

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILES 8672

2515 SCOMM 110: LONG TERM CARE TASK FORCE, 1998

Adults with Physical Disabilities Waiver. This program provides home and community based services to individuals between the ages of 21 and 64, who: 1) have been determined eligible for Supplemental Security Income (SSI), and 2) due to illness, injury, or other physical problems experience a severe and chronic disability that is likely to continue indefinitely and substantially limits the person's ability to obtain and maintain gainful employment. These individuals also would meet the nursing home level of care criteria and would, without the waiver, normally receive care in a facility for more than 30 days per year.

Approximately 70 individuals are currently utilizing this waiver in Alaska. The average proposed cost of care for each of these individuals for FY97 is \$28,769. These individuals may also use other services discussed in this chapter, and therefore may be a part of a duplicated count of Alaskans currently receiving home and community-based services.

Long-Term Care Services for Senior Citizens, and Adults with Physical Disabilities:

- **Adult Day Centers** provide supervised group care in a social setting which offers a wide range of services for seniors needing assistance with daily living tasks. Care is provided weekdays at a central site during normal working hours.
- **Respite Care** is a service through which trained caregivers provide intermittent in-home care to seniors. During this time, the family caregivers are able to take a break from their roles as full time caregivers. While this care is usually provided in the consumer's own home, it can also be provided in facilities such as assisted living homes and nursing homes, as well as in adult day centers.
- **Care Coordination** is a service through which a trained professional assesses a frail consumer's needs. Based on this assessment and in consultation with the consumer's family, appropriate services are identified and arranged. Care coordination incorporates outreach, intake screening, initial assessment, care planning, service arrangement, ongoing monitoring, and formalized reassessment. This approach assures appropriate use and coordination of long-term care resources.
- **Personal Care** is a service which provides in-home assistance with activities of daily living such as bathing, dressing, toileting, eating, and moving from one place to another. These services can enable a person with non-technical medical care needs to remain at home rather than live in an acute or long-term care facility. Without this service, many individuals would enter nursing homes or other institutions to receive needed care.
- **At-Home Skilled Nursing** care provides skilled nursing care by licensed professionals.
- **General Relief** is a form of payment with state General Fund moneys to meet the costs of room and board in assisted living facilities for low-income people at current or potential risk of neglect or self-neglect, abandonment, abuse, or exploitation. Individuals contribute what they can to meet this cost; the State pays the balance.
- **Nursing Home Care** is a service providing daily skilled nursing or skilled nursing rehabilitation services or both in a skilled nursing facility.
- **Pioneers' Homes Assisted Living** care includes room and board, and a range of levels of assistance with daily living, with an emphasis on the needs of seniors affected by cognitive impairments such as Alzheimer's Disease.

- **The CHOICE Long-Term Care for the Elderly Medicaid Waiver Program** is an individualized payment system which covers costs of medical care necessary for an individual to remain within the community. This is available to senior citizens whose medical conditions and limited incomes fall within Medicaid eligibility guidelines. CHOICE can provide payment for home care (personal care, homemaker and chore services), adult day center services and transportation to and from the center, respite care, at-home skilled nursing care, care coordination, home-delivered meals, or assisted living care above the room and board level.
- **Hot Meals** are generally provided weekdays by Alaska Commission on Aging grantees and Native agencies receiving Older Americans Act Title VI funding. Nutritious meals are offered at central locations, and are delivered to home-bound seniors.
- **Essential Transportation** services are provided by Alaska Commission on Aging and Title VI grantees, and made available to senior citizens to assist them with essential rides to attend adult day services, meal programs, doctors appointments, and to accomplish essential shopping.
- **Long-Term Care Ombudsman** is a service through which seniors are assured their basic rights for self-determination and respectful treatment while receiving long-term care.
- **Information and Referral (I&R)** is a statewide service through which seniors and their families receive telephone consultation on issues of concern (e.g. health insurance, community-based services and resources) and are referred to appropriate resources.
- **The Division of Mental Health and Developmental Disabilities** provides services for some adults with physical disabilities. A description of the services that might be provided are on pages 16 - 18.
- **In addition** to these program supports senior citizens and disabled adults may also receive cash support through the Supplemental Security Income program (SSI), and Adult Public Assistance Programs and seniors may receive support from the Alaska Longevity Bonus Program

Access to the present long-term care system of direct services, payments for service, and grants to non-profits is very uneven across Alaska. In general, the range and quantity of available long-term care services increases with community size. Seniors in communities such as Kwethluk and Usibelli have no long-term services in their communities, while seniors in Fairbanks or Anchorage have limited access a full range of services. Appendix IV presents the geographic availability of these services.

Individual Profiles

The following profiles describe typical senior citizens and adults with physical disabilities who use Alaska's present services to receive long-term care.



Early Intervention to Delay the Need for Long-Term Care

SENIOR LIVING ALONE. Mrs. Jones was a 70 year old with multiple physical problems that were stable; however her endurance and strength were diminishing. Recently her husband and several friends had died. She had many changes to adapt to and was mildly depressed. Mrs. J. lives alone, and enjoys the *support and stimulation of services available to all seniors at the local senior center she attends weekdays. There she has a balanced hot lunch, receives tips on healthy foods and eating habits, is in an exercise group, and visits with other seniors. She also learns about other community services that may be helpful to her.* All of this helps her cope with her losses. Targeted interventions now delay or prevent need for more intensive services. *The services (in italics-above) Mrs. Jones uses are partially funded by Alaska Commission on Aging grants, and are available to seniors age 60+ at 103 locations across Alaska*

Home & Community Based Services for Alaskans with Moderate Impairments

Profile A. SENIOR WITH FAMILY

CAREGIVER: Mr. Smith was low income, age 75, and had Alzheimer's Disease. He and his wife lived at home; he required supervision and cueing to bathe, dress, and eat. Because he wandered away from home, he needed a caregiver 24 hours a day to ensure his safety. Alaska's



Medicaid law excludes Alzheimer's Disease as an allowable primary diagnosis for a nursing level of long-term care, so Mr. S. could not receive Medicaid assistance. A *care coordinator* has assessed his needs, and helped the Smiths develop a home and community based care plan. Mr. S. now *attends an adult day program weekly. There he enjoys therapeutic recreational activities, a hot lunch, help with activities of daily living, and support adjusting to his limitations. Two week-end days a month, a respite worker relieves Mrs. S. from full time caregiving, so she can take a break herself. Since they don't drive, they use senior center van rides for essential shopping, doctors appointments, and Mr. S.'s travel to the adult day center. Mrs. S. calls the Alzheimers' Association to learn about various aspects of dementia and attends caregiver support group meetings. The services (in italics - above) the Smiths use are partially funded by the Alaska Commission on Aging. The hot meal and transportation services are available to all seniors age 60+ at 103 locations across Alaska. The home and community-based services used by the Smiths are available based on care needs and available capacity: annual per consumer average General Fund costs for these services are: Care Coordination: \$1,262; Adult Day Services: \$4,020; Respite Care: \$1,457.*



Profile B: SENIOR LIVING ALONE: Mrs. Brown, age 83, was on a low income, and had Alzheimer's Disease. She lived on her own in a modified cabin until a year ago. However with the progression of Alzheimer's, she was seriously neglecting herself, and was in serious danger of accidentally harming herself. A niece who was

her guardian called the Division of Senior Services to figure out how to help her aunt. A care coordinator worked with Mrs. B. and her niece to fully assess Mrs. B.'s needs, and together they developed a plan of care. Mrs. B. is now living in an *assisted living home* with two other seniors where she is thriving on the *full time care* she now receives. Mrs. B.'s income doesn't fully meet the cost of her care. While she is not Medicaid eligible, her monthly income is being supplemented with General Relief assistance to pay for the costs of assisted living care. *The average annual General Relief long-term care General Fund payment is \$4,511.*

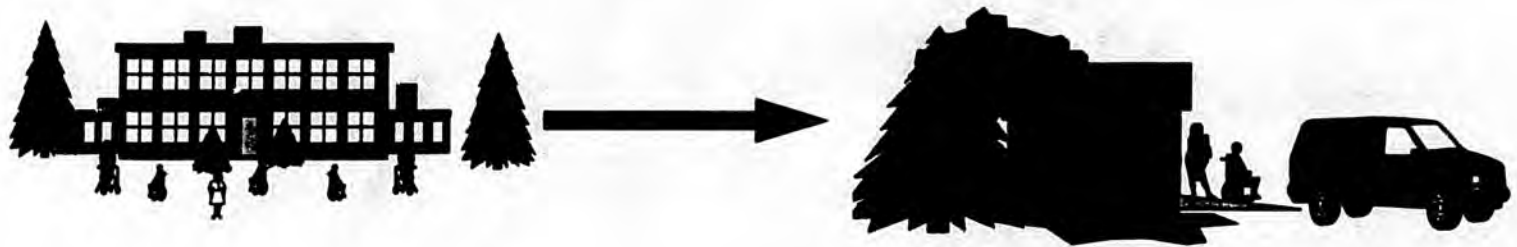
Home & Community Based Services for Alaskans with Severe Impairments



Profile A: SENIOR WITH FAMILY CAREGIVER: Mrs. Riley lived in her home of fifty years with her son who worked full time. She was 80, and lived on a low income. Last year complications from diabetes and hypertension resulted in amputation of her left leg. She was

now homebound, and needed assistance with activities of daily living and monitoring for her diabetes. Mrs. R. took multiple medications, and was somewhat malnourished. Fortunately, at this point she was referred to a *care coordinator* who assessed her needs and established that she was eligible for the CHOICE program. Now her care is funded through the Medicaid CHOICE home and community-based program which enables her to continue living at home. Her care plan included *adapting Mrs. R.'s home to add an entry ramp and bathroom grab bars* to increase access and safety. Mrs. R. uses *escorted rides to doctors, and receives daily home-delivered meals* from the local senior center. A *home health nurse* visits Mrs. Riley weekly to check on her condition and assist in medication management. A *senior companion* visits weekly to relieve social isolation. *The average General Fund annual cost for CHOICE Medicaid services in 1996 was \$5,538.50. Mrs. R's home health nurse payments are covered by Medicare. The hot meal and transportation services are available to all seniors age 60+ at 103 locations across Alaska.*

Long-Term Care Services for Consumers with a Medical Treatment Need



Profile A: Mrs. Clark had a stroke last year; she is 76. She received acute care in the hospital for a few days and then transferred to a nursing home for restorative and rehabilitative care. One side of her body is paralyzed and she has a speech impairment. In the nursing home, she began physical therapy to improve her mobility, occupational therapy to improve her ability to perform activities of daily living, and speech therapy to improve her communication. Her husband visited daily and learned to help with her rehabilitation. The nursing home social worker worked closely with a care coordinator and Mrs. C.'s family to develop a discharge plan. A wheelchair ramp, bathroom grab bars, and a shower chair were installed at the C's home prior to her return home after a four month nursing home stay. Mrs. C. uses the senior van to reach her weekly physical therapy sessions, and to attend an adult day program where she is in daily therapeutic activities tailored to her needs.

Institutional Long-Term Care Services for Alaskans with Severe Impairments



Profile A: SENIOR WITH FRAIL SPOUSE: Mr. Thomas was 83 years old. He had advanced Parkinson's Disease and needed 24 hour care. He had limited mobility, frequently had to use a wheelchair, and required assistance in eating, dressing and toileting. He also experienced moderate

dementia and was unable to clearly communicate his needs. While Mr. T.'s wife of 55 years cared for him for many years at home, she was now frail and unable to provide the physical assistance he needed. Because of many health-related expenses, the Thomas's lived on a low income. Mr. Thomas' low income and primary diagnosis enabled him to be eligible for Medicaid funded long-term care. As a result, he now lives in a nursing home which is paid for by Medicaid. Mrs. Thomas visits her husband daily. *The average annual General Fund cost for this service is \$37,500.*

Major Issues:

- The inadequacy of Alaska's present long-term care system for senior citizens is apparent in Appendix IV, which integrates data on present and projected regional senior populations, the prevalence of severe impairments among those seniors, and the present limitations of long-term care services available to seniors through State-funded services. At this time serious deficits exist across our State.
- Care coordination, the 'point of entry' to cohesive and cost-effective long-term care services, is presently unavailable to the general senior population on the North Slope, in Northwestern and Southwestern Alaska, on the Aleutian Chain, in the Copper River/Prince William Sound region. Other regions of the State have access to extremely limited services; e.g. 46 Interior villages have just begun to have access to care coordination through telephone-based service and one annual on-site care coordination visit through a new grant from the Alaska Commission on Aging. **In FY96, 615 seniors, of the estimated 3,933 with severe impairments, were served.**
- Adult day centers, one of the two basic home and community-based care services, now serve only 11 Alaskan communities. Sitka, Barrow, Cordova, Dillingham, Unalaska and Valdez completely lack this type of service. To date, due to funding constraints, centers are unable to provide services for the full work day; none are open weekends. This means that few caregivers are able to work full time, and yet a full time income is essential to providing the income relied upon by the caregiver and senior in care. **In FY96, 391 seniors, of the estimated 3,933 with severe impairments, were served.**
- Respite care, the second of the two basic home and community-based care services, is available on an average of 10 hours/month. **In FY96, 341 seniors, of the estimated 3,933 with severe impairments, were served.**
- At this time, long-term care residential capacity is extremely limited in many communities of our State. Recent planning grants from the Division of Senior Services are supporting the planning of the first assisted living capacity in Bethel, Dillingham, and Kodiak.
- There is a growing need to assure that long-term care consumers are aware of their rights and are able to effectively exercise them in regard to long-term care, senior housing, and other publicly funded services targeted to senior citizens.

Long-Term Care for Alaskans with Developmental Disabilities

Individuals with developmental disabilities require lifelong services. Although the type and intensity of services varies over the lifespan, the availability of ongoing support services is essential for people with developmental disabilities to assume the same roles in the community as people without disabilities.

In the last five years, service delivery for Alaskans with developmental disabilities and their families has been redirected from emphasis on facilities and programs to emphasis on consumers and families. This has reshaped the way services are provided, and altered the roles of consumers, families, service providers and funding agencies. Service providers assist consumers and/or their families to establish connections with the vast array of natural supports in local communities: friends, extended families, neighbors, churches, employers, generic community resources such as libraries and social organizations, for example. Services are brought to consumers and families in the community; they no longer have to leave their home communities to receive services. In some instances, consumers and/or their families use vouchers to purchase services, placing consumers fully in control over how they spend resources allocated to meet their needs.

Funding: Most State-funded services individuals with developmental disabilities receive are home and community-based. Institutional services have been provided by the Harborview Developmental Center and Hope Cottages' Intermediate Care facilities. Harborview will close by December 31, 1997 and the Intermediate Care Facilities will close by June 30, 1998.

These services are provided through a mix of direct services from the State, payments for individualized services and grants to non-profit agencies. Payment for these services is covered by state and federal funding. Individuals with developmental disabilities whose income and medical conditions qualify them for Medicaid, receive Medicaid-funded long-term care services funded through a match of federal and state dollars. Other individuals with long-term care needs and income levels excluded by Medicaid are funded with state dollars.

Many individuals receive multiple services. An analysis of the costs associated with one, two and three or more services as well as the percent of persons receiving one, two, or three or more services is presented in Table 1 of Appendix I.

Long-Term Care Services for Alaskans with Developmental Disabilities: Most communities are served by small local providers, local one-person branches, itinerant providers or contract employees. The one exception is Anchorage which has developed large specialty providers. Most direct services are provided by local non-profit agencies. As a result of growth over the last five years, 197 communities are now served by 32 DD providers.

The DD regions are broken out according to these Alaska Borough and Census areas:

Northern Region: North Slope, Northwest Arctic, Nome, Yukon-Koyukuk, Fairbanks North Star, Denali and Southeast Fairbanks.

Southcentral Region: Wade Hampton, Bethel, Dillingham, Bristol Bay, Lake and Peninsula, Aleutians East, Aleutians West, Kodiak, Kenai Peninsula, Matanuska-Susitna and Valdez-Cordova.

Anchorage Region: Metro area.

Southeast Region: Skagway-Yakutat-Angoon, Haines, Juneau, Sitka, Wrangell-Petersburg, Ketchikan Gateway, Prince of Wales and Outer Ketchikan.

The percent of total persons served by region is fairly consistent with state census data. (See Table 2 of Appendix I).

Services: Depending on individual need, long-term care for Alaskans with developmental disabilities may include any of the services described below. An individualized plan is developed with the person and/or his family (depending upon age, guardianship status and the desires of adults with developmental disabilities). This defines services to be used. Many persons with developmental disabilities require more than one service to achieve maximum independence in their chosen life styles. In Anchorage or Fairbanks consumers may use services from more than one provider. It is noteworthy that consumers may design their own services to meet unique needs, interests and desires.

These services are available to both children and adults:

Case Management: This service assists the individual to access medical, social, education and other services supported by various funding sources. This can include specialized services such as professionally administered medication necessary for medical stability.

Personal Assistance Services: These services include in-home health care, chore services and assistance with activities of daily living, including but not limited to bathing, grooming and feeding assistance.

Respite: This service provides relief from the everyday stress of caring for a family member who experiences a developmental disability. It is not be used to replace the services provided by regular child care or adult day care except for short-term emergency situations. Respite care for youth and adults differs from that provided for children in that is not primarily intended to give relief to families; instead, it is used as an opportunity for consumers to participate in social and recreational activities.

The following services are primarily provided to children and youth and/or their families:

Family Resource Consultants: There are five Family Resource Consultants (FRCs) serving five regions of the state who currently work with 200+ families. Parents of children with developmental disabilities serve as FRCs, and in this role, help families learn to independently navigate the provider system to build community and natural supports around individuals and families.

Foster Care: Foster care provides full-time out-of-home care, with a qualified adult or family member. Foster care is only provided in State-licensed foster homes; however, this approach

does *not* require the natural family to give up custodial or parental rights. The natural and foster families jointly agree to a written service plan and visitation schedules.

In-Home Training: This service help parents develop skills in coping and managing individual behaviors. The purpose of this service, which may be time-limited or ongoing, is to prevent or forestall out-of-home placements.

Natural Family Supports: This service assists youth and children living at home to secure assistive technology services and devices, respite care, adaptive equipment, in-home training, ramps, lifts, etc. The capacity to respond to individuals and families in this manner is one of the most cost-efficient services the State offers.

Services for Children Who Experience Special Health Care and Developmental Needs: These services are provided to children who require external supports which may include medication administered by staff to maintain their medical stability. All services are highly individualized to prevent the institutionalization of young children and to support them in family-centered, community-based environments. This service is primarily offered to children, although similar support plans may be developed for adults.

Shared Care: Two families, one of whom is usually the natural family, share the responsibility of caring for the child with a developmental disability. Arrangements are made for the second "family" to care for the child approximately 50% of the time.

The following services are primarily offered to adults and youth transitioning from school to adult life:

Group Homes: This full-time, out-of-home residential care in a group setting assists consumers in developing relationships and skills to increase their independence. Group homes have a maximum number of 6 residents and are licensed by the State.

Supported Living: Based on individual service plans, training and supervision is provided to assist individual consumers to live successfully in settings which maximize their independence.

Vocational Supports: Based upon an individually tailored plan, individuals receive training in an income-producing or subsistence setting. Ongoing support is regularly provided to maintain successful employment.

Respite is the most frequent service consumers use, although no one service is used by a majority of service recipients. (See Table 5 in Appendix I.)

A snapshot of the costs and range of costs associated with specific services in Alaska is provided in Table 6 of Appendix I. For the most part, those services which are low cost also tend to be the services that consumers most frequently receive (e.g. respite, case management, natural family supports, individualized services, supported living and vocational supports).

Individual Profiles: *A service provider helped a mother who was at risk of losing her children to the custody of the Division of Family and Youth Services. Supports were secured from three local agencies. Services provided included case management, family counseling, daily life skills training and parenting supports at an initial cost of \$21,000. Long term, ongoing support is now being provided to her at an annual cost of less than \$8,000.*

A family with two children with developmental disabilities needed to make their home and vehicle accessible. The family was virtually home bound since both children weighed in excess of 50 pounds and the mother could no longer physically lift the children. A family resource consultant helped the family secure funding for a platform lift, home modifications and a van lift at a cost of \$7,600; the family contributed \$1,000. No additional services are needed at this point in time; therefore, there are no ongoing cost to serve this family.

A 31-year old woman who lived in a nursing home for 14 years was able to move into the community after a service provider advocated for her to receive Personal Assistance Services in her own home. She is now gainfully employed and is working in the community of her choice at an annual cost of \$9,000; she also pays \$3,000 per year.

Major Issues: The wait list for DD services continues to grow. For example, it grew by 15% (632 to 725 individuals) from May 1996 to December 1996. (See Tables 7-10 in Appendix I.) It takes almost two years for persons on the wait list to receive services. Even then the individual may not receive all services at the intensity needed; for example, the individual may receive vocational supports but not supported living services, or the family may be offered 10 hours of respite per month when 15 hours is needed.

A huge waiting list perpetuates a crisis-driven system, in which individuals in crisis get priority for services and almost always at a high cost. This, in turn, deprives other individuals of supports and may force them into crisis. A system of lower cost early intervention and community supports reduces the frequency of crises which are expensive to resolve. The Division of Mental Health and Developmental Disabilities (DMHDD) has funded early intervention and community support services for the past five years. This has resulted in real cost savings and increased consumer satisfaction.

Funding is not available to provide full services to everyone on the wait list or even to a majority of those wait listed. Therefore, the Division (DMHDD) is exploring the potential of offering "Core Services" to wait listed persons. The "Core Services" approach will build upon proven early intervention and community strategies that reduce costs and increase consumer satisfaction. Although discussions are still in the preliminary stages, at a minimum this approach will include strategies which empower consumers to successfully negotiate service delivery systems: peer support (consumer-to-consumer and family-to-family), information and referral, natural family supports and advocacy.

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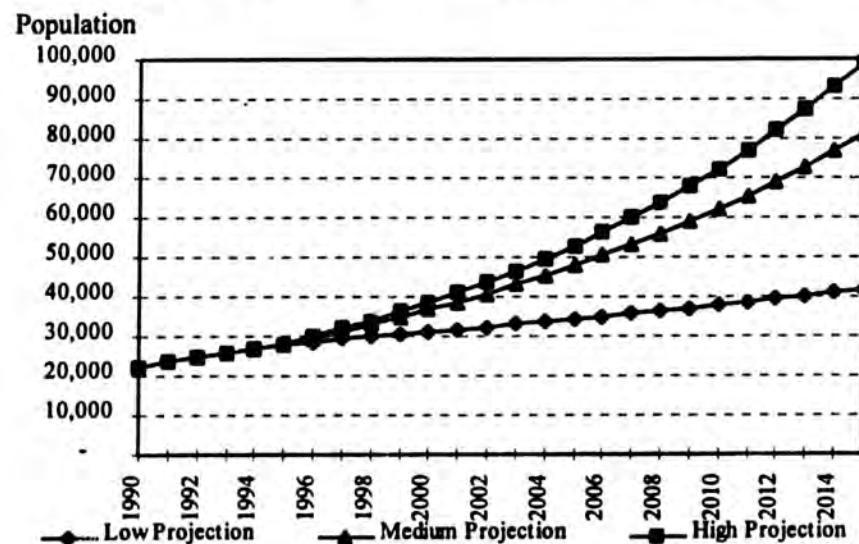
CHAPTER 4 - LONG-TERM CARE PROGRAM USAGE IN ALASKA TO 2015

Assumptions

Alaska's population has been growing, but at a decelerating rate, for the past six years. The average rate of increase for the most recent five year period was 1.75%. There is no indication that a change in this slow growth for the Alaska population will occur. A reasonable range of population growth possibilities would be 1% (low), 2.5% (medium) and 5% (high). It is assumed that the under 65 population of those needing long-term care services could grow at these rates. These rates are used here to make simple projections of Alaska's under 65 population in need of long-term care services, to the year 2015.

