holder shall apply to the department [OFFICE] for a modification of the certificate before terminating part of the activities authorized by the terms of issuance, but the certificate holder is not required to obtain the acquiescence of the department [OFFICE] before terminating all the activities authorized by the certificate. If a certificate holder terminates all of the activities authorized by a certificate, the certificate holder is required to notify the department [OFFICE] 60 days before termination and to surrender the certificate to the department [OFFICE] within 30 days of termination.

* Sec. 7. AS 18.07.071 is amended to read:

Sec. 18.07.071. Temporary and emergency certificates. (a) The department [OFFICE] shall grant a sponsor an emergency certificate for the construction of a health care facility for which a certificate is required under AS 18.07.031 if the sponsor shows, by affidavit or formal hearing, that the act of construction consists of effecting emergency repairs.

(b) The department [OFFICE] may grant a sponsor a temporary certificate for the temporary operation of a category of health service [,] if the sponsor shows by affidavit or formal hearing

(1) the necessity for early, immediate, or temporary relief; [,] and

(2) adverse effect to the public interest by reason of delay occasioned by compliance with the requirements of AS 18.07.041, 18.07.043, and application procedures prescribed by regulations under this chapter.

(c) A temporary certificate granted under (b) of this section does not confer vested rights on behalf of the applicant. The department [OFFICE] shall impose those special limitations and restrictions concerning duration and right of extension that the department [OFFICE] considers appropriate. A temporary certificate may not be granted for a period longer than necessary for the sponsor to obtain review of the action certified by the temporary certificate under AS 18.07.051. Application for a certificate of need under AS 18.07.041 or 18.07.043 must commence within 60 days of the date of issuance of the temporary certificate.

* Sec. 8. AS 18.07.081(a) is amended to read:

(a) The department [OFFICE], a member of the public who is substantially

1 under which sponsors may make application for certificates of need required by this
2 chapter and that govern the review of those applications by the department [OFFICE],
3 establish requirements for a uniform statewide system of reporting financial and other
4 operating data, and otherwise carry out the purposes of this chapter.

5 * Sec. 12. AS 18.07.111(2) is amended to read:

6 (2) "certificate" means a certificate of need issued by the department
7 [OFFICE] under AS 18.07.041, 18.07.043, or 18.07.071 [AS 18.07.071];

8 * Sec. 13. AS 18.07.111 is amended by adding a new paragraph to read:

9 (13) "nursing home bed" means a bed not used for acute care in which
10 nursing care and related medical services are provided over a period of 24 hours a day
11 to individuals admitted to the health care facility because of illness, disease, or
12 physical infirmity.

13 * Sec. 14. AS 18.07.111(11) is repealed.

14 * Sec. 15. TRANSITION. (a) A matter described in former AS 18.07.031 that is
15 authorized under a certificate of need issued before the effective date of this Act shall be
16 reviewed and completed in accordance with the applicable statutes and regulations as they
17 existed on the day before the effective date of this Act.

18 (b) Except as provided in (a) of this section, pending applications and any other
19 matters described in former AS 18.07.031 or in AS 18.07.031, as amended by this Act, shall
20 be reviewed and completed in accordance with the provisions of this Act.

21 * Sec. 16. This Act takes effect immediately under AS 01.10.070(c).

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

DATE: January 11, 1999

TO: Sheila Peterson
Staff Assistant
Long-Term Care Task Force

FROM: Elmer A. Lindstrom 
Special Assistant to the Commissioner

SUBJECT: Proposed amendments to Certificate of Need draft legislation

The Department of Health and Social Services and Department of Administration have reviewed and support the proposed certificate of need draft legislation because it will provide an additional tool to control rising nursing home bed costs. Following is an analysis of each section of the bill along with several suggested amendments:

Sec. 18.07.031: Certificate of Need Required: Currently the Department of Health and Social Services reviews all nursing bed projects that cost over \$1 million. LS 137 adds the requirement that all conversions of acute care or other beds to nursing beds must have a CON review. The department supports this change. It should be noted that a loophole remains for a facility to add new nursing beds if they can be built for under \$1 million.