For Alaska's population aged 65 and above, a higher growth rate appears likely. The most recently published population data for Alaskans 65 and over shows an average yearly growth rate of 5.432% for the past five years. Information from waiting lists for Pioneers' Homes and other programs for Alaska's seniors also indicates that the population group aged 65 and above will continue to grow at a higher rate than the Alaska population as a whole. Therefore, yearly growth rates of 2%(low), 5.432%(medium) and 6.5%(high) are assumed for the population aged 65 and above. These rates will be used here to project growth of costs and service demands to the year 2015. The State Demographer uses a much more sophisticated model to generate population projections. At this time no official population projections are available. The State Demographer concurred that ours is one simple and reasonable method for projecting future population growth. He warned that there are large numbers of Alaskans who will turn 65 during the next twenty years. It should be noted that the growth recently experienced by the senior population is caused by an increase in the number of Alaska seniors remaining in Alaska.

Figure 1
Alaska's Population Aged 65 and Over, Projections to 2015



Note: 1990 is actual U.S. Bureau of Census Count, 1991-1995 are Alaska Department of Labor Estimates, 1996 - 2015 are the high, medium and low growth projections.

Figure 1 graphs three projected growth rates for Alaska's senior population to the year 2015. Figure 1 illustrates that a medium to high growth rate for Alaska's senior population will mean a dramatic increase in the number of Alaskan seniors needing long-term care services.

Analysis

Tables 1 and 2 show the long-term care service programs, number of cases, either consumer days or hours of service delivered, total expenditures and state general fund expenditures for the two age groups; ages 65 and over, and under 65 years of age. These expenditures are for Fiscal Year 1996. Every effort has been made to provide an accurate count of service delivered and funds expended for these programs. However, some individual consumers are probably double counted due to the nature of the way services are provided and the different systems used to account for services delivered.

Service Units are used in the Tables to show the amount of service delivered. Some programs measure the number of **hours** of service delivered to individuals in a program. Other programs measure the number of **days** of service an individual receives in a program. Please note the type of service units (days or hours) listed in the Source/Comments columns of Tables 1 and 2.

TABLE 1. - Long-Term Care Services - 65 and Over Age Group - FY96

Program	Service Units	Expenditures	GF Expenditures	Source/Comments
¹ Nursing Homes	151,933	\$34,737,440	\$ 17,368,720	MMIS-STARS/Units are consumer days
Pioneers' Homes	214,237	\$30,016,400	\$ 24,683,900	² see note below/ Units are consumer days
¹ Personal Care Services	160,965	\$ 1,316,564	\$ 658,282	DMA MMIS-STARS/Units = consumer days
¹ CHOICE	47,677	\$ 2,946,295	\$ 1,473,148	Older Alaskan Waivers/Units =consumer days
Personal Care Services	12,600	\$ 1,059,100	\$1,059,100	Div. Public Health/Units: hours of service ³
DD Grant Funded	8,760	\$ 235,000	\$235,000	DMHDD/Units are consumer days
Commission on Aging Grants ⁴	139,065	\$ 115,443	\$115,443	ADRD ⁵ Support/Units are consumer days
Commission on Aging Grants ⁴	253,587	\$ 2,493,949	\$2,493,949	Respite Care/Adult Day Care/Care Coordination/Units are Hours of Service ¹

¹Some payments had not been made at the time these figures were compiled. There is a possible small increase for these figures. Does not include payments to Nursing Homes by third parties or consumers (so-called co-payments).

²Pioneers' Homes FY96 actual expenditures, Units = estimated consumer days from a monthly snapshot count, -not actual.

³Based on number of seniors receiving PCS who are not funded by Medicaid

⁴Commission on Aging defines seniors as 60 years of age and over and report data by this age category

⁵ADRD is Alzheimer's Disease & Related Disorder

Please note that there are no ICF/MR costs for the 65 and over age group. All ICF/MR consumers were under 65 years of age in FY96.

TABLE 1A. Long-Term Care Services - 65 and Over Age Group - FY96 (Condensed)

Programs	Service Units	Expenditures	GF Expenditures	Cost per unit	GF Cost per unit
Nursing Homes	151,933	\$34,737,440	\$17,368,720	\$ 228.64	\$114.32
Pioneers' Homes	214,237	\$30,016,400	\$24,683,900	\$ 140.11	\$115.22
Home Based Service - Days	376,907	\$ 4,613,302	\$ 2,481,873	\$ 12.24	\$6.58
Home Based Services - Hours	266,187	\$ 3,553,049	\$ 3,553,049	\$ 13.35	\$13.35

In Table 1A, Home Based Services are reported in the two categories discussed above: consumer hours and consumer days. The lower cost and the higher number of people served in these two categories makes a strong argument for increased investment in the home based services.

It is not easy to relate hours of service to days of service. A nursing home may be reimbursed on a per diem (per day) rate for it's cost of care. A personal care service may charge a per hour fee for services to an individual. It is not possible to determine an average number of hours of home and community based services that will delay or avoid an individuals need for more expensive nursing home care. However home and community based services can be a lower cost alternative to institutional care in many cases.

A few hours a week of home based services may allow an individual to remain in his or her home and deter or delay the need for institutional care. Another individual may need more hours of home based services to remain independent and in their own home. Often, the individual will also utilize other community based services provided by various agencies within the community. This process of accessing different agencies, as well as informal resources, such as family, to cover all the needs of the individual makes it difficult to determine what amount of home and community based services and other community resources are needed to help maintain an 'average' consumers independence. Each case is unique, as each consumers needs are unique. Due to the relatively low cost of home and community based services and the relatively high cost of nursing home care the provision of ample home and community based services will often be a cost effective option for the State of Alaska. The population of those in need of services will increase over time as will the cost of services The information in this Chapter illustrates that home and community based services, because of the relatively low cost, must become an even larger part of the mix of long-term care services available to consumers in Alaska.

The following Tables, 2 and 2A, present information for long-term care services to those under 65 years of age.

TABLE 2.- Long-Term Care Services for Under 65 Age Group - FY96

Program	Service Units	Expenditures	GF Expenditures	Source/Comments
Nursing Homes*	50,233	\$ 11,139,258	\$5,569,629	DMA MMIS-STARS/Units are consumer days
ICF/MR - Hope*	13,843	\$ 4,936,809	\$2,468,405	DMA MMIS-STARS/Units are consumer days
ICF/MR - Harborview*	8,302	\$ 3,453,031	\$1,726,516	DMA MMIS-STARS/Units are consumer days
D.D. Grant Funded	636,925	\$ 17,035,000	\$7,035,000	DMHDD-units are estimated consumer days
TEFRA *	65,078	\$ 1,328,422	\$ 664,211	DMA MMIS-STARS/Units are consumer days
Waiver Program-ADP*	16,902	\$ 1,006,778	\$ 503,389	HCFA 372 Form DMA/Units are consumer days
Waiver Program-CCMC*	17,365	\$ 1,181,823	\$ 590,912	HCFA 372 Form DMA/Units are consumer days
Waiver Program- D.D.	44,238	\$ 4,268,157	\$2,134,078	HCFA 372 Form DMA/Units are consumer days
Personal Care Services(no TEFRA/Waiver)*	90,520	\$ 1,639,965	\$ 819,983	DMA MMIS-STARS/Units are consumer days
Commission on Aging Grants	13,989	\$ 101,575	\$ 101,575	Age under 60 / Units are hours of service
Personal Care Services	5,400	\$ 453,900	\$ 453,900	Div. Public Health/Units: hours of service**

* These numbers do not capture all expenditures since some payments for services have not been recorded and some payments have not been made.

** Estimate based on number of seniors in the program and number of Personal Care Services recipients funded under Medicaid

TABLE 2A Long-Term Care Services for Under 65 Age Group - FY96 (Condensed)

Program	Service Units	Expenditures	GF Expenditures	Cost Per Unit	GF Cost Per Unit
Nursing Homes	50,233	\$11,139,258	\$5,569,629	\$ 221.32	\$110.65
ICF/MR	22,145	\$8,389,840	\$4,194,920	\$ 378.86	\$189.43
Home Based Service - Days	871,028	\$ 26,460,145	\$21,747,573	\$ 30.38	\$24.97
Home Based Services - Hours	19,389	\$ 555,475	\$555,475	\$ 28.65	\$28.65

In Table 2A the Home Based Services are consolidated into two categories; one for Home Based Services measured by consumer hours served and the other for Home Based Services measured by consumer days.

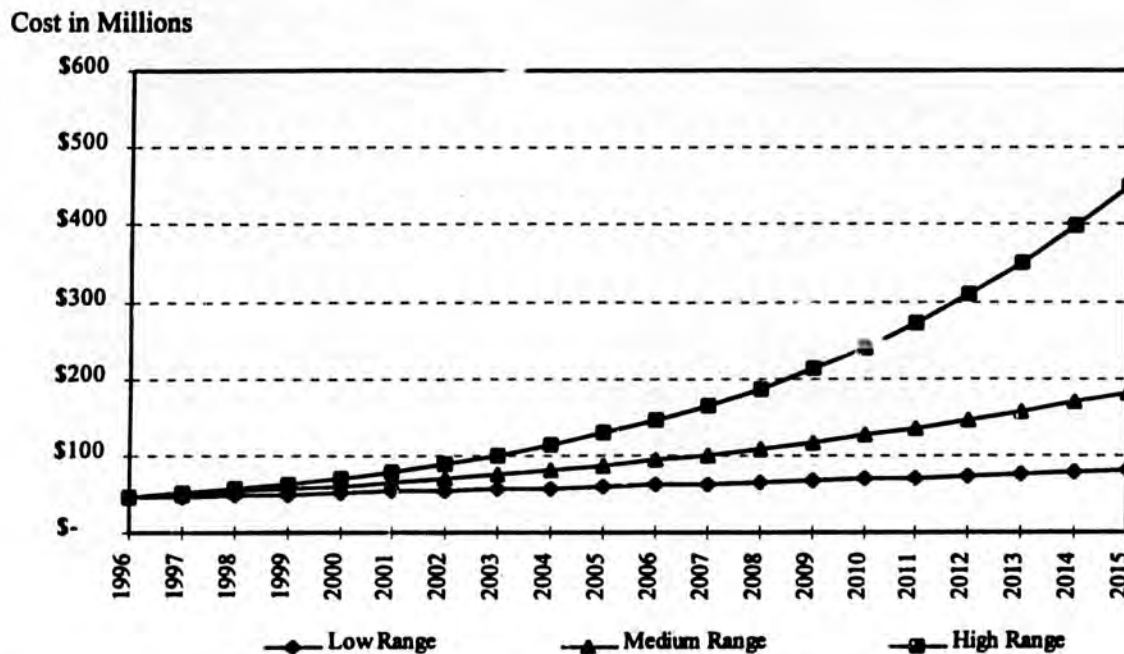
Tables 3 and 4, (pages 25 and 27), show projections of low, medium, and high growth rates for the services and costs of the long-term care system in Alaska to 2015. The population growth and inflation rates used to make these projections are described in the text. It should be noted that ICF/MR institutions are being eliminated and these consumers needs are being addressed using home based services. This results in one time transfers of consumers and costs from ICF/MR to Home Based Services in the projections for the Under 65 age group.

The tables and charts on the following pages show that the public costs of care for Alaska's senior population could grow by substantial amounts in the next twenty years. When planning for the future provision of services each consumer must be provided the most efficient and cost effective mix of services to meet their needs. One strategy to do this will be to use lower cost services such as home and community based services whenever practical and try to keep the use of the higher cost services such as nursing home beds at a reasonable level. Judicious use of institutional alternatives must be considered as one strategy for keeping costs down. The State is charged with keeping costs at a minimum while providing the necessary services to all who have a need.

...the public costs of care for Alaska's senior population could grow by substantial amounts in the next twenty years...

The Anchorage Consumer Price Index, which is the closest proxy for inflation in Alaska, has recorded increases ranging from 2.1% to 6.2% per year since 1990. Anchorage Consumer Price Index increases as high as 13.7% and as low as 0.4% have occurred in the past 20 years. The Alaska Department of Labor, Division of Administrative Services, Research and Analysis Unit is the source of this Consumer Price Index information. Inflation factors of 2% for low, 5% for medium and 8% for a high range are used in this report to project cost increases to 2015.

Figure 2
Long Term Care Costs - Under 65 Years - 1996 - 2015



The future costs for the long-term care programs for those under 65 have been lessened somewhat by the planned closure of the ICF/MR facility at the Harborview Development Center and the conversion of the ICF/MR facilities of Hope Cottages. The growth of the long-term care programs for the population under 65 will still be significant over time if costs or population grow at even a moderate rate. The projections made for this age group and for the 65 and over age group assume that the mix of services will not change (excepting the closure of the ICF/MR facilities and holding the number of available Pioneers' Home Beds constant). Thus one of the strategies for reducing future costs will be to change the mix of long-term care services used by the consumer. Nursing home care is one long-term care option that must be used efficiently by the consumer. A serious effort to use more home and community based services while maintaining a viable nursing home option must be made.

The growth of the long-term care programs for the population under 65 will still be significant over time if costs or population grow at even a moderate rate. ...A serious effort to use more home and community based services while maintaining a viable nursing home option must be made.

Table 3, on page 25, shows that for the low range projected increase of 1% population growth and 2% inflation growth, the cost of the long-term care service programs, for those under 65 years of age, would increase from \$46.5 million to \$79.7 million in 20 years. For the medium range projected increase of 2.5% population growth and 5% inflation the cost of the programs would nearly quadruple to \$181.3 million in 20 years. For the high growth projected scenario, an increase of 5% population growth and 8% inflation, the cost of the programs would increase from \$46.5 million to \$456.1 million, nearly a ten fold increase. The higher the growth of population and cost inflation the more pressure there will be to find the most efficient and cost effective program services for those Alaskans with long-term care needs.

Table 3. Long-Term Care System - Total Expenditures for those Under 65 - Projected to the year 2015

Low Range Projection 1% Population Growth and 2% Inflation Rate					
Year	Service Units-Hours	Cost per Unit-Hour	Service Units-Days	Cost per Unit-Day	Total Expenditures
1996	19,389	\$28.65	943,406	\$48.75	\$46,544,718
1997	19,583	\$29.22	972,074	\$47.79*	\$47,028,347
1998	19,779	\$29.81	981,794	\$48.75	\$48,448,603
1999	19,977	\$30.40	991,612	\$49.35	\$49,544,175
2000	20,176	\$31.01	1,001,528	\$50.34	\$51,040,409
2001	20,378	\$31.63	1,011,544	\$51.34	\$52,581,829
2002	20,582	\$32.26	1,021,659	\$52.37	\$54,169,800
2003	20,788	\$32.91	1,031,876	\$53.42	\$55,805,728
2004	20,996	\$33.57	1,042,195	\$54.49	\$57,491,061
2005	21,205	\$34.24	1,052,616	\$55.58	\$59,227,291
2006	21,418	\$34.92	1,063,143	\$56.69	\$61,015,955
2007	21,632	\$35.62	1,073,774	\$57.82	\$62,858,637
2008	21,848	\$36.33	1,084,512	\$58.98	\$64,756,968
2009	22,066	\$37.06	1,095,357	\$60.16	\$66,712,629
2010	22,287	\$37.80	1,106,310	\$61.36	\$68,727,350
2011	22,510	\$38.56	1,117,374	\$62.59	\$70,802,916
2012	22,735	\$39.33	1,128,547	\$63.84	\$72,941,164
2013	22,962	\$40.12	1,139,833	\$65.12	\$75,143,987
2014	23,192	\$40.92	1,151,231	\$66.42	\$77,413,336
2015	23,424	\$41.74	1,162,743	\$67.75	\$79,751,218

* Decrease due to the closure of ICF/MR facility (Hope Cottages)

Medium Range Projection 2.5% Population Growth and 5% Inflation Rate					
Year	Service Units-Hours	Cost per Unit-Hour	Service Units-Days	Cost per Unit-Day	Total Expenditures
1996	19,389	\$28.65	943,406	\$48.75	\$46,544,718
1997	19,874	\$30.08	985,893	\$49.61	\$49,506,515
1998	20,371	\$31.59	1,010,414	\$51.95	\$53,136,274
1999	20,880	\$33.16	1,035,675	\$53.37	\$55,965,468
2000	21,402	\$34.82	1,061,566	\$56.04	\$60,232,835
2001	21,937	\$36.56	1,088,106	\$58.84	\$64,825,589
2002	22,485	\$38.39	1,115,308	\$61.78	\$69,768,540
2003	23,047	\$40.31	1,143,191	\$64.87	\$75,088,391
2004	23,624	\$42.33	1,171,771	\$68.11	\$80,813,881
2005	24,214	\$44.44	1,201,065	\$71.52	\$86,975,940
2006	24,820	\$46.67	1,231,092	\$75.10	\$93,607,855
2007	25,440	\$49.00	1,261,869	\$78.85	\$100,745,454
2008	26,076	\$51.45	1,293,416	\$82.79	\$108,427,295
2009	26,728	\$54.02	1,325,751	\$86.93	\$116,694,876
2010	27,396	\$56.72	1,358,895	\$91.28	\$125,592,860
2011	28,081	\$59.56	1,392,867	\$95.84	\$135,169,316
2012	28,783	\$62.54	1,427,689	\$100.64	\$145,475,976
2013	29,503	\$65.66	1,463,381	\$105.67	\$156,568,520
2014	30,240	\$68.95	1,499,966	\$110.95	\$168,506,869
2015	30,996	\$72.39	1,537,465	\$116.50	\$181,355,518

For more detailed expenditure projection see Appendix II

High Range Projection 5% Population Growth and 8% Inflation Rate					
Year	Service Units-Hours	Cost per Unit-Hour	Service Units-Days	Cost per Unit-Day	Total Expenditures
1996	19,389	\$28.65	943,406	\$48.75	\$46,544,718
1997	20,358	\$30.94	975,800	\$51.22	\$50,609,338
1998	21,376	\$33.42	1,024,590	\$55.32	\$57,390,990
1999	22,445	\$36.09	1,066,575	\$53.38	\$57,745,711
2000	23,567	\$38.98	1,119,904	\$58.17	\$66,062,858
2001	24,746	\$42.09	1,175,899	\$65.82	\$78,444,651
2002	25,983	\$45.46	1,234,694	\$71.09	\$88,956,234
2003	27,282	\$49.10	1,296,429	\$76.78	\$100,876,370
2004	28,646	\$53.03	1,361,250	\$82.92	\$114,393,803
2005	30,079	\$57.27	1,429,313	\$89.55	\$129,722,573
2006	31,583	\$61.85	1,500,778	\$96.72	\$147,105,397
2007	33,162	\$66.80	1,575,817	\$104.46	\$166,817,521
2008	34,820	\$72.14	1,654,608	\$112.81	\$189,171,068
2009	36,561	\$77.91	1,737,338	\$121.84	\$214,519,992
2010	38,389	\$84.15	1,824,205	\$131.58	\$243,265,670
2011	40,308	\$90.88	1,915,416	\$142.11	\$275,863,270
2012	42,324	\$98.15	2,011,186	\$153.48	\$312,828,949
2013	44,440	\$106.00	2,111,746	\$165.76	\$354,748,028
2014	46,662	\$114.48	2,217,333	\$179.02	\$402,284,263
2015	48,995	\$123.64	2,328,200	\$193.34	\$456,190,355

Figure 3
Long Term Care Program Costs - Age 65 and Over
1996 to 2015

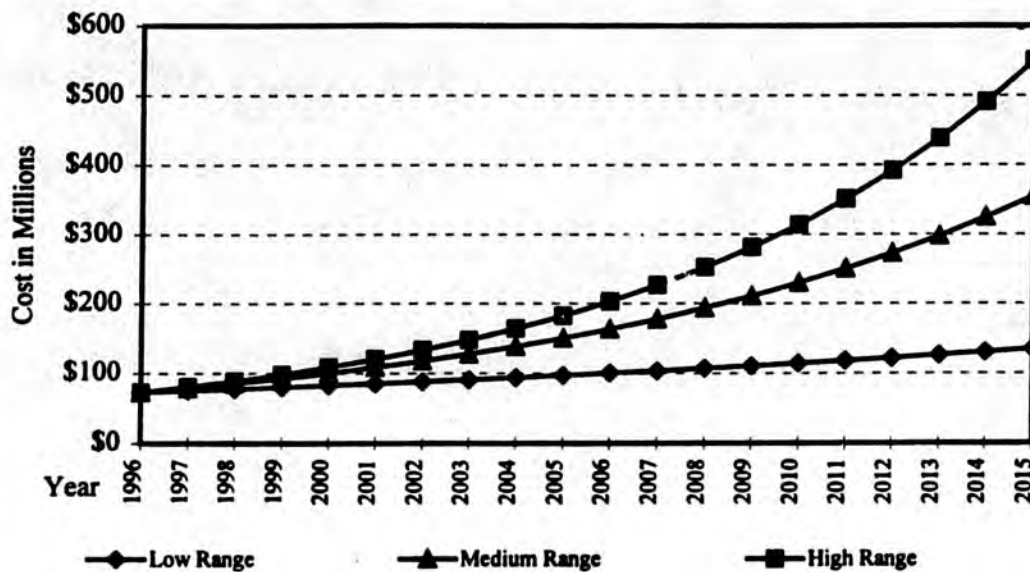


Figure 3 shows that for the population aged 65 and over the costs of long-term care services will continue to increase greatly in the future. The most optimistic projection scenario for low cost and population growth presented in Table 4, on the previous page, projects nearly a doubling in costs over 20 years. The cost projection for the high growth scenario is \$550 million a year by 2015, this would cause such a demand for scarce funds for long-term care programs that many consumers could be denied needed services. This scenario must be avoided. Lower cost home and community based services could be used to reduce the demand for higher cost institutional based services when it is practical.

... for the population aged 65 and over the costs of long-term care services will continue to increase greatly in the future. ...Lower cost home and community based services could be used to reduce the demand for higher cost institutional based services...

The mix of services used to fulfill consumer needs is important. With resources becoming relatively finite, the 65 and above age group population growing and costs increasing, those who deliver long-term care services to this age group must insure an adequate supply of services to the greatest number of consumers while keeping costs at a sustainable level.

**Table 4. Long-Term Care System -Total Expenditures for those 65 and Over -
Projected to the year 2015**

Low Range Projection 2% Population Growth and 2% Inflation Rate					
Year	Service Units- Hours	Cost per Unit- Hour	Service Units- Days	Cost per Unit-Day	Total Expenditures
1996	266,187	\$13.35	743,077	\$ 93.35	\$72,920,191
1997	271,511	\$13.61	753,654	\$ 94.95	\$75,253,868
1998	276,941	\$13.89	764,442	\$ 96.57	\$77,669,543
1999	282,480	\$14.16	775,446	\$ 98.23	\$80,170,319
2000	288,129	\$14.45	786,670	\$ 99.91	\$82,759,384
2001	293,892	\$14.74	798,119	\$101.63	\$85,440,052
2002	299,770	\$15.03	809,797	\$103.37	\$88,215,763
2003	305,765	\$15.33	821,708	\$105.15	\$91,090,090
2004	311,880	\$15.64	833,857	\$106.96	\$94,066,749
2005	318,118	\$15.95	846,250	\$108.80	\$97,149,598
2006	324,480	\$16.27	858,890	\$110.68	\$100,342,644
2007	330,970	\$16.60	871,783	\$112.59	\$103,650,053
2008	337,589	\$16.93	884,934	\$114.54	\$107,076,154
2009	344,341	\$17.27	898,348	\$116.52	\$110,625,441
2010	351,228	\$17.61	912,030	\$118.55	\$114,302,588
2011	358,253	\$17.96	925,986	\$120.60	\$118,112,449
2012	365,418	\$18.32	940,221	\$122.70	\$122,060,069
2013	372,726	\$18.69	954,741	\$124.83	\$126,150,691
2014	380,181	\$19.06	969,551	\$127.01	\$130,389,762
2015	387,784	\$19.45	984,657	\$129.23	\$134,782,943

Medium Range Projection 5.432% Population Growth and 5% Inflation Rate					
Year	Service Units- Hours	Cost per Unit Hour	Service Units- Days	Cost per Unit-Day	Total Expenditures
1996	266,187	\$13.35	743,077	\$ 93.35	\$ 72,920,191
1997	280,646	\$14.02	771,804	\$ 97.28	\$ 79,013,298
1998	295,891	\$14.72	802,091	\$101.38	\$ 85,672,948
1999	311,964	\$15.45	834,023	\$105.67	\$ 92,955,538
2000	328,910	\$16.22	867,690	\$110.16	\$100,923,253
2001	346,776	\$17.04	903,185	\$114.86	\$109,644,706
2002	365,613	\$17.89	940,609	\$119.77	\$119,195,621
2003	385,473	\$18.78	980,065	\$124.91	\$129,659,576
2004	406,412	\$19.72	1,021,665	\$130.29	\$141,128,838
2005	428,488	\$20.71	1,065,525	\$135.93	\$153,705,275
2006	451,764	\$21.74	1,111,767	\$141.83	\$167,501,372
2007	476,303	\$22.83	1,160,520	\$148.01	\$182,641,353
2008	502,176	\$23.97	1,211,922	\$154.49	\$199,262,422
2009	529,454	\$25.17	1,266,117	\$161.27	\$217,516,138
2010	558,214	\$26.43	1,323,255	\$168.39	\$237,569,931
2011	588,537	\$27.75	1,383,497	\$175.84	\$259,608,789
2012	620,506	\$29.14	1,447,011	\$183.66	\$283,837,114
2013	654,212	\$30.59	1,513,975	\$191.86	\$310,480,784
2014	689,749	\$32.12	1,584,577	\$200.45	\$339,789,430
2015	727,216	\$33.73	1,659,014	\$209.47	\$372,038,957

High Range Projection 6.5% Population Growth and 8% Inflation Rate					
Year	Service Units- Hours	Cost per Unit- Hour	Service Units-Days	Cost per Unit- Day	Total Expenditures
1996	266,187	\$13.35	743,077	\$ 93.35	\$ 72,920,191
1997	283,489	\$14.42	777,452	\$98.21	\$ 80,436,622
1998	301,916	\$15.57	814,061	\$103.33	\$88,815,397
1999	321,540	\$16.81	853,049	\$108.74	\$98,163,163
2000	342,441	\$18.16	894,572	\$114.45	\$108,600,378
2001	364,699	\$19.61	938,794	\$120.48	\$120,263,142
2002	388,405	\$21.18	985,890	\$126.87	\$133,305,281
2003	413,651	\$22.88	1,036,047	\$133.62	\$147,900,712
2004	440,538	\$24.71	1,089,465	\$140.77	\$164,246,122
2005	469,173	\$26.68	1,146,355	\$148.34	\$182,564,016
2006	499,670	\$28.82	1,206,942	\$156.35	\$203,106,176
2007	532,148	\$31.12	1,271,468	\$164.85	\$226,157,582
2008	566,738	\$33.61	1,340,188	\$173.85	\$252,040,878
2009	603,576	\$36.30	1,413,375	\$183.40	\$281,121,425
2010	642,808	\$39.21	1,491,319	\$193.53	\$313,813,061
2011	684,591	\$42.34	1,574,329	\$204.28	\$350,584,625
2012	729,089	\$45.73	1,662,735	\$215.68	\$391,967,384
2013	776,480	\$49.39	1,756,888	\$227.80	\$438,563,453
2014	826,951	\$53.34	1,857,160	\$240.66	\$491,055,379
2015	880,703	\$57.61	1,963,950	\$254.33	\$550,217,019

For more detailed expenditure projections see Appendix II

CHAPTER 5: ALTERNATIVES TO THE PRESENT SYSTEM

Senior Alaskans And Alaskans With Physical Disabilities. By 2015, Alaska's population of senior citizens age 65+ will increase by a projected 180% from the 1995 figure of 28,096 to 80,927, based on the medium growth projection data in this report. This will in turn propel growth in long-term health care and supportive service needs. Whereas it is estimated that 3,933 seniors now have severe impairments, by 2015 those with severe impairments will have grown to 11,225³.

The Working Group's goal is to advocate for long-term care that is responsive to the individual circumstances of Alaska's senior citizens and those with physical disabilities. To best meet growing long-term needs, our intent is to make **fullest use of Alaska's long-term care resources through a more flexible use of current resources, provide choice in the types of available care, provide access to services as close to home as is feasible, assure that all options provide quality services, and expand the basic long-term care capacity.** Our long-term care resources exist in terms of state and federal funding; families and community members who voluntarily commit their time, expertise and love to care for family and community members; non-profit agencies that meld locally-raised funding and in-kind contributions with state grants to provide home and community-based long-term care services; professional knowledge; and long-term care facilities such as assisted living homes and nursing homes.

Alaska will always need institutional care for severely medically needy individuals, and for people without families or social supports necessary to stay at home. As the community based long-term care system evolves, however, the focus of nursing homes is also changing. When people enter nursing homes now, they tend to have been discharged from a hospital and need rehabilitation services or short-term placements. Many people leave nursing homes to live at home with support from their families and home and community services.

Desired Entry Into The Long-Term Care System

Standardized Assessment and Care Coordination precedes all hospital discharges to long-term care placements.



What should be the features of a long-term care system that is responsive to the individual circumstances of Alaska senior citizens and those adults with physical disabilities?

- Home and Community-Based Care capacity is increased. Additionally, nursing homes will provide more flexible rehabilitative resources which maximize functioning and help return people to their homes, in addition to providing long-term skilled nursing care.
- They begin with a **standardized assessment of long-term care needs** used to establish the plan of care when a senior is discharged from a hospital, and when a senior living in the community develops a need for long-term care.

³ Based on the rate of occurrence of severe impairments for the population age 65+, as established by the *Forecast of Service Needs of Older Persons*, Savant, Inc. & Older Alaskans Commission, Juneau, 1991.

- Linked to the adoption of a standardized assessment is the **universal availability of consistent care coordination services**. These services, offered by trained providers, will ensure that long-term care resources are used strategically. This will promote best use of limited public funding, and assure an appropriate crafting and match of services for seniors' individual circumstances. Over time, our long-term care system should be poised to provide long-term care support to seniors earlier in the progression of a chronic condition or disease than is now provided for. This will reduce crises which require more intensive and expensive interventions.
- Basic long-term care services should be available **as near to home as is economically feasible**. This will take the shape of rurally-based care coordination in all regions of the State; the development of flexible strategies and funding for adult day services and respite care to support home caregivers; and the development of regional and sub-regional assisted living homes.

Alaskans With Developmental Disabilities.

The mix of long-term care services available to Alaskans with developmental disabilities should not change much over the next twenty years, although the language used describe specific services may change. No change to the eligibility definition is anticipated.

Services will continue to be provided on an individualized basis according to each consumer's desires, interests and needs and may include any of the following services: case management; family resource specialist; foster care; group home; in-home training; natural family supports and other assistive technologies; personal assistance services; respite; services for children who experience special health care and developmental needs; shared care; supported living; and vocational supports. However, the consumer is in no way limited to these services and, in fact, may design his or her own services to meet unique desires, needs and interests.

All services will continue to be provided in home and community-based settings in the consumer's community of choice. It is anticipated that current trends impacting service delivery will be operationalized across the state as follows:

- continued transition from funding services through grants to agencies to funding services according to individualized plans with money following consumers as they re-locate or negotiate service delivery with alternative providers;
- continued emphasis on funding low-cost early intervention services which help avert high-cost crisis situations;
- continued emphasis on developing natural supports in the community and assisting individuals with developmental disabilities to be full participants and contributors in local community life;
- continued collaboration with generic and specialized community resources (e.g. with local recreation agencies or with senior centers as individuals with developmental disabilities retire from the work force;
- gradual closure of group homes as additional supported living arrangements which more closely approximate those used by persons without disabilities are developed;
- implementation and evaluation of a core services approach for persons on the wait list which at a minimum includes the following: peer counseling (consumer-to-consumer and family-to-family), information and referral, and advocacy;
- increased emphasis on supporting communities and ordinary citizens to see themselves as competent and willing to become involved in the lives of people with developmental disabilities; and
- expansion of voucher programs which give funding control to consumers and/or their families.

CHAPTER 6: CERTIFICATE OF NEED PROGRAM

How The Program Works

Alaska, like most other states, has a certificate of need review process for health facilities planning to spend \$1,000,000 (one million dollars) or more for construction, expansion, or remodeling projects. Facilities that must comply with the process include hospitals and nursing homes and other facilities such as psychiatric or tuberculosis hospitals, kidney disease treatment centers, intermediate care facilities and ambulatory surgical centers.

The certificate of need review imposes a planning process to help control health care costs by requiring that a proposed project be of good quality and meet the public need, while preventing excessive, unnecessary or duplicative facilities or services. In the case of nursing homes, the certificate of need review seeks to ensure that, based on future projections, only the number of beds that are necessary be built, because of the high cost to Medicaid and the State general fund dollars that are associated with new beds.

The certificate of need review is initiated through a letter of intent sent to the Department of Health and Social Services. The letter of intent provides a project description, estimated cost and estimated starting and completion dates of a project. Based on the letter of intent, the Department of Health and Social Services determines if the proposed project requires a certificate of need review. If a certificate is required, a detailed application must be submitted. Once the application is received and declared complete, the Department of Health and Social Services provides an analysis and makes recommendations to the Commissioner of Health and Social Services who decides to approve or deny a certificate of need. Time frames for each step in the review process are provided for in law and regulation, and extensions may be granted as required. The decision to grant or deny a certificate of need may be appealed.

Current Standard Of Review

AS 18.07.041 requires the Department of Health and Social Services to grant a certificate of need 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 to maintain the good health of citizens of this State."

A certificate of need must be granted if the service is not available or not sufficiently accessible, and if the applicant demonstrates that the proposed services will be provided in a quality manner. Quality, for example, can be demonstrated if the applicant provides for an adequate level of staffing to operate the new services or if the applicant shows sufficient usage of the proposed service to obtain a high level of proficiency with appropriate staff training.

Limitations Of Current Standard Of Review

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 that 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 a 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.

Recommendations For Principles To Guide The Certificate Of Need Process

The Working Group believes that basing certificate of need reviews only on matters of availability, accessibility and quality, as is now required by statute, is insufficient. Other important principles should be used, including: appropriate planning, demonstration of need, and cost effectiveness when reviewing applications which impact the State's long-term care system. Therefore, the Working Group believes that the Department of Health and Social Services should seek legislative approval to strengthen the certificate of need program by adding these important principles to the certificate of need statute (AS 18.07). This will allow long-term care projects to be reviewed under the following principles:

...the Working Group believes that the Department of Health and Social Services should seek legislative approval to strengthen the certificate of need program by adding these important principles...

Appropriate Planning The Working Group believes that all certificate of need projects should be planned in the context of statewide as well as regional and community needs.

Of primary importance is the development of a State long-term care plan which outlines the existing and desired long-term care system in a comprehensive manner. Proposed projects should integrate well with the existing long-term care system. Certificate of need applicants would be required to demonstrate how well their proposal would fit with other plans, including community, agency and statewide plans, and ongoing services.

Proposed projects must reflect public participation and support. This can be demonstrated by a high level of participation in a public hearing or written support for a proposed service. In addition, for proposed community projects, support may be demonstrated by a local municipality or borough providing matching funds through local tax levies or bond referendums. The applicant must also discuss the approaches used to involve affected groups (e.g. potential recipients and family members, community service providers) in the planning process; a summary of their input; and a description of how the proposal is responsive to their input.

Finally, a proposed project should help balance out the long-term care system by ensuring a mix of services consistent with community needs and desires to have alternative choices.

Quality: As is the case with the current certificate of need statute, (AS 18.07.041) the quality of a proposed project must also be demonstrated. As mentioned above, quality can be demonstrated if the applicant provides for an adequate level of staffing to operate the new services or if the applicant shows sufficient utilization of the proposed service to obtain a high level of proficiency with appropriate staff training.

Demonstration of Need: The Working Group believes that proposed projects should convincingly demonstrate need through sufficiently high projected utilization rates to justify the expenditures. For example, projected population growth rates should be sufficient to support a proposed project. Nursing homes seeking to replace old or worn out infrastructure should have to demonstrate facility deficiencies and ongoing need. Specific review standards should be used to determine this need. These standards should include methodologies and criteria for determining bed capacities as well as thresholds for approving the expansion of the health care system. As is the case with the current certificate of need statute, (AS 18.07.041) availability and accessibility to health care services also need to be considered in demonstrating need.

Cost Effectiveness: The Working Group believes that cost effectiveness of a proposed project should be demonstrated before it is approved. Proposed projects need to be compared against feasible alternatives to determine if the proposal is the most cost effective way of achieving comparable results. The assessment of financial feasibility should address the full life of the project or at least a significant part of the life of the project and include such items as the availability of funds to pay for the project, the likelihood of private or governmental financing, and the passage of a bond referendum by a community.

The Working Group believes that it is critical to recognize the financial impact of nursing home bed expansion on the Medicaid program. Approximately 90 percent of nursing home expenditures in the State are made by Medicaid. To maintain an individual in a nursing home costs approximately \$75,000 per year, consequently, expansion of nursing home beds has significant policy implications for the State. Therefore, the Working Group believes that the potential financial impact, to the consumer and the State, of expanding the number of nursing home beds warrants approval by the legislature for larger projects.

Recommendations: The Working Group recommends that in the case of a certificate of need application related to long-term care services the following actions be taken;

- if subject to the certificate of need process the application is reviewed by the Department to assure that it complies with all criteria,
- if the proposed expansion of service (through the addition of new or replacement nursing beds) is projected to cost the State more than \$3,000,000 in Medicaid reimbursement for operating and capital costs⁴ over the first ten years of the project, the certificate of need issued by the Department of Health and Social Services will be considered approved upon adoption of a legislative resolution approving the project and recognizing the cost impact on the Medicaid budget,
- if the proposed expansion of services (through the addition of new or replacement nursing beds) is projected to cost the State less than \$3,000,000 in Medicaid reimbursement for operating and capital costs over the first ten years of the project, cost effectiveness should be considered by the department as a review criteria but a legislative resolution is not required.

The working group recognizes that there are differences in construction and operating costs between urban and rural areas. The Department should take geographical cost differences into consideration when evaluating certificate of need applications.

The following page contains a summary of the recommended Guiding Principles/Criteria to be used for reviewing certificate of need applications.

⁴ The estimated per diem rate for the facility will be used to determine whether proposed facility costs will be over the \$3,000,000 threshold which require legislative approval for funding. Per diem rates may be estimated by the facility, by the Medicaid Rate Advisory Commission, or using a per diem rate of a similar size facility located in Alaska.

RECOMMENDED GUIDING PRINCIPLES/CRITERIA FOR CERTIFICATE OF NEED

Criteria and Standards are used in each Certificate of Need application review to determine findings of need or no need for a project and to make recommendations as to whether a project should be approved or not.

CURRENT LAW	PROPOSED ADDITIONS	
Current State Certificate of Need law only allows consideration of availability, accessibility, and quality Availability • Services not available Accessibility • Services not sufficiently accessible Quality • Adequate staffing • Adequate resources • Adequate training • Adequate no. of procedures	Appropriate Planning • Relationship to existing plans • Public participation - including local financing of the project • Relationship to existing health care system • Consensus of community • Balanced system Quality (in current law) • Adequate staffing • Adequate resources • Adequate training • Adequate no. of procedures	Demonstration of Need • Utilization • Population growth • Deficiencies in existing facilities • Adopt specific standards of review • Availability (in current law) • Accessibility (in current law) Cost Effectiveness • Availability of less costly/more effective <u>alternatives</u> • Financial feasibility • Cost of similar service in area • The cost impact to the consumer and the state, and • Legislative resolution supporting new costs based on a financial threshold

STATE HEALTH POLICY PLAN

There is a need to develop a state health policy plan which outlines statewide, regional and community needs. Also, if allowable, the CON law needs to include language that requires federal facilities competing for state dollars to be reviewed.

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APPENDIX - I

Table 1: Cost of DD Services According to the Number of Services Received

NUMBER OF SERVICES	AVERAGE COST	RANGE OF COSTS	PERCENT OF TOTAL
One Service	\$9,251	\$200 - 81,698	79%
Two Services	\$17,261	\$1,849 - 54, 128	16%
Three or More Services	\$18,343	\$500 - 58,341	5%

Although the majority of persons receive only one service, a more detailed analysis by age indicates that 61% of adults are likely to receive more than one service. This most likely reflects their needs for both vocational supports and supported living services in order to assume adult roles within the community. The majority of persons who receive only one service are primarily receiving lower cost services such as respite, case management or natural family supports.

Table 2: DD Service Provider Overview

	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
Number of Providers	10	11	5	6	32
# of Communities Served	111	67	1	18	197
Percent of Total Number of Persons Served	24%	24%	41%	11%	100%
Population Breakout according to State Census	20%	25%	42%	13%	100%

The percent of total persons served by region is fairly consistent with state census data. However, a separate analysis breaking down recipients by age indicates that a disproportionate amount of services are being provided to Anchorage adults (58%) and that southcentral and southeast adults are underserved, receiving 17% and 7% of the service provided, respectively. For many years, people needing DD services had to move to Anchorage to receive services. The percent of adults served in Anchorage has dropped over the past few years and will continue to drop as additional expertise is developed in the more remote areas of the state.

Children and youth residing in the Anchorage area are underserved by the DD system (28%) and those residing in the northern region are receiving more services (30% as compared to the census population of 20%). These patterns reflect two fairly recent (within the past five years) trends in service delivery:

- the development of service provider expertise in more remote areas of the state, thereby empowering children and youth, in particular, to remain home with their families rather than move to Anchorage; and
- increased use of generic resources such as Head Start, and when feasible, the use of natural supports such as friends, families and peer support groups which reduces need for formal services.

Table 3: Number of DD Services Providing Specific Types of Services

	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
Individualized Services*	7	8	4	5	24
Case Management**	6	4	2	2	14
Foster Care	1	4	2	1	8
Group Home***	1	1	1	1	4
In-Home Supports	2	5	3	4	14
Personal Assistance Services	2	1	1	1	5
Respite	6	8	3	5	22
Shared Care	2	3	1	2	8
Supported Living	6	6	3	3	18
Vocational Supports	3	3	2	3	11

Individualized services are the most frequent services provided to consumers. (See Table 3 in the Appendix.) This reflects the trend to funding services on an individualized basis rather than through grants to non-profit agencies. It also reflects the

transition of the service delivery system from a menu-driven system (e.g. "Here's what's available. What services would you like?) to one that is consumer-driven and based on consumer rather than agency interests and needs.

The next four most frequent services are those which are less costly to provide or more easily implemented in the rural and remote areas of the state; these services include respite, supported living, case management and in-home supports. 69% of providers offer respite services, 56% provide supported living services, 44% offer case management and 44% offer in-home supports. These services are also designed to help consumers remain either at home or in their local communities. The remaining services either require specialized expertise or have higher costs associated with them.

Table 4: Percent of DD Persons Receiving Services by Age

AGE	FY95	FY96
Birth - 2	1%	2%
3 - 11	28%	26%
12 - 20	21%	20%
21 - 64	49%	51%
65+	1%	1%

Children and youth represent 50% of all persons served in FY95 and 48% of those served in FY96. When compared with state census information, it appears that they are receiving services disproportionate to the 31% of Alaskans who are less than 18 years of age. However, the services provided to most children tend to be low cost ones aimed at keeping families together and averting crisis situations which escalate into the need for higher cost, more intrusive services.

Adults between the ages of 21-64 represent 49% of those served in FY95 and 51% of those served in FY96. When compared with state census data, it appears that they are underserved since 69% of Alaskans are 18+ years of age; this may reflect the fact that most adults require high cost, intensive services as well as a combination of services in order to successfully live and work in the community.

Older adults represent 1% of those served in both FY95 and FY96 as compared to the general population of 4%. Adults with developmental disabilities usually do not live as long as the general population; however, this is changing as medical advances increase. Not only will a longer life span affect movement off the wait list, specialized expertise will need to be developed by service providers, perhaps in combination with the Division of Senior Services and the Alaska Commission on Aging.

Table 5: Percent of DD Consumers Receiving Specific Types of Services

	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
Individualized Services*	13%	7%	18%	18%	14%
Case Management**	28%	21%	1%	12%	15%
Foster Care	.5%	2%	3%	1%	2%
Group Home***	.5%	1%	7%	2%	3%
In-Home Supports	3%	1%	7%	4%	4%
Personal Assistance Services	.5%	1%	1%	1%	1%
Respite	37%	41%	31%	42%	36%
Shared Care	.5%	1%	2%	1%	1%
Supported Living	8%	14%	18%	9%	13%
Vocational Supports	9%	11%	12%	10%	11%

Respite is the most frequent service consumers use, although no one service is used by a majority of service recipients. The remaining services either fall in the 11-15% range or are provided to less than 5% of persons served. Case management is provided to a much greater extent in the northern and southcentral regions of the state; however, in reviewing available data, it appears that case management is being used as a "stop gap" until the individual comes off the wait list. Case management is only provided as a distinct service to 1% of Anchorage consumers; however, the bigger agencies tend to "lump" case management together with other services.

Table 6: Cost of Distinct DD Services (One Service Only)

SERVICE	AVERAGE COST	RANGE OF COSTS	% OF TOTAL EXPENDITURES
Individualized Services	\$11,204	\$2,100-57,911	13%
Case Management	\$2,526	\$443-5,180	2%
Family Resource Consultant	\$1,138	NA	2%
Foster Care	\$31,509	\$4,308-59,295	9%
Group Homes	\$38,039	\$3,912-69,276	17%
In-Home Training	\$10,442	\$2,055-70,000	5%
Natural Family Supports	\$875	NA	NA
Personal Assistance Services	\$9,000	\$9,000	1%<
Respite	\$2,557	\$200-18,329	12%
Services for Children Who Experience Special Health Care and Developmental Needs	\$19,795	NA	8%
Shared Care	\$19,534	\$3,341-30,351	1%
Supported Living	\$22,483	\$1,535-81,698	23%
Vocational Supports	\$11,101	\$2,200-51,054	8%

For the most part, those services which are low cost also tend to be the services that consumers most frequently receive (e.g. respite, case management, natural family supports, individualized services, supported living and vocational supports).

Table 7: Number of DD Persons Waiting for Services

AGE	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
Birth - 2	1	18	11	10	40
3 - 6	13	31	28	19	91
7 - 17	38	70	45	44	197
18 - 23	41	63	51	9	164
24 - 44	35	51	68	16	170
45+	3	13	11	2	29
TOTAL	131	246	214	100	691

Many of those on the wait list are young adults between the ages of 18-27. Their needs and associated costs increase as they transition from school to adult life. While in school their education costs are covered by local school districts. The cost of respite and natural family supports is relatively low compared to the costs for the supported living services and vocational supports they need as adults.

Table 8: Number of DD Services Requested by Persons on the Wait List

	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
1 Service Only	46	91	103	37	277
2 Services	55	94	88	48	285
3 Services	30	61	23	15	129
TOTAL	131	246	214	100	691

Individuals with developmental disabilities require intensive services to live successfully in the community. 60% of the persons on the wait list need more than one service. Low cost early intervention services such as respite care, case management or natural family support represent the majority of requests for a single service. When average costs of one, two and three or more services are calculated, it will take \$9,848,159 to meet the needs of all 691 individuals on the wait list.