Sec. 18.07.043: Standard of Need for non-nursing beds: This section allows the standard of need to remain the same for non-nursing beds and other services. Non-nursing beds are primarily acute care beds, but also includes other services such as ambulatory surgery and kidney dialysis. **Recommendation:** The title on this section should be changed to read "Standard of Need for non-nursing home services."

Sec. 18.07.043: Standard of Need for applications: This is a new section that allows broader review analysis for nursing homes and nursing home beds. Decisions are currently limited to accessibility and quality. This new section allows decisions to be made based on additional standards such as need, financial feasibility, and availability of alternatives.

January 11, 1999

Page 3

Other Changes: All other changes included in LS 137 are cosmetic and are meant to clean up the law. Examples include changing the reference to the program from the "State Health Planning and Development Agency" to the "Department."

cc: Pat Pourchot, Legislative Director
Office of the Governor
Karen Perdue, Commissioner
Department of Health and Social Services
Alison Elgee, Deputy Commissioner
Department of Administration

APPENDIX C

LETTER ON THE ANCHORAGE PIONEERS' HOME

Alaska State Legislature



Official Business

State Capitol
Juneau AK
99801-1182

Long-Term Care Task Force

January 15, 1999

Mr. Bob Poe, Commissioner
Department of Administration
PO Box 110200
Juneau, AK 99811-0200

Dear Commissioner Poe,

As you know, the Long-Term Care Task Force was created last year with the passage of SCR 11 to develop a suitable and equitable plan for providing access to long-term care for all Alaskans. We have served as co-chairmen of this 12-member task force composed of legislators, state officials, and private citizens. On January 6, 1999 the task force conducted its last public meeting in Anchorage. Approximately 100 individuals participated in the hearing either in Anchorage or other communities via teleconference. Public comment was offered on the draft report of the findings and recommendations of the Long-Term Care Task Force as well as other issues impacting long-term care available in Alaska.

The level of long-term care offered in the Anchorage Pioneers' Home and the current administrative practices at the Home were topics of significant discussion by those appearing before the committee. Relatives of individuals residing in the Home recounted personal observations that put into question the safety and care of some residents. Their narratives highlighted the problems caused by insufficient staffing levels, the injuries that resulted from the lack of safety precautions, and the negative impact that limited social activities has on residents. Unfortunately this is not the first time these problems have been voiced. The family members expressed frustration that their concerns and experiences are not taken seriously and there is no apparent avenue available to them to affect positive change.

Deputy Commissioner Alison Elgee announced a public hearing in Anchorage to review these various complaints and concerns before the end of January. The Task Force is sensitive to the issues raised regarding the Anchorage Pioneers' Home and would like to

APPENDIX D

TIME TABLE

FOR

SPECIFIC REQUESTS

LONG-TERM CARE TASK FORCE

TIME TABLE FOR SPECIFIC REQUESTS

Request	Who	What	To Whom	When	Comment
No. 3 *		Introduce legislation relating to the disclosure of licensing reports and licensing of home health agencies.			
No. 6	Department of Administration	Consider the formal recommendations outlined in <i>The Alaska Guardianship Report</i> and recommend necessary statutory changes.	Senate President and House Speaker	March 31, 1999	
No. 7 *		Introduce legislation relating to the protection of a vulnerable adult from a guardian, attorney-in fact or surrogate decision-maker who may harm the vulnerable adult.			
No. 8	Alaska State Hospital and Nursing Home Association	Prepare a full report on the actions required to be taken as a result of the conclusion reached at the statewide <i>Work Force Development Summit</i> to be held April 9-10, 1999	Senate President and House Speaker	No Date Specified	
No. 10	Alaska Commission on Aging	Implement a plan to increase the awareness of Alaskans to advance directives and prepare a report on the Commission's efforts to do so.	Senate and House HESS Committees	Beginning of the Second Session of the 21 st Legislature	
No. 12	Department of Health and Social Services	Aggressively pursue the rebuttal of the federal Health Care Financing Administration's interpretation of the Social Security Act as it relates to the Indian Health Service.	Legislature	Semi-annually	