Table 9: Number of Persons Waiting for Specific DD Services

SERVICE	NORTHERN	SOUTH CENTRAL	ANCHORAGE	S.E.	TOTAL
Case Management	32	31	17	8	88
Foster Care	8	10	7	1	26
Group Home	4	10	8	4	26
ICF/MR	0	1	2	1	4
In-Home Support	23	70	56	39	188
Personal Assistance Services	4	8	3	2	17
Respite	34	112	67	56	269
Sexual Offender Treatment	0	0	4	0	4
Shared Care	12	16	12	17	57
Supported Living	63	86	61	22	232
Vocational Supports	66	118	110	27	321
TOTAL	246	462	347	177	1,232

Table 10: Average Time on DD Wait List

REGION	AVERAGE TIME ON WAIT LIST
Northern Region	20.21 months
South Central Region	22.16 months
Anchorage Region	24.78 months
Southeast Region	25.84 months
TOTAL	23.44 months

It takes almost two years for persons on the wait list to receive services. Even then the individual may not receive all services at the intensity needed. For example, the individual may receive vocational supports but not supported living services, or the family may be offered 10 hours of respite per month when 15 hours is needed.

* May include 1 or more of the other 9 services

** These numbers are misleading and probably understated. Many agencies provide case management services as a part of their other services and do not separate it out as a distinct service.

*** In some cases, the available data did not specify what type of residential services were being provided; therefore, there is no way of telling whether the agency was providing group home or supported living services or both.

APPENDIX - II

TABLE 1

Long-Term Care Services for Over 65 Age Group -FY96 Expenditures

Program	Units	Expenditures	General Fund	Comments
Nursing Homes	151,933	\$34,737,440	\$17,368,720	Medicaid MMIS - STARS units are consumer days
Pioneers' Homes	214,237	\$30,016,400	\$24,683,900	Div. ALP-Units are estimated using monthly census of Homes
Personal Care Services	12,600	\$1,059,100	\$1,059,100	DPH estimate 70% of consumers are 65+ units are hours served
Personal Care Services	160,965	\$1,316,564	\$658,282	Medicaid MMIS - STARS-units are consumer days
**CHOICE ("Older Alaskan" Waivers)	47,677	\$2,946,295	\$1,473,148	Medicaid MMIS - STARS-units are consumer days
Commission on Aging Grant-Statewide	159,505	\$115,443	\$115,443	Commission on Aging- units are consumer-days
ADRD* Support				*ADRD is Alzheimer's Disease & Related Disorder
D.D. Grant Funded	8,760	\$235,000	\$235,000	DMHDD- units are consumer days 24 consumers are 65+, Expenditures is estimated
Commission on Aging Grants(Respite Care, Adult Day Care, Care Coordination)	253,587	\$2,493,949	\$2,493,949	Commission on Aging-Units are Hours of service-60+ age group not 65+

Long-Term Care Services for Under 65 Age Group - FY96 Expenditures

Program	Units	Expenditures	General Fund	Comments
Nursing Homes	50,233	\$11,139,258	\$5,569,629	DMA-MMIS - STARS-units are consumer days
ICF/MR - Hope	13,843	\$4,936,809	\$2,468,405	DMA-MMIS - STARS-units are consumer days
ICF/MR - Harborview	8,302	\$3,453,031	\$1,726,516	DMA-MMIS - STARS-units are consumer days
D.D. Grant Funded	636,925	\$17,035,000	\$17,035,000	DMHDD units are estimated consumer days- Expenditure is FY96 budget
TEFRA	65,078	\$1,328,422	\$664,211	DMA-MMIS - STARS-units are consumer days
Waiver Program-Physically Disabled	16,902	\$1,006,778	\$503,389	HCFA-372 Form DMA 12-18-96-units are consumer days
Waiver Program-CCMC	17,365	\$1,181,823	\$590,912	HCFA-372 Form DMA 12-18-96-units are consumer days
Waiver Program-Developmentally Disabled	44,238	\$4,268,157	\$2,134,079	HCFA-372 Form DMA 12-18-96-units are consumer days
Personal Care Services(no TEFRA or Waivers)	90,520	\$1,639,965	\$819,983	DMA-MMIS - STARS-units are consumer days
Commission on Aging Grants	13,989	\$101,575	\$101,575	Commission on Aging-Units are Hours of service
Personal Care Services	5,400	\$453,900	\$453,900	DPH estimate 70% of consumers are 65+/Units are Hours of service

DMA-MMIS - STARS- there are outstanding payments for services that will increase all of the DMA MMIS STARS

Expenditure amounts Commission on Aging numbers are approximate

DPH awarded \$1.513M total, figures for age groups are approximate

TABLE 2

Long-Term Care Services for Over 65 Age Group -FY96 Expenditures (Condensed)

Program	Units	Expenditures	GF Expenditures	Cost per Unit All Expenditures	Cost per Unit GF Expenditures
Nursing Homes	151,933	\$34,737,440	\$17,368,720	\$228.64	\$114.32
Pioneers' Homes	214,237	\$30,016,400	\$24,683,900	\$140.11	\$115.22
Home Based-Consumer days of Service	376,907	\$4,613,302	\$2,481,873	\$12.24	\$6.58
Home Based-Hours of Service	266,187	\$3,553,049	\$3,553,049	\$13.35	\$13.35

Long-Term Care Services for Under 65 Age Group - FY96 Expenditures (Condensed)

Program	Units	Expenditures	GF Expenditures	Cost per Unit All Expenditures	Cost per Unit GF Expenditures
Nursing Homes	50,233	\$11,139,258	\$5,569,629	\$221.75	\$110.88
ICF/MR	22,145	\$8,389,840	\$4,194,920	\$378.86	\$189.43
Home Based-Consumer days of Service	871,028	\$26,460,145	\$21,747,573	\$30.38	\$24.97
Home Based-Hours of Service	19,389	\$555,475	\$555,475	\$28.65	\$28.65

TABLE 3. - Projecting LTC Programs for Under 65 Age Group With 2%, 5% and 8% Cost Increase and 1%, 2.5% and 5% Population Increase
2% Cost Increase and 1% Population increase

Year	Nursing Covered Days	Homes Cost	Cost Per Covered Day	ICF/MR Covered Days	Cost	Cost Per Covered Day	Home Based Covered Days	Cost	Cost Per Covered Day	Home Based Total Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	50,233	\$11,139,258	\$221.75	22,145	\$8,389,840	\$378.86	871,028	\$26,460,145	\$30.38	19,389	\$555,475	\$28.65	943,406	\$45,989,243	\$48.75	\$46,544,718
1997	50,735	\$11,475,664	\$226.19	8,385	\$3,522,092	\$420.05	912,953	\$31,458,341	\$34.46	19,583	\$572,250	\$29.22	972,074	\$46,456,097	\$47.79	\$47,028,347
1998	51,243	\$11,822,229	\$230.71	8,469	\$3,628,459	\$428.45	922,083	\$32,408,383	\$35.15	19,779	\$589,532	\$29.81	981,794	\$47,859,071	\$48.75	\$48,448,603
1999	51,755	\$12,179,260	\$235.32	0	\$-	\$-	939,857	\$36,757,579	\$39.11	19,977	\$607,336	\$30.40	991,612	\$48,936,839	\$49.35	\$49,544,175
2000	52,273	\$12,547,074	\$240.03	0	\$-	\$-	949,256	\$37,867,658	\$39.89	20,176	\$625,677	\$31.01	1,001,528	\$50,414,731	\$50.34	\$51,040,409
2001	52,795	\$12,925,995	\$244.83	0	\$-	\$-	958,748	\$39,011,261	\$40.69	20,378	\$644,573	\$31.63	1,011,544	\$51,937,256	\$51.34	\$52,581,829
2002	53,323	\$13,316,360	\$249.73	0	\$-	\$-	968,336	\$40,189,401	\$41.50	20,582	\$664,039	\$32.26	1,021,659	\$53,505,761	\$52.37	\$54,169,800
2003	53,857	\$13,718,514	\$254.72	0	\$-	\$-	978,019	\$41,403,121	\$42.33	20,788	\$684,093	\$32.91	1,031,876	\$55,121,635	\$53.42	\$55,805,728
2004	54,395	\$14,132,813	\$259.82	0	\$-	\$-	987,799	\$42,653,495	\$43.18	20,996	\$704,752	\$33.57	1,042,195	\$56,786,309	\$54.49	\$57,491,061
2005	54,939	\$14,559,624	\$265.01	0	\$-	\$-	997,677	\$43,941,631	\$44.04	21,205	\$726,036	\$34.24	1,052,616	\$58,501,255	\$55.58	\$59,227,291
2006	55,488	\$14,999,325	\$270.31	0	\$-	\$-	1,007,654	\$45,268,668	\$44.92	21,418	\$747,962	\$34.92	1,063,143	\$60,267,993	\$56.69	\$61,015,955
2007	56,043	\$15,452,305	\$275.72	0	\$-	\$-	1,017,731	\$46,635,782	\$45.82	21,632	\$770,551	\$35.62	1,073,774	\$62,088,087	\$57.82	\$62,858,637
2008	56,604	\$15,918,964	\$281.23	0	\$-	\$-	1,027,908	\$48,044,183	\$46.74	21,848	\$793,821	\$36.33	1,084,512	\$63,963,147	\$58.98	\$64,756,968
2009	57,170	\$16,399,717	\$286.86	0	\$-	\$-	1,038,187	\$49,495,117	\$47.67	22,066	\$817,795	\$37.06	1,095,357	\$65,894,834	\$60.16	\$66,712,629
2010	57,742	\$16,894,989	\$292.60	0	\$-	\$-	1,048,569	\$50,989,869	\$48.63	22,287	\$842,492	\$37.80	1,106,310	\$67,884,858	\$61.36	\$68,727,350
2011	58,319	\$17,405,217	\$298.45	0	\$-	\$-	1,059,055	\$52,529,764	\$49.60	22,510	\$867,935	\$38.56	1,117,374	\$69,934,981	\$62.59	\$70,802,916
2012	58,902	\$17,930,855	\$304.42	0	\$-	\$-	1,069,645	\$54,116,162	\$50.59	22,735	\$894,147	\$39.33	1,128,547	\$72,047,017	\$63.84	\$72,941,164
2013	59,491	\$18,472,367	\$310.51	0	\$-	\$-	1,080,342	\$55,750,470	\$51.60	22,962	\$921,150	\$40.12	1,139,833	\$74,222,837	\$65.12	\$75,143,987
2014	60,086	\$19,030,232	\$316.72	0	\$-	\$-	1,091,145	\$57,434,135	\$52.64	23,192	\$948,969	\$40.92	1,151,231	\$76,464,367	\$66.42	\$77,413,336
2015	60,687	\$19,604,945	\$323.05	0	\$-	\$-	1,102,056	\$59,168,646	\$53.69	23,424	\$977,628	\$41.74	1,162,743	\$78,773,591	\$67.75	\$79,751,218

5% Increase in Costs and 2.5% Increase in Population

Year	Nursing Covered Days	Homes Cost	Cost Per Covered Day	ICF/MR Covered Days	Cost	Cost Per Covered Day	Home Based Covered Days	Cost	Cost Per Covered Day	Home Based Hours - Total Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	50,233	\$11,139,258	\$221.75	22,145	\$8,389,840	\$378.86	871,028	\$26,460,145	\$30.38	19,389	\$555,475.00	\$28.65	943,406	\$45,989,243	\$48.75	\$46,544,718
1997	51,489	\$11,988,626	\$232.84	8,510	\$3,539,357	\$415.93	926,019	\$33,380,702	\$36.05	19,874	\$597,829.97	\$30.08	986,017	\$48,908,685	\$49.60	\$49,506,515
1998	52,776	\$12,902,759	\$244.48	8,722	\$3,718,537	\$426.33	949,169	\$35,925,981	\$37.85	20,371	\$643,414.50	\$31.59	1,010,668	\$52,547,277	\$51.99	\$53,190,691
1999	54,095	\$13,886,595	\$256.71	0	\$-	\$-	981,579	\$41,440,817	\$42.22	20,880	\$692,474.86	\$33.16	1,035,675	\$55,327,411	\$53.42	\$56,019,886
2000	55,448	\$14,945,447	\$269.54	0	\$-	\$-	1,006,119	\$44,600,679	\$44.33	21,402	\$745,276.07	\$34.82	1,061,566	\$59,546,126	\$56.09	\$60,291,402
2001	56,834	\$16,085,038	\$283.02	0	\$-	\$-	1,031,272	\$48,001,481	\$46.55	21,937	\$802,103.37	\$36.56	1,088,106	\$64,086,518	\$58.90	\$64,888,622
2002	58,255	\$17,311,522	\$297.17	0	\$-	\$-	1,057,053	\$51,661,593	\$48.87	22,485	\$863,263.75	\$38.39	1,115,308	\$68,973,115	\$61.84	\$69,836,379
2003	59,711	\$18,631,525	\$312.03	0	\$-	\$-	1,083,480	\$55,600,790	\$51.32	23,047	\$929,087.61	\$40.31	1,143,191	\$74,232,315	\$64.93	\$75,161,403
2004	61,204	\$20,052,179	\$327.63	0	\$-	\$-	1,110,567	\$59,840,350	\$53.88	23,624	\$999,930.54	\$42.33	1,171,771	\$79,892,529	\$68.18	\$80,892,460
2005	62,734	\$21,581,158	\$344.01	0	\$-	\$-	1,138,331	\$64,403,177	\$56.58	24,214	\$1,076,175.24	\$44.44	1,201,065	\$85,984,335	\$71.59	\$87,060,510
2006	64,302	\$23,226,721	\$361.21	0	\$-	\$-	1,166,789	\$69,313,919	\$59.41	24,820	\$1,158,233.61	\$46.67	1,231,092	\$92,540,640	\$75.17	\$93,698,874
2007	65,910	\$24,997,759	\$379.27	0	\$-	\$-	1,195,959	\$74,599,105	\$62.38	25,440	\$1,246,548.92	\$49.00	1,261,869	\$99,596,864	\$78.93	\$100,843,413
2008	67,558	\$26,903,838	\$398.23	0	\$-	\$-	1,225,858	\$80,287,287	\$65.49	26,076	\$1,341,598.27	\$51.45	1,293,416	\$107,191,125	\$82.87	\$108,532,723
2009	69,247	\$28,955,255	\$418.15	0	\$-	\$-	1,256,504	\$86,409,193	\$68.77	26,728	\$1,443,895.14	\$54.02	1,325,751	\$115,364,448	\$87.02	\$116,808,344
2010	70,978	\$31,163,094	\$439.05	0	\$-	\$-	1,287,917	\$92,997,894	\$72.21	27,396	\$1,553,992.15	\$56.72	1,358,895	\$124,160,988	\$91.37	\$125,714,980
2011	72,752	\$33,539,280	\$461.01	0	\$-	\$-	1,320,115	\$100,088,983	\$75.82	28,081	\$1,672,484.05	\$59.56	1,392,867	\$133,628,263	\$95.94	\$135,300,747
2012	74,571	\$36,096,650	\$484.06	0	\$-	\$-	1,353,118	\$107,720,768	\$79.61	28,783	\$1,800,010.96	\$62.54	1,427,689	\$143,817,418	\$100.73	\$145,617,429
2013	76,435	\$38,849,019	\$508.26	0	\$-	\$-	1,386,946	\$115,934,477	\$83.59	29,503	\$1,937,261.79	\$65.66	1,463,381	\$154,783,496	\$105.77	\$156,720,758
2014	78,346	\$41,811,257	\$533.67	0	\$-	\$-	1,421,619	\$124,774,481	\$87.77	30,240	\$2,084,978.01	\$68.95	1,499,966	\$166,585,738	\$111.06	\$168,670,716
2015	80,305	\$44,999,365	\$560.36	0	\$-	\$-	1,457,160	\$134,288,535	\$92.16	30,996	\$2,243,957.58	\$72.39	1,537,465	\$179,287,900	\$116.61	\$181,531,858

8% Increase in Costs and 5% increase in Population

Year	Nursing Covered Days	Homes Costs	Cost Per Covered Day	ICF/MR Covered Days	Costs	Cost Per Covered Day	Home Based Covered Days	Costs	Cost Per Covered Day	Home Based Hours - Total Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	50,233	\$11,139,258	\$221.75	22,145	\$8,389,840	\$378.86	871,028	\$26,460,145	\$23.51	19,389	\$555,475.00	\$28.65	943,406	\$45,989,243	\$48.75	\$46,544,718
1997	52,745	\$12,631,919	\$239.49	8,385	\$3,173,004	\$378.41	914,670	\$34,174,507	\$37.36	20,358	\$629,908.65	\$30.94	975,800	\$49,979,430	\$51.22	\$50,609,338
1998	55,382	\$14,324,596	\$258.65	8,804	\$3,598,187	\$408.69	960,404	\$38,753,890	\$40.35	21,376	\$714,316.41	\$33.42	1,024,590	\$56,676,673	\$55.32	\$57,390,990
1999	58,151	\$16,244,091	\$279.34	0	\$-	\$-	1,008,424	\$40,691,585	\$43.58	22,445	\$810,034.81	\$36.09	1,066,575	\$56,935,676	\$53.38	\$57,745,711
2000	61,059	\$18,420,800	\$301.69	0	\$-	\$-	1,058,845	\$46,723,479	\$47.07	23,567	\$918,579.47	\$38.98	1,119,904	\$65,144,279	\$58.17	\$66,062,858
2001	64,111	\$20,889,187	\$325.83	0	\$-	\$-	1,111,788	\$56,513,795	\$50.83	24,746	\$1,041,669.12	\$42.09	1,175,899	\$77,402,982	\$65.82	\$78,444,651
2002	67,317	\$23,688,338	\$351.89	0	\$-	\$-	1,167,377	\$64,086,643	\$54.90	25,983	\$1,181,252.78	\$45.46	1,234,694	\$87,774,981	\$71.09	\$88,956,234
2003	70,683	\$26,862,575	\$380.04	0	\$-	\$-	1,225,746	\$72,674,254	\$59.29	27,282	\$1,339,540.66	\$49.10	1,296,429	\$99,536,829	\$76.78	\$100,876,370
2004	74,217	\$30,462,160	\$410.45	0	\$-	\$-	1,287,033	\$82,412,604	\$64.03	28,646	\$1,519,039.10	\$53.03	1,361,250	\$112,874,764	\$82.92	\$114,393,803
2005	77,928	\$34,544,090	\$443.28	0	\$-	\$-	1,351,385	\$93,455,893	\$69.16	30,079	\$1,722,590.34	\$57.27	1,429,313	\$127,999,982	\$89.55	\$129,722,573
2006	81,824	\$39,172,998	\$478.75	0	\$-	\$-	1,418,954	\$105,978,982	\$74.69	31,583	\$1,953,417.45	\$61.85	1,500,778	\$145,151,980	\$96.72	\$147,105,397
2007	85,915	\$44,422,180	\$517.05	0	\$-	\$-	1,489,902	\$120,180,166	\$80.66	33,162	\$2,215,175.39	\$66.80	1,575,817	\$164,602,345	\$104.46	\$166,817,521
2008	90,211	\$50,374,752	\$558.41	0	\$-	\$-	1,564,397	\$136,284,308	\$87.12	34,820	\$2,512,008.89	\$72.14	1,654,608	\$186,659,060	\$112.81	\$189,171,068
2009	94,722	\$57,124,968	\$603.08	0	\$-	\$-	1,642,617	\$154,546,405	\$94.09	36,561	\$2,848,618.08	\$77.91	1,737,338	\$211,671,374	\$121.84	\$214,519,992
2010	99,458	\$64,779,714	\$651.33	0	\$-	\$-	1,724,747	\$175,255,624	\$101.61	38,389	\$3,230,332.91	\$84.15	1,824,205	\$240,035,338	\$131.58	\$243,265,670
2011	104,431	\$73,460,196	\$703.43	0	\$-	\$-	1,810,985	\$198,739,877	\$109.74	40,308	\$3,663,197.52	\$90.88	1,915,416	\$272,200,073	\$142.11	\$275,863,270
2012	109,652	\$83,303,862	\$759.71	0	\$-	\$-	1,901,534	\$225,371,021	\$118.52	42,324	\$4,154,065.98	\$98.15	2,011,186	\$308,674,883	\$153.48	\$312,828,949
2013	115,135	\$94,466,579	\$820.49	0	\$-	\$-	1,996,611	\$255,570,737	\$128.00	44,440	\$4,710,710.82	\$106.00	2,111,746	\$350,037,317	\$165.76	\$354,748,028
2014	120,892	\$107,125,101	\$886.12	0	\$-	\$-	2,096,441	\$289,817,216	\$138.24	46,662	\$5,341,946.07	\$114.48	2,217,333	\$396,942,317	\$179.02	\$402,284,263
2015	126,936	\$121,479,865	\$957.01	0	\$-	\$-	2,201,263	\$328,652,723	\$149.30	48,995	\$6,057,766.85	\$123.64	2,328,200	\$450,132,588	\$193.34	\$456,190,355

TABLE 4. Alaska Long-Term Care Programs Ages 65 and over - Cost increases of 2%, 5% & 8% Population Growth rates of 2%, 5.432% and 6.5%
2% Cost Increase and 2% Population Growth (Low Range Projection)

Year	Nursing Covered Days	Homes Cost	Cost Per Covered Day	Pioneers' Homes Covered Days	Homes Cost	Cost Per Covered Day	Home Based cost per day Covered Days	Cost	Cost Per Covered Day	Home Based cost per hour Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	151,933	\$ 34,737,440	\$228.64	214,237	\$30,016,400	\$140.11	376,907	\$4,613,302	\$12.24	266,187	\$3,553,049	\$13.35	743,077	\$69,367,142	\$93.35	\$72,920,191
1997	154,972	\$ 36,140,833	\$233.21	214,237	\$30,616,764	\$142.91	384,445	\$4,799,679	\$12.48	271,511	\$3,696,593	\$13.61	753,654	\$71,557,276	\$94.95	\$75,253,868
1998	158,071	\$ 37,600,922	\$237.87	214,237	\$31,229,099	\$145.77	392,134	\$4,993,586	\$12.73	276,941	\$3,845,935	\$13.89	764,442	\$73,823,608	\$96.57	\$77,669,542
1999	161,233	\$ 39,119,999	\$242.63	214,237	\$31,853,681	\$148.68	399,977	\$5,195,327	\$12.99	282,480	\$4,001,311	\$14.16	775,446	\$76,169,008	\$98.23	\$80,170,318
2000	164,457	\$ 40,700,447	\$247.48	214,237	\$32,490,755	\$151.66	407,976	\$5,405,219	\$13.25	288,129	\$4,162,964	\$14.45	786,670	\$78,596,421	\$99.91	\$82,759,384
2001	167,746	\$ 42,344,746	\$252.43	214,237	\$33,140,570	\$154.69	416,136	\$5,623,589	\$13.51	293,892	\$4,331,147	\$14.74	798,119	\$81,108,905	\$101.63	\$85,440,052
2002	171,101	\$ 44,055,473	\$257.48	214,237	\$33,803,381	\$157.78	424,458	\$5,850,782	\$13.78	299,770	\$4,506,126	\$15.03	809,797	\$83,709,637	\$103.37	\$88,215,762
2003	174,523	\$ 45,835,314	\$262.63	214,237	\$34,479,449	\$160.94	432,948	\$6,087,154	\$14.06	305,765	\$4,688,173	\$15.33	821,708	\$86,401,917	\$105.15	\$91,090,090
2004	178,014	\$ 47,687,061	\$267.88	214,237	\$35,169,038	\$164.16	441,607	\$6,333,075	\$14.34	311,880	\$4,877,575	\$15.64	833,857	\$89,189,174	\$106.96	\$94,066,749
2005	181,574	\$ 49,613,618	\$273.24	214,237	\$35,872,418	\$167.44	450,439	\$6,588,931	\$14.63	318,118	\$5,074,630	\$15.95	846,250	\$92,074,968	\$108.80	\$97,149,597
2006	185,205	\$ 51,618,009	\$278.71	214,237	\$36,589,867	\$170.79	459,448	\$6,855,124	\$14.92	324,480	\$5,279,645	\$16.27	858,890	\$95,062,999	\$110.68	\$100,342,643
2007	188,910	\$ 53,703,376	\$284.28	214,237	\$37,321,664	\$174.21	468,636	\$7,132,071	\$15.22	330,970	\$5,492,942	\$16.60	871,783	\$98,157,111	\$112.59	\$103,650,053
2008	192,688	\$ 55,872,992	\$289.97	214,237	\$38,068,097	\$177.69	478,009	\$7,420,207	\$15.52	337,589	\$5,714,857	\$16.93	884,934	\$101,361,297	\$114.54	\$107,076,153
2009	196,542	\$ 58,130,261	\$295.77	214,237	\$38,829,459	\$181.25	487,569	\$7,719,983	\$15.83	344,341	\$5,945,737	\$17.27	898,348	\$104,679,704	\$116.52	\$110,625,440
2010	200,472	\$ 60,478,724	\$301.68	214,237	\$39,606,049	\$184.87	497,321	\$8,031,870	\$16.15	351,228	\$6,185,945	\$17.61	912,030	\$108,116,643	\$118.55	\$114,302,587
2011	204,482	\$ 62,922,064	\$307.71	214,237	\$40,398,170	\$188.57	507,267	\$8,356,358	\$16.47	358,253	\$6,435,857	\$17.96	925,986	\$111,676,592	\$120.60	\$118,112,448
2012	208,571	\$ 65,464,116	\$313.87	214,237	\$41,206,133	\$192.34	517,413	\$8,693,955	\$16.80	365,418	\$6,695,866	\$18.32	940,221	\$115,364,204	\$122.70	\$122,060,069
2013	212,743	\$ 68,108,866	\$320.15	214,237	\$42,030,256	\$196.19	527,761	\$9,045,191	\$17.14	372,726	\$6,966,379	\$18.69	954,741	\$119,184,312	\$124.83	\$126,150,690
2014	216,998	\$ 70,860,464	\$326.55	214,237	\$42,870,861	\$200.11	538,316	\$9,410,616	\$17.48	380,181	\$7,247,821	\$19.06	969,551	\$123,141,941	\$127.01	\$130,389,761
2015	221,338	\$ 73,723,227	\$333.08	214,237	\$43,728,278	\$204.11	549,082	\$9,790,805	\$17.83	387,784	\$7,540,633	\$19.45	984,657	\$127,242,310	\$129.23	\$134,782,942

5% Cost Increase and 5.432% Population Growth (Mid-Range Projection)

Year	Nursing Covered Days	Homes Cost	Cost Per Covered Day	Pioneers' Homes Covered Days	Homes Cost	Cost Per Covered Day	Home Based cost per day Covered Days	Cost	Cost Per Covered Day	Home Based cost per hour Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	151,933	\$ 34,737,440	\$228.64	214,237	\$30,016,400	\$140.11	376,907	\$4,613,302	\$12.24	266,187	\$3,553,049	\$13.35	743,077	\$ 69,367,142	\$93.35	\$ 72,920,191
1997	160,186	\$ 38,455,597	\$240.07	214,237	\$31,517,257	\$147.11	397,381	\$5,107,091	\$12.85	280,646	\$3,933,354	\$14.02	771,804	\$ 75,079,945	\$97.28	\$ 79,013,298
1998	168,887	\$ 42,571,730	\$252.07	214,237	\$33,093,120	\$154.47	418,966	\$5,653,734	\$13.49	295,891	\$4,354,364	\$14.72	802,091	\$ 81,318,584	\$101.38	\$ 85,672,948
1999	178,061	\$ 47,128,438	\$264.68	214,237	\$34,747,776	\$162.19	441,725	\$6,258,887	\$14.17	311,964	\$4,820,438	\$15.45	834,023	\$ 88,135,100	\$105.67	\$ 92,955,538
2000	187,734	\$ 52,172,877	\$277.91	214,237	\$36,485,164	\$170.30	465,719	\$6,928,813	\$14.88	328,910	\$5,336,398	\$16.22	867,690	\$ 95,586,855	\$110.16	\$100,923,253
2001	197,931	\$ 57,757,253	\$291.80	214,237	\$38,309,423	\$178.82	491,017	\$7,670,446	\$15.62	346,776	\$5,907,585	\$17.04	903,185	\$103,737,121	\$114.86	\$109,644,706
2002	208,683	\$ 63,939,358	\$306.39	214,237	\$40,224,894	\$187.76	517,689	\$8,491,460	\$16.40	365,613	\$6,539,909	\$17.89	940,609	\$112,655,712	\$119.77	\$119,195,621
2003	220,019	\$ 70,783,172	\$321.71	214,237	\$42,236,138	\$197.15	545,810	\$9,400,352	\$17.22	385,473	\$7,239,915	\$18.78	980,065	\$122,419,661	\$124.91	\$129,659,576
2004	231,970	\$ 78,359,519	\$337.80	214,237	\$44,347,945	\$207.00	575,458	\$10,406,528	\$18.08	406,412	\$8,014,846	\$19.72	1,021,665	\$133,113,992	\$130.29	\$141,128,838
2005	244,571	\$ 86,746,809	\$354.69	214,237	\$46,565,343	\$217.35	606,717	\$11,520,401	\$18.99	428,488	\$8,872,723	\$20.71	1,065,525	\$144,832,552	\$135.93	\$153,705,275
2006	257,856	\$ 96,031,840	\$372.42	214,237	\$48,893,610	\$228.22	639,674	\$12,753,498	\$19.94	451,764	\$9,822,424	\$21.74	1,111,767	\$157,678,948	\$141.83	\$167,501,372
2007	271,862	\$ 106,310,704	\$391.05	214,237	\$51,338,290	\$239.63	674,421	\$14,118,582	\$20.93	476,303	\$10,873,777	\$22.83	1,160,520	\$171,767,576	\$148.01	\$182,641,353
2008	286,630	\$ 117,689,777	\$410.60	214,237	\$53,905,205	\$251.61	711,056	\$15,629,778	\$21.98	502,176	\$12,037,663	\$23.97	1,211,922	\$187,224,759	\$154.49	\$199,262,422
2009	302,200	\$ 130,286,819	\$431.13	214,237	\$56,600,465	\$264.20	749,680	\$17,302,727	\$23.08	529,454	\$13,326,126	\$25.17	1,266,117	\$204,190,012	\$161.27	\$217,516,138
2010	318,615	\$ 144,232,199	\$452.68	214,237	\$59,430,488	\$277.41	790,403	\$19,154,742	\$24.23	558,214	\$14,752,501	\$26.43	1,323,255	\$222,817,429	\$168.39	\$237,569,931
2011	335,922	\$ 159,670,237	\$475.32	214,237	\$62,402,013	\$291.28	833,337	\$21,204,989	\$25.45	588,537	\$16,331,550	\$27.75	1,383,497	\$243,277,239	\$175.84	\$259,608,789
2012	354,170	\$ 176,760,701	\$499.08	214,237	\$65,522,113	\$305.84	878,604	\$23,474,686	\$26.72	620,506	\$18,079,614	\$29.14	1,447,011	\$265,757,500	\$183.66	\$283,837,114
2013	373,408	\$ 195,680,459	\$524.04	214,237	\$68,798,219	\$321.13	926,330	\$25,987,322	\$28.05	654,212	\$20,014,784	\$30.59	1,513,975	\$290,466,000	\$191.86	\$310,480,784
2014	393,692	\$ 216,625,313	\$550.24	214,237	\$72,238,130	\$337.19	976,648	\$28,768,901	\$29.46	689,749	\$22,157,086	\$32.12	1,584,577	\$317,632,344	\$200.45	\$339,789,430
2015	415,077	\$ 239,812,020	\$577.75	214,237	\$75,850,036	\$354.05	1,029,700	\$31,848,210	\$30.93	727,216	\$24,528,692	\$33.73	1,659,014	\$347,510,266	\$209.47	\$372,038,957

8% Cost Increase and 6.5% Population Growth (High Range Projection)

Year	Nursing Homes Covered Days	Homes Cost	Cost Per Covered Day	Pioneers' Homes Covered Days	Homes Cost	Cost Per Covered Day	Home Based Cost per day Covered Days	Cost	Cost Per Covered Day	Home Based cost per hour Covered Hours	Cost	Cost Per Covered Hour	Total Covered Days	Cost	Cost Per Covered Day	Total Cost
1996	151,933	\$34,737,440	\$228.64	214,237	\$30,016,400	\$140.11	376,907	\$4,613,302	\$12.24	266,187	\$3,553,049	\$13.35	743,077	\$69,367,142	\$93.35	\$72,920,191
1997	161,809	\$39,400,073	\$243.50	214,237	\$31,967,503	\$149.22	401,406	\$5,306,220	\$13.22	283,489	\$4,086,717	\$14.42	777,452	\$76,349,905	\$98.21	\$80,436,622
1998	172,326	\$44,688,548	\$259.33	214,237	\$34,045,391	\$158.91	427,497	\$6,103,214	\$14.28	301,916	\$4,700,542	\$15.57	814,061	\$84,114,854	\$103.33	\$88,815,397
1999	183,527	\$50,686,868	\$276.18	214,237	\$36,258,341	\$169.24	455,285	\$7,019,917	\$15.42	321,540	\$5,406,564	\$16.81	853,049	\$92,756,599	\$108.74	\$98,163,163
2000	195,457	\$57,490,313	\$294.13	214,237	\$38,615,134	\$180.24	484,878	\$8,074,309	\$16.65	342,441	\$6,218,630	\$18.16	894,572	\$102,381,748	\$114.45	\$108,600,378
2001	208,161	\$65,206,950	\$313.25	214,237	\$41,125,117	\$191.96	516,395	\$9,287,070	\$17.98	364,699	\$7,152,668	\$19.61	938,794	\$113,110,474	\$120.48	\$120,263,142
2002	221,692	\$73,959,353	\$333.61	214,237	\$43,798,250	\$204.44	549,961	\$10,681,987	\$19.42	388,405	\$8,226,999	\$21.18	985,890	\$125,078,282	\$126.87	\$133,305,281
2003	236,102	\$83,886,547	\$355.30	214,237	\$46,645,136	\$217.73	585,708	\$12,286,422	\$20.98	413,651	\$9,462,694	\$22.88	1,036,047	\$138,438,018	\$133.62	\$147,900,712
2004	251,448	\$95,146,219	\$378.39	214,237	\$49,677,070	\$231.88	623,779	\$14,131,843	\$22.66	440,538	\$10,883,991	\$24.71	1,089,465	\$153,362,131	\$140.77	\$164,246,122
2005	267,793	\$107,917,220	\$402.99	214,237	\$52,906,080	\$246.95	664,325	\$16,254,445	\$24.47	469,173	\$12,518,766	\$26.68	1,146,355	\$170,045,250	\$148.34	\$182,564,016
2006	285,199	\$122,402,409	\$429.18	214,237	\$56,344,975	\$263.00	707,506	\$18,695,863	\$26.43	499,670	\$14,399,085	\$28.82	1,206,942	\$188,707,091	\$156.35	\$203,106,176
2007	303,737	\$138,831,872	\$457.08	214,237	\$60,007,398	\$280.10	753,494	\$21,503,982	\$28.54	532,148	\$16,561,827	\$31.12	1,271,468	\$209,595,755	\$164.85	\$226,157,582
2008	323,480	\$157,466,580	\$486.79	214,237	\$63,907,879	\$298.30	802,471	\$24,733,880	\$30.82	566,738	\$19,049,413	\$33.61	1,340,188	\$232,991,464	\$173.85	\$252,040,878
2009	344,506	\$178,602,532	\$518.43	214,237	\$68,061,891	\$317.69	854,632	\$28,448,908	\$33.29	603,576	\$21,910,635	\$36.30	1,413,375	\$259,210,789	\$183.40	\$281,121,425
2010	366,899	\$202,575,457	\$552.13	214,237	\$72,485,914	\$338.34	910,183	\$32,721,935	\$35.95	642,808	\$25,201,613	\$39.21	1,491,319	\$288,611,448	\$193.53	\$313,813,061
2011	390,748	\$229,766,148	\$588.02	214,237	\$77,197,498	\$360.34	969,345	\$37,636,769	\$38.83	684,591	\$28,986,895	\$42.34	1,574,329	\$321,597,730	\$204.28	\$350,584,625
2012	416,146	\$260,606,509	\$626.24	214,237	\$82,215,336	\$383.76	1,032,352	\$43,289,812	\$41.93	729,089	\$33,340,727	\$45.73	1,662,735	\$358,626,657	\$215.68	\$391,967,384
2013	443,196	\$295,586,418	\$666.94	214,237	\$87,559,333	\$408.70	1,099,455	\$49,791,942	\$45.29	776,480	\$38,348,504	\$49.39	1,756,888	\$400,214,949	\$227.80	\$438,563,453
2014	472,003	\$335,261,504	\$710.29	214,237	\$93,250,689	\$435.27	1,170,920	\$57,270,691	\$48.91	826,951	\$44,108,449	\$53.34	1,857,160	\$446,946,930	\$240.66	\$491,055,379
2015	502,684	\$380,261,980	\$756.46	214,237	\$99,311,984	\$463.56	1,247,030	\$65,872,749	\$52.82	880,703	\$50,733,538	\$57.61	1,963,950	\$499,483,480	\$254.33	\$550,217,019

APPENDIX - III
Inventory of Alaska's Long-Term Care Services

<i>Regions of Alaska</i>	1995 65+ population	Services funded through ACOA grants	Personal Care Attendant Services	Assisted Living	Pioneers' Homes	Nursing Homes
STATEWIDE	28,096					
ANCHORAGE REGION-NTS Serving Eagle River and Chugiak	10,684	ADRD Education & Caregiver Support, In-home Respite Care 19,352 hours to 135 consumers -12hrs/mo Nutrition, Transportation, Support Services (NTS) Care Coordination 4,301 hours to 356 consumers-1hr/mo	Personal Care Services 26,223 hours to 130 consumers-16.8 hrs/mo			
Anchorage		Adult Day Services 51,769 hours to 78 consumers-55hrs/mo		28 homes 193 beds	224 beds	3 facilities 329 beds
Chugiak		Adult Day Services 23,756 hours to 32 consumers-62hrs/mo		1 home, 22 beds		
Eagle River				3 homes, 21 beds		
NORTHWEST REGION - NTS Serving Kotzebue, Barrow, Wainwright, Regional program serving 4 villages outside of Nome	1,071	ADRD Education & Caregiver Support, In-home Respite Care 2,765 hours to 18 consumers-12.6 hrs/mo Nutrition, Transportation, Support Services (NTS)	Personal Care Services 5,159 hours to 35 consumers 12.3 hrs/mo			
Nome		Adult Day Svcs 11,068 hours to 15 consumers-61.5 hrs/mo		1 home, 5 beds		15 beds
Barrow						
Kotzebue				1 home, 20 beds		
SOUTHEAST REGION-NTS Serving communities through city, tribal and regional programs	4,806	ADRD Education & Caregiver Support, In-home Respite Care 9,762 hours to 60 consumers -13.5 hrs/mo, Nutrition, Transportation, Support Services (NTS)	Personal Care Services 31,264 hours to 108 consumers 24 hrs/mo			
Juneau		Adult Day Services 17,898 hours to 24 consumers-62 hrs/mo Care Coordination 449 hours to 48 consumer-1hr/mo		2 homes, 10 beds	48 beds	44 beds
Ketchikan		Adult Day Services 15,498 hours to 34 consumer-38 hrs/mo Care Coordination 1,773 hours to 90 consumer-1.6 hrs/mo		1 home 5 beds	49 beds	46 beds
Sitka					102 beds	5 beds + 4 swing
Wrangell				1 home, 3 beds		14 beds + 4 swing
Petersburg						14 beds + 4 swing
SOUTHWEST REGION-NTS Serving 45 communities through 6 regional & city programs	1,613	ADRD Education & Caregiver Support, In-home Respite Care 9,762 hours to 60 consumer 13.6 hrs/mo Nutrition, Transportation, Support Services (NTS)	Personal Care Services 14,056 hours to 189 consumer-6.2 hrs/mo			
Bethel		Adult day Center 8,197 hours to 9 consumer-76 hrs/mo				

Inventory of Alaska's Long-Term Care Services - Continued

<i>Regions of Alaska</i>	1995 65+ population	Services funded through ACOA grants	Personal Care Attendant Services	Assisted Living	Pioneers' Homes	Nursing Homes
INTERIOR REGION-NTS Serving Fairbanks, Ft. Yukon, Minto, Nenana, Tanana and regional services from Tok)	3,789	ADRD Education & Caregiver Support, In-home Respite Care 10,535 hours to 65 consumers-13.5 hrs/mo Nutrition, Transportation, Support Services (NTS)	Personal Care Services, 34,667 hours to 155 consumers -16.3 hrs/mo			
Fairbanks		Adult Day Cent. 21, 179 hours to 40 consumers-44 hrs/mo Care Coordination 2,446 hrs to 113 consumers-1.8 hrs/mo		11 homes 51 beds	101 beds	90 beds
North Pole				5 homes 18 beds		
Tanana				1 home 9 beds		
SOUTHCENTRAL REGION	6,060	ADRD Education & Caregiver Support, In-home Respite Care 6,144 hours to 43 consumers-12hrs/mo Nutrition, Transportation, Support Services (NTS)	Personal Care Services 17,469 hours to 65 consumers 22.4 hrs/mo			
Mat-Su Valley - (NTS) Serving Houston, Palmer and Wasilla)	2,612	Care Coordination 4,042 hours to 120 consumers-2.8 hrs/mo				
Palmer/Wasilla		Adult Day Svcs 21,255 hrs to 45 consumers 39.4 hrs/mo				
Kenai Peninsula- NTS Serving Homer, Kenai, Ninilchik, Seldovia, Soldotna	3,448	Nutrition, Transportation & Support Services (NTS)	Personal Care Services 49,040 hours to 110 consumers -37 hrs/mo			
Homer		Adult Day Cent. 2,234 hrs to 26 consumers -39.2 hrs/mo		3 homes 51 beds		20 beds + 4 swing
Kenai		Adult Day Cent. 11,766 hrs to 31 consumers -39.6 hrs/mo				
Kasilof				2 homes 14 beds		
Soldotna						45 beds + 4 swing
Cordova						10 beds + 4 swing
Seward				1 home 5 beds		66 beds + 2 swing
Valdez						16 beds + 6 swing
Kodiak		Adult Day Cent. 11,489 hrs. to 18 consumers 53.2 hrs/mo				19 beds + 4 swing

APPENDIX - IV

Numbers of Seniors , Seniors with Severe Impairment Levels and Services Available, Projected to 2015

Region	(1) 1995 65 + pop	(2) Est. # Srs. with severe impairment 1995	(3) # Srs. Recv Adult Day Srvc FY96	(4) # Srs Recv Care Coord. FY96	(5) # Srs Recv Respite Care FY96	(6) # Srs. Recv. PCA Srvc FY97	(7) # Assisted Living Home Beds	(8) # Pioneers' Home Asstd. Living Beds	(9) # Nursing Home Beds	(10) Est. # seniors age 65+ 2000	(11) Est. # Srs. w/severe impairment 2000	(12) Est. # seniors age 65+ 2005	(13) Est. # Srs. w/severe impairment 2005	(14) Est. # seniors age 65+ 2010	(15) Est. # Srs. w/severe impairment 2010	(16) Est. # seniors age 65+ 2015	(17) Est. # Srs. w/severe impairment 2015
ANCHORAGE: Municipality																	
Total MoA	10,687	1,389	102	238	123	130	236	224	329	13,922	1,810	18,136	2,358	23,626	3,071	30,778	4,001
INTERIOR: Fairbanks No Star Boro, Yukon Koyukuk, & SE Fairbanks																	
Total Interior	3,789	530	38	113	65	155	78	101	90	4,936	691	6,430	900	8,377	1,173	10,912	1,528
NORTHWEST North Slope Borough, NW Arctic Boro, Nome																	
Total Northwest	1,071	214	15	0	23	35	25	0	15	1,395	279	1,818	364	2,368	474	3,084	617
SO. CENTRAL Mat-Su Boro Kenai Pen. Boro, Kodiak Is. Boro., Valdez-Cordova																	
Total So. Central	6,130	736	162	120	51	175	75	82	176	7,986	958	10,403	1,248	13,552	1,626	17,654	2,119
SOUTHEAST: Skag-Yakutat-Angoon, Haines Borough, C&B Juneau, C&B Sitka, Wrangell-Petersburg, POW-Outer Kikn, Ketch Gateway Boro																	
Total Southeast	4,806	721	59	144	60	108	18	199	329	6,262	939	8,159	1,224	10,631	1,595	13,851	2,078
SOUTHWEST: Wade Hampton, Lake & Peninsula Boro., Bethel, Dillingham, Bristol Bay Boro, Aleutian Is. East, Aleutian Is. West,																	
Total Southwest	1,613	306	15	0	19	189	0	0	90	2,101	399	2,737	520	3,566	678	4,646	883
TOTAL STATE	28,096	3,933	391	615	341	792	432	606	1,029	36,602	5,124	47,684	6,676	62,120	8,697	80,927	11,330

NOTES: 1) A high degree of duplication exists when counting the numbers of seniors who received long-term care services in a year (adult day care, care coordination, respite and PCA services) in columns 3 thru 6. This is because many seniors receive these services either concurrently or within the same year.

2) Data used to estimate the "#s of seniors with impairments" in columns 2,11,13,15 and 17 is taken from the 1991 OAC report *Home is Where the Heart Is*. The percentages of seniors in this category vary slightly among the regions with the NW and SW regions having the highest rates of both moderate and severe impairment in the state. Both regions cover vast geographic areas and contain few resources. For purposes of this report, only the "severe impairment" level is used, meaning these seniors need assistance with 3 or more ADL's (the very frail and old who are one "slip and fall" away from a nursing home but who may not yet need 24-hr. nursing care).

3) The 1995 base year population (28,096) used in this chart is taken from the "1995 Alaska Population Overview", Table 1.22. This base year population estimate was used to project growth through 2015 by using the medium growth projection of 5.432% per year shown in Ch. 2, Fig. 1 "Alaska's Senior Population Growth, Projected to 2015" contained in this report: Legislative Working Group on LTC, Feb. 1997.

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Long-Term Care for the Elderly: 1993 and Beyond. Older Alaskans Commission, September 1993.

Long-Term Care in Alaska: Recommendations for Reform. Ladd and Associates, Austin Texas; March 1996.

Human Faces: Young Alaskans Living in Nursing Homes. Governor's Council on Disabilities and Special Education and the Alaska State Independent Living Council, April 1996

Moving Toward the Development of a Balanced Long-Term Care Delivery System In Alaska, Alaska State Hospital and Nursing Home Association, Prepared by Health Dimensions Minneapolis, Minnesota, December 1996

Glossary

ACTIVITIES OF DAILY LIVING (ADLs) : An index or scale which measures a person's degree of independence in bathing, dressing, using the toilet, eating and moving from one place to another.

ASSISTED LIVING: Formerly called adult foster homes, assisted living homes are facilities that provide a home-like environment for seniors and people who have a disability and need assistance with everyday living activities.

CARE COORDINATION: 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.

CASE MANAGEMENT: Same as care coordination

CHOICE: CHOICE for the elderly provides community-based services for seniors age 65 and older who require a nursing facility level of care *and* who are eligible for Medicaid. With the assistance of a care coordinator, each senior who qualifies and elects home care instead of care in a nursing facility will receive services described in a plan of care paid for from state Medicaid funds.

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.