TIME TABLE FOR SPECIFIC REQUESTS

Request	Who	What	To Whom	When	Comment
No. 29	Department of Commerce	Compile relevant information on the need for and availability of long-term care insurance in Alaska and disseminate the information to the general public.	All Alaskans	January 1, 2000	
No. 31 *	Senate and House HESS Committees, in consultation with legislative leadership	Consider the creation of a new task force to continue the review and monitoring of long-term care in Alaska.			
Letter to Commissioner Bob Poe	Department of Administration	Prepare a summary of a public hearing regarding the administrative practices of the Anchorage Pioneers' Home and corrective actions either taken or proposed to be taken, by the department.	Senate and House HESS Committees	February 28, 1999	

* Requires legislation

APPENDIX E

AFN RESOLUTION

ALASKA FEDERATION OF NATIVES, INC.

1998 ANNUAL CONVENTION

RESOLUTION NO. 98-59

TITLE: IN SUPPORT OF ELDER CARE FACILITIES IN RURAL ALASKA

WHEREAS: The elders are a much respected group of people within the family unit and community for the Yup'ik people and all Alaskan Natives alike; and,

WHEREAS: Most villages in rural Alaska do not have the proper facilities for the care of elders; and,

WHEREAS: The only elder care facility for many regions is in the city of Anchorage, which is too far away from the family unit and communities; and,

WHEREAS: Being away from familiar surroundings, culture, foods, and activities, would be detrimental to the health and welfare of the elders; and,

WHEREAS: There is a growing and significant need for proper elder facilities throughout rural Alaska;

NOW THEREFORE BE IT RESOLVED by the Delegates to the 1998 Annual Convention of the Alaska Federation of Natives, Inc., that AFN politically supports the efforts of rural organizations in seeking, acquiring, and administering the required funding, facilities, personnel, and technical and professional support for elder care facilities.

SUBMITTED BY: St. Mary's Native Corporation

COMMITTEE RECOMMENDATION: DO PASS

CONVENTION ACTION:

Passed

APPENDIX F

MISSIONS AND MEASURES

Alaska State Legislature



Official Business

State Capitol
Juneau AK
99801-1182

Long-Term Care Task Force

MEMORANDUM

To: Representative Eldon Mulder, Co-chairman
Representative Gene Therriault, Co-chairman
House Finance Committee

Senator Sean Parnell, Co-chairman
Senator John Torgerson, Co-chairman
Senate Finance Committee

From: Representative Con Bunde, Co-chairman
Senator Gary Wilken, Co-chairman
Long-Term Care Task Force

Handwritten signatures of Con Bunde and Gary Wilken.

Date: January 15, 1999

Re: Mission and Measures for Long-Term Care programs

As you know, the Long-Term Care Task Force was created last year with the passage of SCR 11 to develop a suitable and equitable plan for providing access to long-term care for all Alaskans. We have served as co-chairmen of this 12-member task force composed of legislators, state officials, and private citizens.

As part of the Task Force's review, legislative staff and directors of the divisions of Alaska Longevity Programs and Senior Services met and prepared draft mission statements and performance measures for these two divisions. The draft mission and measures are attached for your review.

The Task Force recommends that these documents be critiqued and refined during the next legislative budget cycle with input from both the legislature and administration. The divisions' mission and measures statements will help direct long-term programs offered in the state.

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services – Commission on Aging

Statutory reference: § 47.65

Mission.

Assist and advocate for older Alaskans to lead dignified, independent and useful lives through partnering with state, local and private agencies.