- **IMPAIRMENT LEVEL:** A categorization of the level of difficulty with daily living activities (ADLs) experienced by an older person. Three impairment levels for seniors are used:

- Well/No Impairment no ADL or IADL impairments

- Moderately Impaired 1 or more impairments in IADL, but less than 3 in ADL

- Severely Impaired 3 or more ADL impairments

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL): Capabilities that are not absolutely essential to basic functioning, but which enable a person to reside in the community. Examples of IADLs are: preparing food, obtaining appointments, using the telephone, managing money, doing laundry, using public transportation.

LONG-TERM CARE: Personal care and assistance related to health and social services, given over a sustained time, to assist people of all ages and their families to achieve the highest level of functioning possible, regardless of the setting in which care is given. Long-term care consists of a range of services and informal supports. Long-term care services may be needed to assist with routine, chronic, and periodic needs, and may include service management, general medical services, in-home assistance, information and referral, community-based services (adult day, respite, and care coordination), and many other types of services.

MEDICAID: A federally aided, state operated and administered entitlement program that provides medical services for low-income people. The State of Alaska and the Federal government each pay 50% of the total cost to operate Alaska's Medicaid program, for which the Alaska Department of Health and Social Services is the lead State agency. Authorized under Title XIX of the Social Security Act, people must meet specified eligibility criteria to qualify for the program which is geared to the elderly, blind, disabled, pregnant women, families with dependent children, and other groups with special needs.

MEDICARE: The national health insurance program for people age 65+; those who are eligible for social security disability payments for two years or more; and for certain workers and their dependents needing kidney transplants and dialysis. Individuals contribute to Medicare through payment of payroll taxes and premiums; these are deposited in special trust funds used to fund expenses experienced by the insured. Medicare has two coordinated separate parts: hospital insurance (Part A), and supplementary medical insurance (Part B).

- **Nursing home care:** Medicare covers limited care in a skilled nursing home after a recipient has been in the hospital for at least three days, and is certified as needing skilled nursing or rehabilitation services. Medicare pays 100% of cost for the first 20 days' care in a nursing facility. From day 21 - 100, the recipient contributes a daily payment at a set amount (\$89.50 in 1995), with Medicare paying the balance.
- **Home health care:** To qualify for this Medicare benefit, a recipient must be housebound, under a physician's care, and in need of physical or occupational therapy or skilled nursing care. Services include part-time or intermittent skilled nursing care and home health aide services; physical, occupational or speech therapy; and certain kinds of medical equipment.

HUMAN FACES:
YOUNG ALASKANS LIVING IN NURSING HOMES

A Report on Facility-based versus Community-based Long Term Care



A joint project sponsored by the
Governor's Council on Disabilities and Special Education
and the
Alaska State Independent Living Council

April 12, 1996

Forward

The members of this task force wanted to educate ourselves, legislators, policy makers and the public on the issues that affect public policy as it relates to persons with disabilities living in nursing homes and those living independently in the community. We interviewed 16 Alaskans with disabilities under the age of 65 who live in nursing care facilities in Anchorage, Juneau, Seward, and Fairbanks. These stories are real, and the people who took the time to tell them to us are all too often forgotten. Our request to the reader of this report is that you remember these people and their stories.

Task Force Members

The following task force members contributed significant time, effort and resources to the development of this report:

Arthur Walters, Chair	Governor's Council on Disabilities and Special Ed.	Seward
Vicky Chapman	Independent living specialist	Anchorage
Joy Davis	Former nursing home resident	Anchorage
Ken Dean	Southeast Alaska Independent Living Center	Juneau
Joyanna Geisler	Kenai Peninsula Independent Living Services	Homer
David Jacobson	Access Alaska	Fairbanks
Jerry Kainulainen	Southeast Alaska Independent Living Center	Juneau
Candy Norman	Parent of nursing home resident	Seward
Patrick Reinhart	Executive Dir. State Independent Living Council	Anchorage
Marie Simmons	Governor's Council on Disabilities and Special Ed.	Fairbanks

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Thanks also go to the following people whose contribution made the information gathering effort possible: Jim Pinneo, Social Worker and Providence Extended Care; Cindy Berger, Staff Attorney at the Disability Law Center; Derrill Johnson, Program Manager Department of Mental Health and Developmental Disabilities; David Levy, Executive Director Access Alaska; Jay Livey, Deputy Commissioner Department of Health and Social Services; and David Maltman, Executive Director Governor's Council on Disabilities and Special Education. Mary Elizabeth Rider, former Health Planner for the Governor's Council, supervised this project.

We want to thank the following nursing homes and their staff for providing us with information and assistance to conduct this research: Denali Center, Fairbanks; Ketchikan General Hospital, Ketchikan; Providence Extended Care, Anchorage; Sitka Community Center, Sitka; Sourdough Place, Valdez; St. Ann's Care Center Juneau; and Wesley Rehabilitation Center, Seward.

Executive Summary

Background

The Governor's Council on Disabilities and Special Education (Governor's Council) and the State Independent Living Council (SILC) are both concerned with services to Alaskans with significant disabilities. The two Councils are working together to inform themselves, policy makers and the public on the needs of Alaskans with disabilities under age 65 who use long term care services.

The Long Term Care Task Force

A Long Term Care Task Force convened in October 1995 as a joint project of the Governor's Council and the SILC. Members include Governor's Council members, SILC members, independent living providers, persons who experience significant disabilities, and parents of persons with disabilities who have lived in nursing homes. The task force was staffed by an University of Alaska Anchorage Social Work Intern at the Governor's Council. The task force was represented by members in Anchorage, Fairbanks, Juneau, Sitka, Seward, Soldotna and Homer.

Project Description

Task force members field-tested interview questions with three sample interviews of individuals who had lived in nursing homes. They conducted interviews to determine consumers' wishes, needs and abilities for services and living needs. They interviewed 16 nursing home residents from Anchorage, Fairbanks, Juneau, Seward, and other areas of the state in the winter of 1995-96. After identifying the community-based services required to serve these individuals in the community, Task force members estimated the costs for these services and provided a cost comparison for each person.

Conclusion

Fifteen of the sixteen persons interviewed expressed a strong desire to leave nursing facilities and live in community settings. Task force members believe that most individuals with disabilities under the age 65 who currently reside in nursing homes do not need 24-hour nursing care and would be able to live in a community setting if adequate support services were available to them. Analysis of the costs to move these individuals into the community showed an average annual saving of approximately \$55,000.00 per person.

It became evident that many persons with disabilities currently residing in nursing homes can be served more satisfactorily and at less cost in community settings instead of in nursing care facilities. The total savings for the State of Alaska could exceed \$7.5 million a year; savings that could be used to provide community based services.

Recommendations

To balance Alaska's long term care system, the legislature should:

1. Adopt a moratorium on long-term care beds. A moratorium will contain Medicaid costs, and allow time for Alaska to balance its long-term care system.
2. Fully fund Alaska's Medicaid Waiver programs. Waiver programs allow for individuals to receive medical services at home instead of being institutionalized at a much higher cost to the state.
3. Appropriate more funds in community-based services. By assuring access to community-based services, legislators can contain the costs of long-term facility-based care.

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Partnership Provides Resident-Centered Living

The changes that come with age are normal and a part of living. The residents of Denali Center receive services designed to meet the residents' emotional, spiritual, and physical needs—all equally important to the continuum of care provided by Denali Center/Fairbanks Memorial Hospital.

At Denali Center, the driving philosophy is called "Choices." Residents have control over their lives, make decisions for themselves, and have the chance to influence how Denali Center provides care and operates.

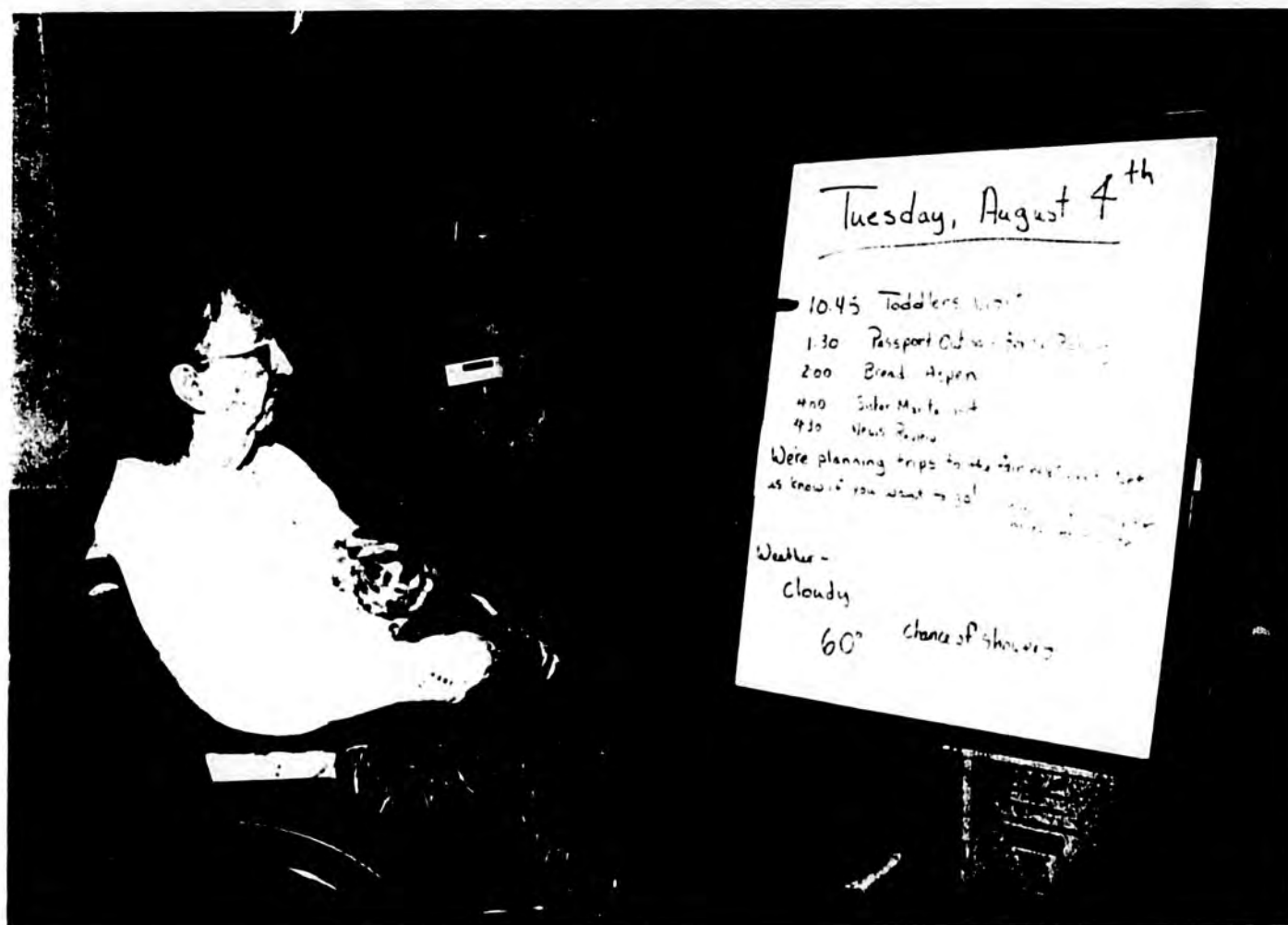
"Denali Center provides restorative care and care coordination, but our facility is considered a center for living," says Jackie Orтели, Assistant Administrator, Continuum of Care. "We are committed to providing the quality of life services that contribute to the psychological well being of our residents." One way residents, family members, and staff can direct service is by participating in councils.

The Family Council meets quarterly and addresses education and activities. Case managers facilitate the meetings. Family members who don't live in the area can participate in the meeting by telephone. The August family potluck/barbecue is an example of an activity generated by the Family Council.

The Resident Council meets monthly. The council members are residents who make recommendations, address concerns, and express preferences regarding quality of life services. Facilitated by the Activities Manager, Council meetings are a forum for ideas for improved services. An electric door for easier access resulted from the Resident Council's recommendations.

The Resident Care Council is made up of staff members and facilitated by the Quality Management coordinator. The focus of the meetings is to improve processes based on reports and concerns expressed by residents, family, and staff members. This council has been instrumental in developing support to improve the system for addressing falls, including the use of alarms and early detection methods.

The opportunity to advise staff, make decisions for themselves, and influence how care is provided is a vital component of living as a resident of Denali Center. The partnership of residents, family members, and staff is a reflection of Denali Center's commitment to be a customer-driven "center for living."



Introduction

As of February 1996, approximately 140 Alaskans under age 65 who experience disabilities reside in nursing homes in the state.¹ Most of these individuals are Medicaid recipients. The average annual nursing home cost exceeds \$92,000.00 per person. The total average cost to the State of Alaska is almost \$13 million a year.²

Do all these people with disabilities require the intensive medical care of nursing home facilities at high state costs? Can we better serve these individual Alaskans through a variety of home and community-based services which allow the greatest degree of self-determination for the individual? Is the array of services for our citizens with the most severe disabilities slanted towards institutionalization? If so, at what cost to the public, and at what costs to the individuals whose very lives are affected by these policies? These are just some of the questions this report attempts to answer.

This project evolved out of growing concern and belief that individuals in nursing facilities: (1) do not want to live in institutions, (2) have enforceable legal rights under the Constitution and the Americans with Disabilities Act (ADA) to choose where they receive care³, and (3) would cost the state significantly less if served in community-based settings.

The Governor's Council on Disabilities and Special Education (Governor's Council) and the State Independent Living Council (SILC) are both concerned with services to Alaskans with significant disabilities. The two Councils decided to inform themselves, policy makers and the public on the needs of Alaskans who use long term care services, and to put a human face on the statistics about Alaskans with disabilities under age 65 living in nursing homes.

Task force members field-tested interview questions with sample interviews with three individuals who had lived in nursing homes. They conducted interviews to determine consumers' wishes, needs and abilities regarding provision of services and their living environment. Sixteen persons living in nursing homes located in Anchorage, Fairbanks, Juneau, Seward, and other areas of the state were interviewed in the winter of 1995-96. Task force members listened to people's personal experiences of living with a disability and about their needs and wants. Based on the interviews, statements of relatives, assessments of nursing home social workers, case managers, and/or independent living providers, task force members determined specific services each person interviewed may require to be served in the community. A cost comparison analyzing residential versus community-based services was developed for each person. This information, combined with an analysis of Alaska's current long-term care system and its cost to the state, provided the basis for the recommendations of this report.

¹ The scope of this project was limited to people under the age of 65 because the Alaska Commission on Aging regularly assists people over the age of 65 to acquire community-based services.

² Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification

³ In *Helen L. V. DiDario*, 6 NDLR, ¶ 92 (3d Cir. 1994), the Third Circuit held it was a violation of the ADA to keep a persons with a disability "unnecessarily segregated" in a nursing home rather than provide services in the community. The State was willing to provide the plaintiff with personal care attendant services only if she continued to reside in a nursing facility even though the plaintiff would not need to reside in a nursing home if she received the personal care services in the community. This landmark decision clearly enunciates a new standard under which people with disabilities can petition for release from an institution and into community based care.

Phyllis Hallgron, age 49

"I am in a nursing home because I don't have the money to rent an apartment. "

Phyllis has been suffering from degenerative disk disease, congenital deformities, chronic pain syndrome, and chronic bursitis since she was 21 years old. Nevertheless, she raised two children and gathered the strength to leave her abusive husband in 1985 to move to Soldotna, Alaska. When her condition worsened, she had to give her children back to their father. She stayed in Soldotna without any family members. Since 1988, Phyllis has used a wheelchair, but by no means has she been helpless. She managed to find herself an apartment, and arranged to get personal assistance services from Peninsula Home Health Care.

In 1994 Phyllis fell sick with intestinal cramps that would not allow her to absorb any type of food. As a consequence she lost 130 pounds and became incapacitated. She was transported to Providence Hospital in Anchorage, where she stayed for seven weeks and finally recovered completely. During her stay in the hospital she lost her apartment, mainly due to her landlady's concern regarding Phyllis' medical condition. Phyllis was admitted to Providence Extended Care until she could arrange another living situation. That was over one year ago.

While Phyllis certainly needs some assistance to live independently, she is able to take care of herself. She can transfer herself from the bed to the wheelchair, she can dress herself, and warm up her food. She is able to arrange for transportation from the Municipality; she communicates her needs and desires clearly, and she is capable of making choices and decisions. Phyllis is aware that she would need a personal care attendant for a few hours a day, would benefit from services like "meals on wheels," and needs an apartment that is wheelchair-accessible.

Currently Phyllis pays about \$720 a month towards the expenses of her stay in Providence Extended Care, which leaves her \$130 a month for personal expenses. She pays \$80 for the storage of her furniture. She has not been able to save enough money to pay the security deposit for an apartment and consequently continues to stay at Providence at the state's cost of over \$200 per day.

Cost Comparison

Annual cost of Providence Extended Care (Anchorage)⁴	\$74,609.65
Estimated annual cost of a wheelchair accessible apartment in Anchorage @ \$700.00 per month ⁵	\$8,400.00
Estimated annual cost for personal assistance services at \$18.00/hr, 3hrs/day ⁶	\$19,710.00
Annual cost for care coordinator @ \$200.00/month ⁷	\$2,400.00
Total annual cost of independent living	\$30,510.00

⁴ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

⁵ Access Alaska, Anchorage, estimate 2/22/96.

⁶ Access Alaska, Anchorage, estimate 2/22/96.

⁷ Easter Seal Society of Alaska, Inc., Anchorage, estimate 4/11/96.

Evelyn Emry, age 43

"All I need is a wheelchair accessible apartment."

Evelyn Emry is a forty-three year old Athabaskan woman from Northway. She is a mother of three. Her two girls are young adults who live on their own. Her boy, however, is eight years old and currently lives with his aunt in Northway. Evelyn misses her son tremendously.

Evelyn has been experiencing rheumatoid arthritis since her thirties and has been institutionalized six times in the last ten years. She recently had a hip replacement from which she is recovering. She has been living in the Denali Center in Fairbanks for over one year. Evelyn wants to leave the Denali Center as soon as possible. Her fiancé and other family members will provide the help she needs to keep the household and to run errands. Evelyn requires help with transfers in and out of bed, bathing, and dressing. She transports herself in the wheelchair. She will also require care with personal hygiene. This, too, will be supported by family members.

Evelyn dreams of once again living in her village, Northway. She would love to live near her family that remains in Northway - people she is close to and with whom she has much in common. She misses Native foods and activities and would probably get more visitors if she were living in her village. However, she knows she will be unable to do so because existing village structures are not barrier free. She would require indoor plumbing, flat floor surfaces, and ramping for stairs.

Nevertheless, Evelyn is determined to live independently in the community. She needs wheelchair accessible housing in Fairbanks, and she can use para-transit as she has in the past. Evelyn wants to be involved in a support group with other people who experience disabilities. She also has indicated an understanding of accessing in-home support if she requires help of people outside her family.

Evelyn can live successfully in the community and requires little support to do so. She looks forward to the time when she can get accessible housing in Fairbanks and when her family can be reunited.

Cost Comparison

Annual cost of care at Denali Center⁸	\$96,666.60
Estimated annual cost of a wheelchair accessible apartment in Fairbanks @ \$600.00 per month ⁹	\$7,200.00
Estimated annual cost of para-transit services @\$2.00 per ride, 30 rides per month ¹⁰	\$720.00
Annual cost of care coordinator @ \$200.00/month ¹¹	\$2,400.00
Total annual cost of independent living	\$10,320.00

⁸ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

⁹ Access Alaska, Fairbanks, estimate 2/29/96.

¹⁰ Access Alaska, Fairbanks, estimate 2/29/96.

¹¹ Easter Seal Society of Alaska, Inc., Anchorage, estimate 4/11/96.

Al Wilson, age 49

*"If Al had a personal assistant for a few hours per day,
he could leave the nursing home."*

"Sourdough Al", as he is known to many, deeply desires to be independent again. Al traveled around the state as a storyteller until last summer when he experienced a freak accident which resulted in major lifestyle changes for him. He now has quadriplegia and uses a wheelchair. Al is 49 years old and has always been fiercely independent.

Last June, when Al was thrown from his bicycle and his spinal cord was severed, he spent several months in rehabilitation at a VA hospital outside the state. Al's independent spirit was tested on a daily basis as he was told how he must do things. One time his physical therapy and occupational therapy services were suspended when he refused to have his bowel movement the way they wanted. Al feels he is the true expert when it comes to such a personal function!

Life at Denali Center in Fairbanks overall has been good according to Al but he and the head nurses occasionally have differences of opinion. For example, there have been times Al likes to get out of bed at 6 a.m. but has been told he can't because Denali doesn't have the staff at that time to assist him. Also, he doesn't want male providers working with him. This is something he feels strongly about and feels that his wishes are not being respected.

Al claims that the staff hasn't talked to him about a discharge plan or explored goals beyond his present life at the institution. He believes the philosophy at Denali Center is "once you're in; you don't get out." Al desires to get back in the community as soon as possible. He will need assistance with are self-care and mobility. Al identified basic areas in which he needs help: to obtain low-cost housing, reliable transportation, whirlpool baths, and to work in the schools as he once did. Al would like to remain in Alaska.

Cost Comparison

Annual cost of care at Denali Center¹²	\$96,666.60
Estimated annual cost of a wheelchair accessible apartment in Fairbanks @ \$600.00 per month ¹³	\$7,200.00
Estimated annual cost of para-transit services @ \$2.00 per ride, 30 rides per month ¹⁴	\$720.00
Annual cost of personal assistant @ \$18.00/hr, 3hrs/day ¹⁵	\$19,710.00
Annual cost of care coordinator for 6 mos. @ \$200.00/month ¹⁶	\$1,200.00
Annual cost of independent living	\$28,830.00

¹² Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

¹³ Access Alaska, Fairbanks, estimate 2/29/96.

¹⁴ Access Alaska, Fairbanks, estimate 2/29/96.

¹⁵ Access Alaska, Fairbanks, estimate 2/29/96.

¹⁶ Easter Seal Society of Alaska, Inc., Anchorage, estimate 4/11/96.

Teisha Simmons, age 18

"Thanks to the Personal Assistance Program, I have a life and a future."

Teisha will turn 19 years old on March 31, 1996. She grew up with her four elder siblings in the village of Galena. Teisha is graduating from high school with honors in May, 1996 and is planning to enroll at the University of Alaska, Fairbanks. Her long term goal is to become a psychologist and work with young people.

Teisha was injured in a car accident three years ago and is now paralyzed from her shoulders down. She depends on a ventilator to help her breathe. After her accident she stayed temporarily in a nursing home. Teisha shudders when she remembers the experience, which seems like a nightmare to her now. The nurses put her in her wheelchair every morning and took her to the TV room where they left her until lunch time. After lunch they would take her outside and leave her alone for hours without any way for her to call for help if she needed it. She observed other patients who sat in the TV room most of their time, drooling on themselves or talking to themselves, not being able to control their body functions, and being totally forgotten. The nurses frequently became agitated when Teisha requested their assistance. Teisha says her experience with the nursing home was degrading and humiliating; she does not wish it for anyone.

During the month of June, Teisha will go to the Craig Institute of Rehabilitation to receive intensive rehabilitation to get off the ventilator, breathe on her own, and lead a more independent life.

Currently Teisha lives with her mother in Fairbanks. She is also in the process of getting her own apartment with a live-in personal care attendant. After being in the nursing home, it is vitally important to Teisha that she live in the community with a live-in personal care attendant, to be as independent as possible and live a quality life. Teisha needs an attendant to live with her to help her dress, prepare meals, settle in for the night, and to handle other personal needs. She also needs assistance in her classes which the university will provide.

Teisha is very grateful for the services she receives through the Personal Care Attendant Program. She would hate to be in a nursing home. Independence and living in a community of her choice are very important for Teisha.