Measures.

- At least 5 communities will have coordinated transportation systems by 6/30/03. (current systems: Anchorage, Ketchikan, Kodiak and Juneau)
- Percentage of annual change in number of persons served with home based meals.
- Percentage of annual change in number of persons served with community based meals.
- Number of public requests for information.
- Number of presentations made by Commission staff.
- Percentage of total resources spent on targeted seniors in ____% of communities. (Targeted seniors = over 75 years, low income, minority and/or rural)

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services – Residential Choices

Statutory reference: § 47.65

Mission.

Provide quality residential alternatives for vulnerable Alaskans in their home communities.

Measures.

- Number of Assisted Living units statewide.
- % change of rural Assisted Living units available by region (regions measured individually).
- % of Assisted Living Home licenses renewed annually without violations.
- % of suspended Assisted Living Home licenses cleared within 90 days.
- % of Assisted Living Home licenses renewed with adequate business management practices as defined by Division policy.
- % of waiver days (out of total of waiver and nursing home days) in Medicaid.
- % of waiver decisions made within __ days.
- % change of independent Personal Care Attendants enrolled as Medicaid providers.
- Number of communities with enrolled Personal Care Attendants.

Missions & Measures

Draft as of January 6, 1999

Program:	Senior Services
Project:	Data Integration Project
Authority:	

Mission

Capture and track client information in an integrated data system to expedite coordinated services to Alaska's seniors.

Performance measures.

- Complete the business process mapping for the data integration project by 6/30/99.
- Implement data integration by 6/30/01.

APPENDIX G

PCA RECOMMENDATIONS

(The attached proposed recommendations were presented to the Task Force, but were neither discussed nor adopted by the Task Force.)

RECOMMENDATIONS

PERSONAL CARE ATTENDANT PROGRAM IN ALASKA

December 15, 1998

A steering committee, called the PCA Design Team composed of 14 people including consumers, providers, advocates, and state staff from 7 agencies, contemplated the strengths and weaknesses of delivery of Personal Care Attendant Services in Alaska, including Medicaid-reimbursed services. The PCA Design Team then presented their thoughts at a larger meeting called the PCA Summit held on November 14, 1998. Approximately 75 people from all over the state, including providers, consumers, advocates and state agency staff, attended to discuss the issues and develop clear objectives for improving the delivery of PCA services in Alaska. As a result of that process, the PCA Design Team makes the following recommendations:

1. Remove the Medicaid rates of reimbursement from regulation, and instead set rates by a mechanism that is responsive to and reflective of market factors that influence cost of service.
2. Equalize the rates of Medicaid reimbursement for agency and independent PCA providers for comparable services.
3. Revise the "scope of services", "excluded services", and definition of "skilled nursing care" under 7 AAC 43.750, 43.755 and 43.795(2) to expand the types of Medicaid-reimbursable services PCAs may perform. [This may also require clarification or revision of statutes and regulations governing the practice of registered nursing or practical nursing.]
4. Allow recipients the choice to have nursing supervision of their service plan, or not.
5. Rename the "time for task" form to "service plan". Eliminate the time allotments from the recipient's service plan; and provide reasonable time allotments as guidelines in a new booklet entitled, "PCA Service Plan Guidebook."
6. Perform service plan assessments by third party (independent of the PCA agency providers and the State), with a preference for assessment by local personnel familiar with the recipient's community and available resources. Mandate regular visits in the recipient's home by the assessing entity to ensure that assessments and re-assessments are based on personal knowledge of the recipient's needs. Entities proposed to do such assessments: (1) Public Health nurses; (2) First Health or similar utilization review contractor; (3) independent RNs.
7. Add PCA services as a waiver service to all waiver programs - do this as a compliment to the regular Medicaid PCA services and not in place of regular Medicaid PCA services.
8. Establish a referral service of PCA providers, with a statewide toll-free number, to allow recipients to locate available PCA providers and back-up or on call personal care attendants.
9. Establish a formal recipient-driven grievance process statewide.