Cost Comparison

Annual cost of care at Denali Center¹⁷	\$96,666.60
Estimated annual cost of a wheelchair accessible apartment in Fairbanks @ \$600.00 per month ¹⁸	\$7,200.00
Estimated annual cost for live-in personal assistant ¹⁹	\$37,400.00
Total annual cost of independent living	\$44,600.00

¹⁷ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

¹⁸ Access Alaska, Fairbanks, estimate 2/29/96.

¹⁹ Fairbanks Resource Agency, Fairbanks, estimate 4/12/96.

Bruce Hinke, age 51

"With the right equipment I could leave the nursing home and get back to work."

Bruce, 51, lived in Juneau and Douglas until 1994. He has experienced multiple sclerosis since his late twenties. Two years ago complications in his condition and the lack of assistance forced him to move into St. Ann's Care Center.

He desperately wants to live on his own and is convinced that he can live independently with the part time help of a personal care attendant. He can feed and clean himself, and operate augmented computers. He would like to live in Juneau's Mendenhall Valley or Douglas to be close to his family. His mother or brother are willing to assist him if a Personal Care Attendant can be found for part of the time.

Bruce believes he can get back into professional data processing provided he can access certain accommodations and assistive technologies. He would need a programmed speaker phone or TTD, speech enhancing communication device, a power wheelchair, and accessible transportation.

Bruce says that he wants to leave St. Ann's as soon as possible. He says being around people that are just waiting to die is affecting his mental state.

Cost Comparison

Annual cost of care at St. Ann's Care Center²⁰	\$87,529.00
Estimated cost of a programmed speakerphone and a speech enhancer, one time ²¹	\$3,000.00
Estimated cost of a power wheelchair (E&J Lancer), one time ²²	\$8,000.00
Estimated cost of lift-equipped van, one time ²³	\$10,000.00
Annual cost of personal assistant @ \$18.00/hr, 3hrs/day ²⁴	\$19,710.00
Annual cost of care coordinator @ \$200.00/month for 6 months ²⁵	\$2,400.00
Total annual cost of independent living for the first year	- \$43,110.00
Total annual cost thereafter	\$22,110.00

²⁰ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

²¹ SAIL, Juneau, estimate 2/22/96.

²² SAIL, Juneau, estimate 2/22/96.

²³ SAIL, Juneau, estimate 2/22/96.

²⁴ SAIL, Juneau, estimate 2/22/96.

²⁵ Center for Community, Juneau, estimate 3/4/96.

Roy Clayton, Jr., age 38

"My wife would take care of me at home if she could get the Personal Care Attendant Training."

Roy used to live in Anchorage and was a laborer on highway projects. He has a spouse, two boys and one girl. Roy suffered a stroke in August 1994. In September 1995, he was admitted into St. Ann's Nursing Home in Juneau.

Roy wants to live with his wife and family. He is sure he could live independently if he had some wheelchair mobility training, a personal care attendant for a few hours a day and independent living skills training. His wife is willing to be trained as his personal care attendant. Roy also believes he could be economically self sufficient if he could learn one hand typing skills and some enhanced computer skills.

He and his wife would like to move to Anchorage. He is unaware of independent living community services and does not have any information about the State Independent Living Council or the Division of Vocational Rehabilitation. However, he thinks he would be able to locate accessible transportation in Anchorage.

Cost Comparison

Annual cost of care at St. Ann's Care Center²⁶	\$87,529.00
Estimated annual cost of a wheelchair accessible apartment in Anchorage @ 700.00 per month ²⁷	\$8,400.00
Cost of PCA training for Roy's wife, one time ²⁸	\$250.00
Cost of computer skill training, one time ²⁹	\$260.00
Estimated cost of mobility training, one time ³⁰	\$3,000.00
Estimated cost of independent living skill training, one time ³¹	\$3,000.00
Annual cost of care coordinator @ \$200.00/month ³²	\$2,400.00
Total annual cost of independent living for the first year	\$17,310.00
Total annual costs thereafter	\$10,800.00

²⁶ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

²⁷ Access Alaska, Anchorage, estimate 2/22/96.

²⁸ Hospice Home Health, Juneau, estimate 4/12/96.

²⁹ Ability Design Associates, Anchorage, estimate 4/12/96.

³⁰ SAIL, Juneau, estimate 2/22/96.

³¹ SAIL, Juneau, estimate 2/22/96.

³² Center for Community, Juneau, estimate 3/4/96.

Rodney J. Katzeek, 38

"With just a little help, I could live at home."

Rodney is from Klukwan and that is where he would like to live. His two girls live there. He feels he could be independent if he could receive some daily living skills training, some interpersonal communication skills training and had the help of a personal care attendant for a few hours daily.

Rodney had a stroke when he was 37. He was admitted to St. Ann's one day before his 38th birthday, just after Christmas of 1994. Nobody informed him of any community services. He had not heard of the State Independent Living Council or of the Division of Vocational Rehabilitation. His only experience with Southeast Alaska Independent Living (SAIL) was when SAIL provided portable ramps for his mother's house so Rodney could visit her one time.

Rodney could stay with his mother if a ramp and housing modification would be provided. He truly desires to live in the community. He says he is too young to live in a nursing home.

Cost Comparison

Annual cost of care at St. Ann's Care Center³³	\$87,529.00
Estimated cost of mobility training, one time ³⁴	\$3,000.00
Estimated cost of independent living skill training, one time ³⁵	\$3,000.00
House modifications, one time ³⁶	\$3,000.00
Estimated cost of communication skill training, one time ³⁷	\$2,000.00
Annual cost of care coordinator @ \$200.00/month ³⁸	\$2,400.00
Annual cost of personal assistant @ \$18.00/hr, 3hrs/day ³⁹	\$19,710.00
Total annual cost of independent living for the first year	\$33,110.00
Total annual costs thereafter	\$21,110.00

³³ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

³⁴ SAIL, Juneau, estimate 2/22/96.

³⁵ SAIL, Juneau, estimate 2/22/96.

³⁶ SAIL, Juneau, estimate 2/22/96.

³⁷ SAIL, Juneau, estimate 2/22/96.

³⁸ Center for Community, Juneau, estimate 3/4/96.

³⁹ SAIL, Juneau, estimate 2/22/96.

Carla Norman, 29

"For five years I have been fighting to get out of the nursing home into an assistive living residence."

Carla was born and raised in Seward, Alaska. Her parents and her younger brother live in Seward and her ten-year-old daughter lives with her father in Washington. Her daughter visits Carla in the summer and during Christmas.

In 1988 Carla left Seward for Washington. She lived in Washington for only a few months before she was involved in a car accident and sustained a closed head injury. She was in a coma for six months. One month after the accident, she moved back to Alaska to be closer to her family. There were no rehabilitative services for her at Wesley Rehabilitation Care Center at that time, so family and friends provided range of motion and other exercises three to four times a day for about one year. The family was told that Medicaid would not approve outside rehabilitation services because it was not a "life and death situation." Therefore, Carla did not receive the intensive physical and speech/language rehabilitation services she needed to improve. Carla uses a wheel chair and an augmentative communication device. Both pieces of equipment are outdated and do not allow for the independence of which Carla is capable.

Until a year ago Carla and her family were not aware of community based services and knew very little about other independent living options. She currently receives case management services from Hope Cottages and advocacy services from the Kenai Peninsula Independent Living Center.

Because Carla has been institutionalized since her injury eight years ago and because of the lack of immediate rehabilitation services, she will initially need 24-hour care when she moves into a community living situation. Currently, Carla needs assistance with all her daily living needs. However, in a more independent living situation she would be able to practice, learn and regain some strengths and skills which have been lost by living in a nursing home facility. Therefore, the initial costs for community-based living will be high. These costs will decrease as she is able to participate in her own care.

Cost Comparison

Annual cost of care at Wesley Rehabilitation Care Center⁴⁰	\$74,146.10
Estimated first year cost of Medicaid Waiver services including all living, medical and equipment needs, and care coordination⁴¹	\$78,000.00
Estimated annual cost thereafter including care coordination and live-in care provider⁴²	\$55,000.00

⁴⁰ Alaska Nursing Homes Census (2/29/96). State of Alaska, Department of Health and Social Services, Division of Medical Assistance, Health Facilities Licensing & Certification.

⁴¹ Hope Cottages, Anchorage, estimate 10/95.

⁴² Hope Cottages, Anchorage, estimate 10/95.

Recommendations

The Alaska long-term care system has a variety of services available for people with long-term care needs. These services, for the most part, meet those needs; however, people are not always able to be served by the long-term care service of their choice, nor in the location of their choice. Waiting lists, lack of service providers, and limited funding for home and community based services force many people to either wait to receive services, or to opt for services like nursing homes that they do not prefer. The costs of these services are very high; the services are often not located near those who need them, and more often than not they restrict individuals' independence unnecessarily.

Alaska's long-term care system is unbalanced. A high percentage of the long-term care dollars go to nursing homes, and nursing homes provide a high level of care at great cost. Many people in need of long-term care can be safely cared for in alternative, less expensive settings. It is also true that most people who receive facility-based, long-term care prefer these alternative settings.

The task force recommends the following to balance Alaska's long-term care system, provide services consumers require and value, reduce provision of unnecessary and unwanted services, and to stabilize and eventually reduce health care cost to the state.

Balance Alaska's Long-Term Care System

A construction moratorium on long-term care beds will allow time for Alaska to move towards a more balanced long-term care system.

Representative Mark Hanley recently proposed House Bill 528 which establishes a moratorium on long term care beds. This bill will assist the state to contain Medicaid costs, develop home and community-based services, serve persons in need of long-term care more effectively and cost efficiently.

Several areas of Alaska have empty nursing home beds. The Alaska long-term care system is highly dependent on nursing homes, and needs to diversify to a greater degree. At an average cost of \$220.84 per day, the cost of Alaska nursing homes is about triple the average nursing home rate in the United States of \$71.03 per day.⁴³

The current bed level in nursing homes should be held for several years. Individuals who could be served in community-based settings should be moved out, and savings should be directed towards community-based services.

⁴³ Ladd & Associates. (1995). Long-Term Care in Alaska: Recommendations for Reform (Draft), Austin, Texas.

Medicaid Waivers

The State of Alaska should fully fund all waiver programs to reduce the overall long-term care costs.

Alaska has home health services and personal care services offered through the Medicaid program, and a variety of other services through community based care waiver programs. These services are more cost efficient than nursing home care. In order to reduce Alaska's long term care costs it is important to fully fund the Medicaid Waiver programs.

Funding

The State of Alaska should appropriate more funds in community-based services.

Community based services are more desirable to the consumer and less expensive for the State.

Development of a Continuum of Long-Term Care Services

A continuum of services will ensure that individuals with disabilities can obtain services based on their needs instead of receiving unwanted, more restrictive and more expensive services.

Alaska should have an array of long-term care services. It should consist of a broad spectrum of services such as home care, adult day care, adult foster homes, assisted living facilities, nursing homes, and other care settings.

Alaska already has an innovative and viable home and community based care system for both older Alaskans and Alaskans with disabilities. This system is under-funded and has not been allowed to reach its full potential. Too many of our public resources go toward nursing home care.

ALASKA NURSING HOMES CENSUS

AS OF: February 29, 1996

PAGE 1 OF 2

FACILITY	MEDICAID PER DIEM RATE	CERTIFIED CAPACITY		MEDICAID PLACEMENTS		NON-DMA PLACEMENTS		TOTAL CENSUS	VACANT BEDS	% OCCUPANCY OF TOTAL BEDS	
		NI BEDS	SWING BEDS	ICF	SNF	MEDI- CARE	OTHER			OVERALL	MEDICAID
CORDOVA COMMUNITY MEDICAL CENTER LTC	\$414.20	10	4	8	0	0	0	8	6	67%	57%
DENALI CENTER (Fairbanks)	264.84	90	0	62	18	6	9	83	7	92%	78%
HERITAGE PLACE (Soldotna)	172.49	45	0	38	1	1	3	43	2	96%	87%
KETCHIKAN GENERAL HOSPITAL LTC	299.37	46	0	12	1	5	1	19	27	41%	28%
KODIAK ISLAND HOSPITAL CARE CENTER	312.48	19	4	13	0	0	0	13	10	67%	57%
MARY CONRAD CENTER (Anchorage)	223.29	89	0	72	11	4	1	80	1	99%	93%
PROVIDENCE EXTENDED CARE CENTER (Anchorage)	204.41	224	0	102	82	18	15	217	7	97%	82%
PETERSBURG MEDICAL CENTER LTC	272.11	14	4	11	0	2	1	14	4	78%	61%
QUYAANA CARE CENTER (Nome)	439.69	15	0	14	1	0	0	15	0	100%	100%
SITKA COMMUNITY HOSPITAL LTC	230.31	5	4	4	0	0	2	6	3	67%	44%
SOURDOUGH PLACE (Valdez)	309.70	16	0	15	0	0	1	16	0	100%	94%
SOUTH PENINSULA HOSP. LTC (Homer)	375.55	20	4	15	3	2	0	20	4	83%	75%
ST. ANN'S CARE CENTER (Juneau)	239.26	45	0	21	13	0	3	37	8	82%	76%
WESLEY REHABILITATION CARE CENTER (Seward)	203.14	68	0	41	1	1	3	46	20	70%	64%
WRANGELL GENERAL HOSPITAL LTC	280.02	14	4	9	0	3	2	14	4	78%	50%
SWING BEDS (Acute to LTC):											
CENTRAL PEN. HOSPITAL (Soldotna)	234.54	0	4	0	0	0	1	1	3	25%	0%
SEWARD GENERAL HOSPITAL	234.54	0	2	0	0	0	0	0	2	0%	0%
VALDEZ COMMUNITY HOSPITAL	234.54	0	6	0	0	1	0	1	5	17%	0%
VALLEY HOSPITAL (Palmer)	234.54	0	4	0	0	0	0	0	4	0%	0%
YUKON-KUSKOWIM REGIONAL HOSPITAL (Bethel)	234.54	0	3	0	0	0	0	0	3	0%	0%
TOTAL		761		427	129	43	42	641	120	84%	73%

* Includes VA, private pay,
insurance, and other.


SHIELBERT LARSEN, ACTING ADMINISTRATOR
DIVISION OF MEDICAL ASSISTANCE (907) 581-8081
HEALTH FACILITIES LICENSING & CERTIFICATION

3/12/96
DATE

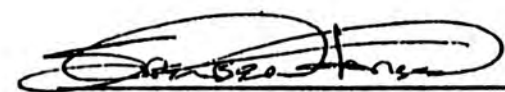
ICF/MR AND IMH CENSUS

AS OF: February 29, 1996

PAGE 2 OF 2

PSYCHIATRIC BEDS	PER DIEM RATE	CERTIFIED BEDS	CURRENT OCCUPANCY			TOTAL CENSUS	VACANT BEDS
			MEDICAID UNDER 22	MEDICAID OVER 65	NON- MEDICAID		
ALASKA PSYCHIATRIC INSTITUTE Anchorage	\$507.82	130	13	2	45	60	70
CHARTER NORTH HOSPITAL Anchorage	N/A	46	15	0	15	30	16
NORTH STAR HOSPITAL Anchorage	N/A	34	11	0	8	19	15

ICF/MR BEDS	PER DIEM RATE	CERTIFIED BEDS	CURRENT OCCUPANCY		TOTAL CENSUS	VACANT BEDS
			MEDICAID	NON- MEDICAID		
HARBORVIEW DEVELOPMENTAL CENTER Valdez	425.58	64	23	1	24	40
HOPE COTTAGES Anchorage	360.84	41	41	0	41	0



SHELBERT LARSEN, ACTING ADMINISTRATOR
DIVISION OF MEDICAL ASSISTANCE (907) 581-8081
HEALTH FACILITIES LICENSING & CERTIFICATION

3/12/96
DATE

CS FOR HOUSE BILL NO. 528(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 4/15/96

Referred: Rules

Sponsor(s): HOUSE FINANCE COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to applications for certificates of need and licensing of nursing
2 homes; establishing a moratorium with respect to acceptance of new applications
3 for a certificate of need or for a license for additional nursing home capacity in
4 the state until May 1, 1998; establishing a working group to study and issue a
5 report about long-term care; and providing for an effective date."

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

7 * Section 1. FINDINGS. The legislature finds that

8 (1) many nursing home residents would benefit from care that is less intensive
9 and less costly than nursing home care through assisted living facilities or through home care
10 agencies;

11 (2) this state has only recently begun to develop a system for providing long-
12 term care for seniors needing care through home care or assisted living facilities so that the
13 long-term care system is not in balance at the present time;

1 (3) with the unnecessary focus on nursing homes, the long-term care system
2 will remain out of balance until community-based services can be developed;

3 (4) a moratorium on the addition of nursing home beds will encourage the
4 development of home and community-based services, and direct the state's resources toward
5 the services that can best meet the needs of the recipients; and

6 (5) a moratorium on the addition of nursing home beds will facilitate actions
7 to provide a more balanced system of care, more appropriate placement of seniors, and
8 additional client choice, and to avoid new long-term care costs.

9 * Sec. 2. MORATORIUM FOR CERTIFICATE OF NEED. (a) Notwithstanding
10 AS 18.07, the Department of Health and Social Services may not accept an application for a
11 certificate of need under AS 18.07, and the department may not grant a certificate of need
12 based on an application filed before the effective date of this Act, except as provided in (b)
13 of this section, for

14 (1) construction of a health care facility that includes nursing home beds
15 requiring licensure under AS 18.20.020; or

16 (2) conversion of a building or part of a building to include nursing home beds.

17 (b) The Department of Health and Social Services shall consider the findings in sec. 1
18 of this Act when reviewing an application under AS 18.07 that was pending on the effective
19 date of this Act for the addition of nursing home beds or the conversion of existing beds to
20 nursing home beds. The department may grant a pending application only when granting it
21 would be consistent with the policy underlying the findings in sec. 1 of this Act.

22 (c) Notwithstanding AS 18.20, the department may not issue a license for

23 (1) construction of a health care facility that includes new nursing home beds;
24 or

25 (2) additional new nursing home beds in a health care facility.

26 (d) In this section, "nursing home bed" means a bed not used for acute care in which
27 nursing care and related medical services are provided over a period of 24 hours each day to
28 individuals admitted because of illness, disease, or physical infirmity; the term "nursing home
29 bed" does not include acute care beds converted to skilled nursing home beds used for
30 transitional short-term care needs.

31 * Sec. 3. WORKING GROUP; REPORT. (a) There is established a six-member working

1 group to analyze issues regarding long-term care services in the state. The members of the
2 group are

3 (1) two individuals appointed by the governor who are involved in providing
4 long-term care services, one of whom is a licensed nursing home administrator who operates
5 a community nursing home in this state;

6 (2) two individuals appointed by the governor who are receiving long-term care
7 services, at least one of whom must be at least 60 years of age;

8 (3) the commissioner of administration, or the commissioner's designee; and
9 (4) the commissioner of health and social services, or the commissioner's
10 designee.

11 (b) The working group established under this section may select a presiding officer
12 from among its members.

13 (c) After gathering information through methods considered appropriate by the group,
14 the working group established under this section shall prepare a report that includes the
15 following:

16 (1) a description of the current status and costs of the state's system for long-
17 term care services;

18 (2) the projected number of state residents who will be needing long-term care
19 services through the year 2000, the year 2005, the year 2010, and the year 2015;

20 (3) the projected costs to the state, based on the projection of needs under (2)
21 of this subsection, if no changes are made to the state's present system of long-term care
22 services;

23 (4) an estimated number of state residents who are currently receiving care in
24 nursing facilities that could more appropriately be receiving home- and community-based care
25 outside of nursing facilities;

26 (5) a description of the alternative methods available to provide nursing care
27 for state residents and the relative cost to the state for these methods; and

28 (6) recommendations for principles that should be used to guide the
29 development of the state's long-term care system, including principles that should guide the
30 certificate-of-need process under AS 18.07.

31 (d) The working group shall deliver its report to the governor by the first day of the

1 First Regular Session of the Twentieth Alaska State Legislature and notify the legislature that
2 the report is available.

3 * Sec. 4. Section 3 of this Act is repealed on the first day of the First Regular Session of
4 the Twentieth Alaska State Legislature.

5 * Sec. 5. Sections 1 and 2 of this Act are repealed May 1, 1998.

6 * Sec. 6. This Act takes effect immediately under AS 01.10.070(c).

THE MISSION OF THE ALASKA PIONEERS' HOMES

"The Alaska Pioneers' Homes are dedicated to serving Alaskans by providing residential services that are designed to maximize independence and quality of life by addressing the physical, psychosocial and spiritual needs of residents. These needs are addressed in a continuum of services within an assisted living philosophy, with special capacities for residents with Alzheimer's Disease and Related Disorders. Services are provided by caring, experienced, and qualified staff who recognize that strong community support and interaction are vital to our mission."

Since the Pioneers' Home system began in 1913, the mission of the Alaska Pioneers' Homes has continued to evolve in order to best serve the needs of the growing senior population. Currently, seniors who require assistance are choosing to utilize home and community-based services now available in the state, and those who enter the Pioneers' Homes do so later in their lives. The average age of residents in the Pioneers' Homes is now 85. With the more advanced age of the population, the needs of the residents have changed. Some of the residents have few needs for assistance, while others' needs are quite extensive. A primary need of current applicants and residents is for care related to Alzheimer's Disease, a degenerative brain disease. The number of persons entering the Pioneers' Homes with Alzheimer's Disease or Related Disorders (ADRD) is far greater than ever before because diseases of this type tend to strike with greatest frequency those most advanced in age. The physical and behavioral problems which result from this disease often make it impossible for family members to provide necessary care on a 24-hour basis.

Pioneers' Home FY 99 Initiatives

- ◆ **Provide a homelike model of care for residents having ADRD which meets their needs for care in an assisted living environment:**
 - As the population of Pioneers' Home residents with ADRD continues to increase continue to improve and develop ADRD programs at all Pioneers' Homes.
 - Develop and implement Alzheimer Care training programs specific to the needs of Pioneers' Home staff members and ADRD caregivers surrounding communities.
 - Establish day and respite services for those on the active branch of the Pioneers' Homes waiting list.
- ◆ **Increase the Pioneers' Homes rates to the full cost of care by FY 2003.**
- ◆ **Cost containment:**
 - Increase efficiencies by reducing costs of overhead expenses such as worker's compensation, revenue collection, supply purchase, pharmaceutical purchase, staff scheduling, and facility energy consumption.