Guiding Principles for Personal Care Attendant Services

Personal Assistance Services are a variety of services that provide assistance to persons who are elderly and/or may experience a disability. These services may include, but are not limited to: personal care attendant services, chore services, respite services and health related services. The following principles apply to personal care attendant services.

1. Recipients must have control in selecting, managing and controlling their personal care services.
2. Personal care services must be community based and culturally relevant to the recipient.
3. Eligibility for personal care services must be based upon functional need.
4. Personal care services must be available at home and in other locations of each person's choice. People must not need to be "home bound" in order to receive these services.
5. Personal care services must be available 24 hours a day, seven days a week.
6. Backup and emergency personal care services must be available at all times.
7. Personal care services will be available to all Alaskans with a variety of payment models, including co-payment.
8. Training in the management and supervision of personal care attendants will be available to interested recipients.
9. Personal care attendants will be adequately compensated.
10. Personal care services will be written in an agreed upon individualized service plan.
11. Health related tasks can be delegated to and done by personal care attendants.
12. Recipients must be able to receive the same quality and level of services in the setting of their choice throughout the state.
13. There will be a variety of models of service delivery available to all Alaskans.
14. Personal care services will be provided with a high standard of quality of care.
15. Personal care services will have periodic evaluations using consistent state wide standards.
16. All recipients of personal care services must have access to a consumer driven and fair grievance process.
17. All communities will be given authority to develop services based on their unique needs and service delivery options.

APPENDIX H

ALASKA COMMISSION ON AGING

(The attached preliminary findings were presented to the Task Force, but were neither discussed nor adopted by the Task Force.)

Alaskan

Seniors

FINDING THE

COMMON GROUND

from the Alaska Commission on Aging

Preliminary findings from:

Alaskan Seniors: Finding the Common Ground

A Statewide Conference sponsored by
The Alaska Commission on Aging

September 21 - 23, 1998: Regal Alaskan Hotel, Anchorage

From September 21 - 23, one hundred community, agency, and senior advocacy leaders from across Alaska met to identify and address opportunities and challenges affecting the growing numbers of older Alaskans. Together they defined the "common ground" uniting their organizations and businesses, and developed strategies to act on those shared challenges and opportunities. The Conference Steering Committee will present the conference findings and recommendations in a November report.

The fundamental message from participants: **Increase collaboration** – between seniors, their families, senior advocacy organizations, local agencies and governments, private business, the medical community, and state & federal government agencies. In this way, we will share responsibility to create a focus on:

- **Increased access**
 - ♦ to information on current services available to seniors,
 - ♦ to the actual services.
- **Education and information - in relation to**
 - ♦ the exploding statewide senior community and the opportunities and challenges this represents
 - ♦ building the geriatric expertise of the entire 'circle of caring' involved in assisting frail older Alaskans: families, community agency caregivers, assisted living providers, the home health and medical communities.
- **Assurance of quality in relation to**
 - ♦ actual services provided through the public and private sector
 - ♦ streamlining access to services.
- **Seniors exercising increased self-determination to**
 - ♦ pursue the Legislative Long Term Care Task Force concept of reinvesting Longevity Bonus phase-out funds. Why? To assist in supporting services to assist frail and ill seniors to live independently as long as possible
 - ♦ reach out to the medical community to identify and address unmet geriatric medical needs
 - ♦ secure increased consumer protection within our State.
- **Applying prevention to increase wellness - we know that**
 - ♦ healthy lifestyles significantly contribute to older Alaskans abilities to live independently. This is most fulfilling and relatively speaking, "Health doesn't cost; illness does!"
 - ♦ achieving healthy lifestyles occurs through lifelong education and promotion of
 - healthy nutrition and regular exercise
 - tobacco and alcohol/drug free lifestyles
 - social involvement and helping others.