State Of Alaska
Department of Administration
Division of Alaska Longevity Programs
Pioneers' Home Occupancy Report
As of May 31, 1998



	Sitka	Fairbanks	Palmer	Anchorage	Ketchikan	Juneau	Total
Coordinated Services							
Total	28	25	11	80	3	3	148
Unavailable	0	0	0	0	0	0	0
Occupied	20	25	11	72	3	3	134
Assigned	1	0	0	0	0	0	1
Available	5	0	0	8	0	0	13
Basic Assisted Living							
Total	23	21	25	44	16	17	146
Unavailable	0	0	0	0	0	0	0
Occupied	18	21	24	39	15	17	134
Assigned	2	0	0	0	0	0	2
Available	3	0	1	5	1	0	10
Enhanced Assisted Living							
Total	25	24	11	25	13	14	112
Unavailable	0	0	0	0	0	0	0
Occupied	25	23	11	23	12	13	107
Assigned	0	0	0	1	0	1	2
Available	0	1	0	1	1	0	3
ADRD Unit							
Total	24	18	21	42	12	0	128
Unavailable	13	0	0	0	2	0	15
Occupied	11	18	21	40	9	8	107
Assigned	0	0	0	0	0	1	1
Available	0	0	0	2	1	0	3
Comprehensive Services							
Total	4	12	14	36	4	5	75
Unavailable	0	0	0	0	0	0	0
Occupied	3	12	14	36	4	5	74
Assigned	0	0	0	0	0	0	0
Available	1	0	0	0	0	0	1
Total Spaces							
Total	102	100	82	227	48	48	607
Unavailable	13	0	0	0	2	0	15
Occupied	77	99	81	210	43	46	556
Assigned	3	0	0	1	0	2	6
Available	9	1	1	16	3	0	30
Infirmary Beds							
Total	6	2	2	4	1	0	15
Available Beds Occupied & Assigned	89.9%	99.0%	98.8%	93.0%	93.5%	100.0%	94.9%

Waiting List							
Active List	15	24	22	16	23	49	149
Inactive List	625	727	926	1,383	418	637	4,716
Number of applicants choosing more than one home on both lists							2,329
Total Number of Actual Applicants on Active Waiting List							111
Total Number of Actual Applicants on Inactive Waiting List							2,425
Total Applicants on Waiting Lists							2,536

	Sitka	Fairbanks	Palmer	Anchorage	Ketchikan	Juneau	Total
Admission							
Coordinated Services	0	0	0	0	0	0	0
Basic Assisted Living	0	0	0	2	0	1	3
Enhanced Assisted Living	1	2	0	1	0	0	4
ADRD Unit	0	0	2	0	0	1	3
Comprehensive Services	0	0	0	0	0	0	0
Deaths							
Coordinated Services	0	0	0	0	0	0	0
Basic Assisted Living	0	0	0	0	1	0	1
Enhanced Assisted Living	0	1	0	1	0	0	2
ADRD Unit	0	0	0	0	0	2	2
Comprehensive Services	0	0	0	2	0	0	2
Discharges							
Coordinated Services	0	1	0	0	0	0	1
Basic Assisted Living	0	0	0	2	0	0	2
Enhanced Assisted Living	1	0	0	0	0	0	1
ADRD Unit	0	0	0	0	0	0	0
Comprehensive Services	0	0	0	0	0	0	0

* Unusual Occurrences

Ketchikan - 2 beds unavailable due to construction

Sitka - 13 beds unavailable due to ADRD unit being developed with MHF capital funds; unit opened in July 1998

James L. Kohn, Director

Alaska Pioneers' Homes Rate History

MONTHLY

Effective Date	Residential	Assisted Living	Skilled Nursing
1954	\$150		\$195
July 1966	\$180		\$225
July 1976	\$225		\$275
October 1983	\$425		\$525
December 1989	\$525	\$630	\$800
February 1993	\$600	\$700	\$880
February 1994	\$665	\$780	\$975
February 1995	\$735	\$860	\$1,100

Effective Date	Coordinated Services	Basic Assisted Living	Enhanced Assisted Living	Alzheimer's & Dementia Related Disorders	Comprehensive Services
July 1996	\$934	\$1,289	\$1,553	\$1,579	\$1,864
July 1997	\$1,140	\$1,720	\$2,140	\$2,200	\$2,630
July 1998	\$1,340	\$2,150	\$2,730	\$2,815	\$3,395

Note:

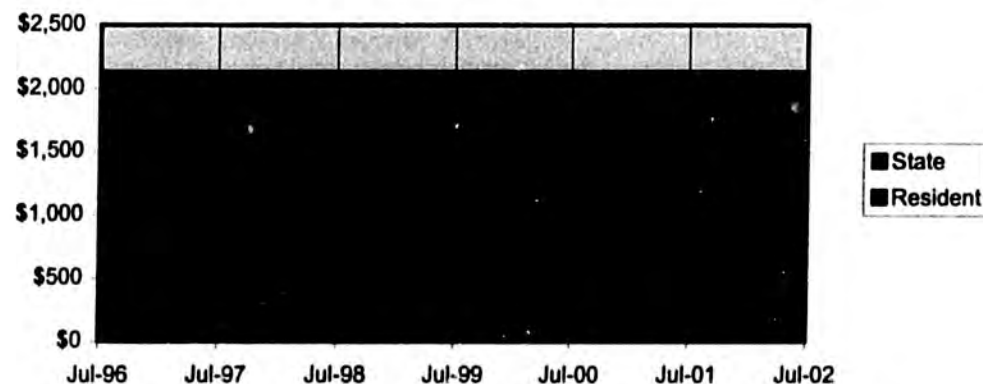
- (1) July 1996 was the first increase in the pioneers' Home Advisory Board's seven year plan to move to charging the full cost of care.
- (2) A payment assistance program is available for residents who cannot afford the monthly rate.

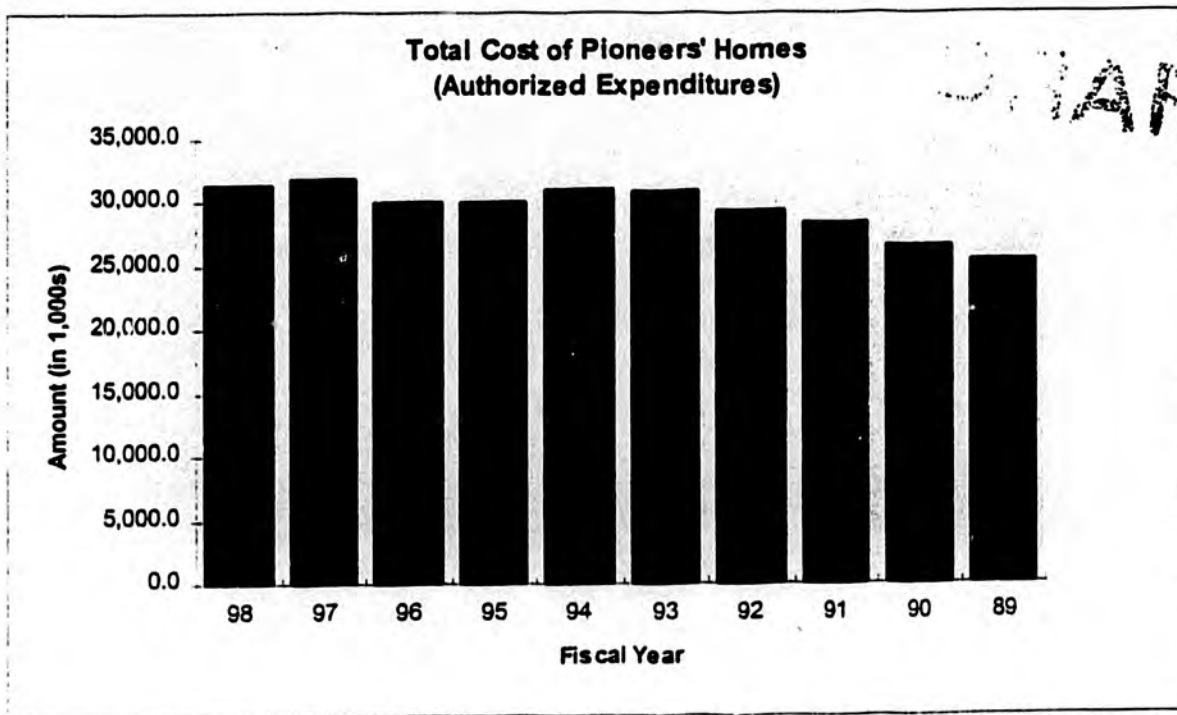
Alaska Pioneers' Homes
Full Cost of Care Increases
(Actual Rates through July 1998, Proposed Rates through July 2002)

Resident	01-Jul-96	01-Jul-97	01-Jul-98	01-Jul-99	01-Jul-00	01-Jul-01	01-Jul-02
Coordinated Services	\$934	\$1,140	\$1,340	\$1,531	\$1,730	\$1,929	\$2,129
Basic Assisted Living	\$1,289	\$1,720	\$2,150	\$2,576	\$3,005	\$3,434	\$3,862
Enhanced Assisted Living	\$1,553	\$2,140	\$2,730	\$3,317	\$3,905	\$4,493	\$5,079
ARD Services	\$1,579	\$2,200	\$2,815	\$3,421	\$4,035	\$4,649	\$5,262
Comprehensive Services	\$1,864	\$2,630	\$3,395	\$4,156	\$4,920	\$5,684	\$6,448

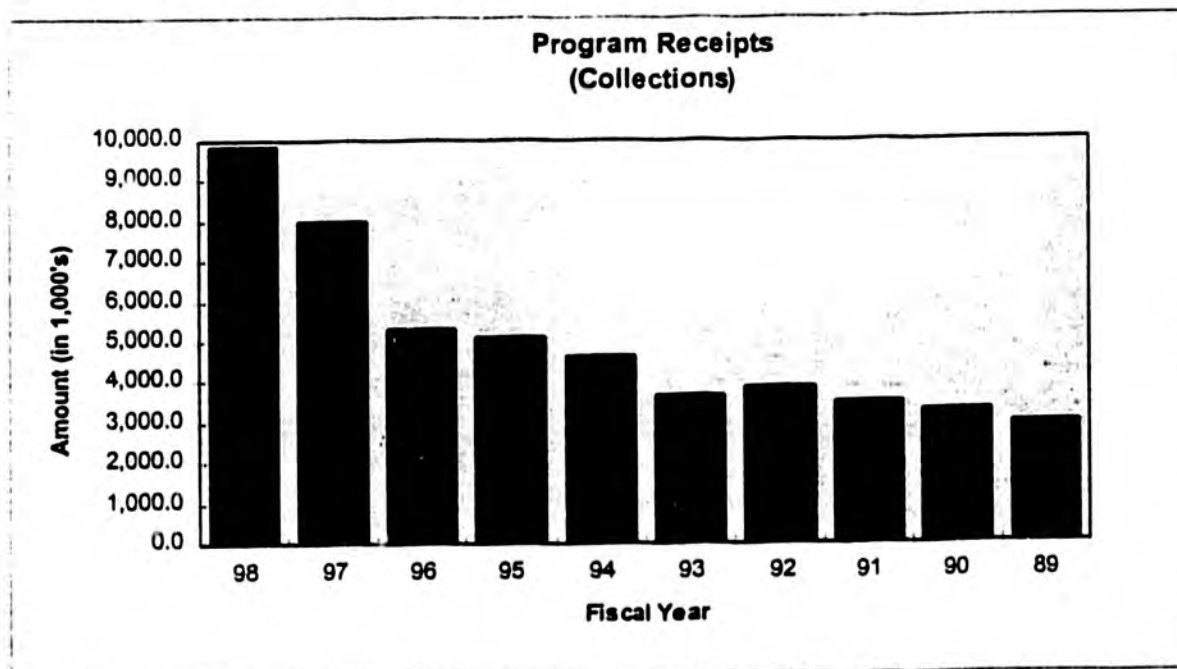
State	01-Jul-96	01-Jul-97	01-Jul-98	01-Jul-99	01-Jul-00	01-Jul-01	01-Jul-02
Coordinated Services	\$1,195	\$989	\$789	\$598	\$399	\$200	\$0
Basic Assisted Living	\$2,573	\$2,142	\$1,712	\$1,286	\$857	\$428	\$0
Enhanced Assisted Living	\$3,526	\$2,939	\$2,349	\$1,762	\$1,174	\$586	\$0
ARD Services	\$3,683	\$3,062	\$2,447	\$1,841	\$1,227	\$613	\$0
Comprehensive Services	\$4,584	\$3,818	\$3,053	\$2,292	\$1,528	\$764	\$0

Coordinated Services



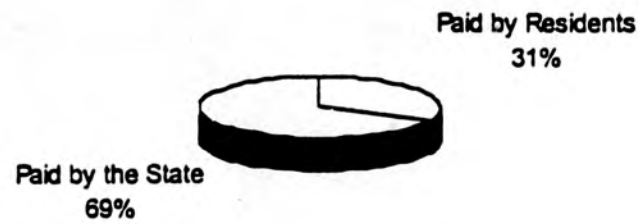


Note: The FY 1995 and FY 1996 budget amounts identified above exclude the Pioneers' Homes Central Office. In FY 1995 and FY 1996 the Pioneers' Homes Central Office budget was combined with the overall Division of Senior Services Administration budget so the amount specifically attributable to Central Office cannot be identified.



Cost of Pioneers' Homes

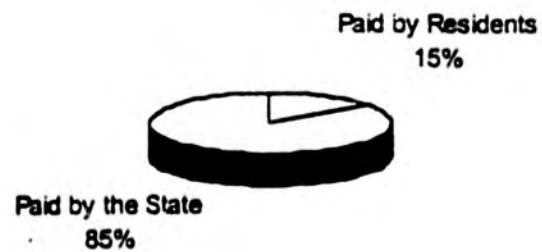
FY 1998



FY 1996



FY 1994



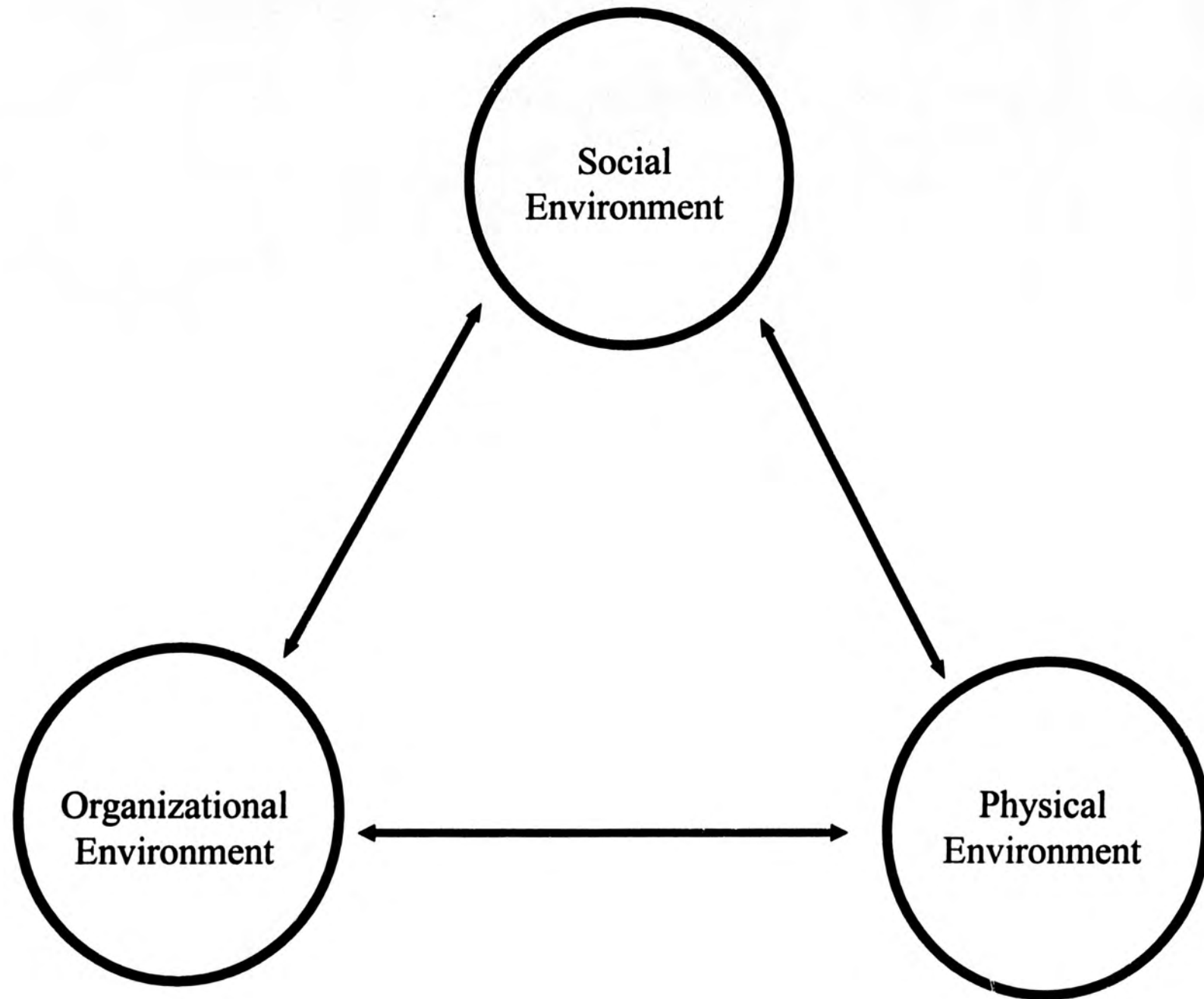
Pioneers' Homes Funding Summary

	<u>FY 1999 (Requested)</u>	<u>FY 1998</u>	<u>FY 1997</u>	<u>FY 1996</u>	<u>FY 1995</u>	<u>FY 1994</u>
<u>General Fund \ Program Receipts (Rents)</u>						
<u>Sitka</u>	1,636.8	1,636.8	1,230.9	751.6	690.3	622.5
<u>Fairbanks</u>	1,783.8	1,783.8	1,381.6	890.1	795.1	717.5
<u>Palmer</u>	1,395.6	1,395.6	1,047.7	945.9	782.2	705.7
<u>Anchorage</u>	3,474.6	3,474.6	3,095.5	1,949.9	1,987.0	1,793.5
<u>Ketchikan</u>	745.3	745.3	576.1	401.2	409.2	369.2
<u>Juneau</u>	812.4	812.4	654.6	393.8	459.7	414.8
<u>Subtotal</u>	<u>9,848.5</u>	<u>9,848.5</u>	<u>7,986.4</u>	<u>5,332.5</u>	<u>5,123.5</u>	<u>4,623.5</u>
<u>Mental Health Trust Funds</u>	6,613.6	513.6	482.7	414.0	414.0	210.0
<u>General Funds</u>	14,910.3	21,006.8	23,375.1	24,304.8	24,600.8	26,270.1
<u>CIP Receipts</u>	53.0	53.0	53.6			
<u>Total</u>	<u>31,425.4</u>	<u>31,421.9</u>	<u>31,897.8</u>	<u>30,051.3</u>	<u>30,138.3</u>	<u>31,103.6</u>

Note:

- (1) The Pioneers' Home Central Office was integrated into the Division of Senior Services in FY 1995.
- (2) The FY 1995 and FY 1996 Pioneers' Home Central Office amounts are excluded from the above information. Unable to specifically identify the Central Office budget from the overall Division of Senior Services Administration budget.
- (3) Pioneers' Home Central Office transferred to the newly established Division of Alaska Longevity Programs in FY 1997.
- (4) In FY 1997 and FY 1998, the costs of administering the Longevity Bonus program were included in the Pioneers' Home Central Office budget. These costs are excluded from the amounts listed above.
- (5) The Pioneers' Home Pharmacy was established during FY 1998. It will be budgeted as a separate project beginning FY 1999.

FACILITY DEVELOPMENT PROCESS



THE FACILITY DEVELOPMENT PROCESS

	Preparation	Planning	Functional Programming	Architectural Programming	Design	Evaluation
Organizational Environment	Review Alternative Philosophies and Models of Care Review Mission of Organization	Define Philosophy of Care Determine Center Size and Staffing Needs & Patterns	Develop Care Plan, Admission and Discharge Criteria Develop Staff Training Program			Assess staff job satisfaction, absenteeism, and turnover
Social Environment	Review Common Human Needs	Define Desired Social Milieu & Patterns of Social Behavior	Develop Daily Program			Assess patterns of space usage. Identify locations of high & low social interaction
Older Persons with Physical &/or Cognitive Impairments	Review Demographics of Aging & Age Related Deficits	Identify Target Population to be Served	Develop Profile of Population to be served (Functional, Social & Cultural Characteristics)			Assess residents' cognitive & functional abilities over time
Environment as Experienced	Identify and Visit Comparable Facilities	Define Desired Therapeutic Goals	Principles for Design (Develop Desired Attributes of Environmental Experience)			Does Facility Provide Desired Attributes of Environmental Experience?
Physical Environment	Define Site Criteria & Identify Potential Locations Review Relevant Research Literature Review Relevant Codes & Standards Review Plans and Costs of Similar Projects	Develop Budget Review and Select Architect and Consultant Team Members Identify Potential Contractors and/or Developers		Articulate Desired Relationships Between Spaces Specify Sensory & Spatial Properties for Individual Spaces Specify Furniture, Equipment & Finishes for Individual Spaces	Develop & Review: • Schematics • Final Design • Construction Documents & Specifications	Does Facility Provide Desired Sensory & Spatial Attributes? Does Facility Provide Desired Furniture, Finishes, and Equipment?

JIM KOHN

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[Feature Home, July '98]

[Feature Home, June '98]

August 1998 Eden Feature Home of the Month

Why should Juneau Pioneers' Home be Eden's feature home of the month? Here are some of the reasons the staff, family members, residents and volunteers of the Juneau Pioneers' Home have:

Arsenia Sales (CNA) - Juneau Pioneers' Home is different than other nursing homes--because of the animals, residents like living here. There are more activities when residents want to attend, staff and residents have a flexible schedule that they can work and live in and the environment is one that is really like a home.

Denice McPherson (Physical Therapist) - Staff has leaned a lot over the years to provide a wonderful home environment that anyone would want to live in.

Bea Buchanan (Resident) - The beauty of the outside grounds - it is so beautiful outside. I love it. Lots of room to walk.

Trudy Gruber (Activity aide - CNA) - I like the animals and the plants. Staff and residents are very warm and loving. The environment is like a home, not a institution. When I retire - I hope that I can move into the JPH.

Marjorie Quimpo (CNA) - Staff helps each other - they work as a team and family.

Evelyn Cabalhin (CNA) - It is a home for everyone. We try to work together to have the residents feel like they are at home and happy.

Flor Batac (Maintenance) - Staff are good to work with. They all do their job well. Housekeeping staff does a great job of keeping the home clean. The Administrator is understanding to the needs of the home. I like how the maintenance department gets to help and assist the residents.

Tessie Punongbayan (Ward clerk) - Lots of animals that the residents can love and enjoy.

Diana Reed (Family member) - JPH is a home environment. Families are very welcome here. Volunteers are greatly appreciated. They spend one on one with residents and in groups. Volunteers are also welcome at any age.

Maxine Henrichs (Resident) - Because it is the BEST, of course!

Doug Holt (Administrator) - Things have really evolved far enough that I can indeed be the "coach," "cheerleader," and facilitator. It is a lot more productive role than being a "traditional administrator" - sure a heck of a lot more fun!

Tom Barnett (Food Service Director) - Because of how the home is set up, the staff meets challenges and needs as they occur and not necessary by what department they work in, such as today I assisted a resident that needed help and then helped unplug a sink. Staff helps out where and when it is needed throughout the whole home.

June Baker (Volunteer) - JPH has a home feeling. The care of the residents receive is good. I get a lot of enjoyment and get to see the residents smile. To see improvement in residents is also a great joy.

Lillian Lim (RN) - We care for the residents in a home environment. We have been creative in bring "a home" into JPH—from the plants, animals, and family involvement to the attitude and vision that the staff shares.

Vangie LaBoca (CNA) - JPH offers training that helps with my job, such as working with people that have dementia.

JPH continues on the journey of creating a home that anyone would be proud to call home. JPH is reaching their goal of becoming a wonderful "home" for seniors by using education and implementation of the Eden Alternative. Changes do not come easy but no one seems afraid to try new ideas and to be creative. Walls are painted a warm green color, shelves on walls display plants and photos, pet birds can be spotted on someone's shoulder, bedrooms are painted a salmon color that makes the room feel warm and safe and a cat can be found curled up on a bed. Team members meet often to discuss programs, schedules and ways to make their areas better. They work closely to provide a safe, secure home for people with dementia. The community plays a huge part in the home, from holding fundraisers to help finance the changes, to volunteering. It is a place where everyone can feel welcome as they walk through the door.

Contact Information:

Organization: Juneau Pioneer's Home
Address: 4675 Glacier Hwy.
Juneau, AK 99801 USA
Phone: 907.780.6422
Fax: 907.780.4765
Location Type: Rural
Facility Size: 48
Facility Type:

Mission

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Vision**Statement:**

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to maximize dignity, independence and quality of life by addressing the holistic needs of residents, be they physical, psychosocial, or spiritual in nature. Our expressed primary mission is to provide optimal care for those affected with Alzheimer's Disease and Related Disorders.

Our therapeutic care is based on the Social Model of intervention which is the basis of our Assisted Living program. We choose to provide our service by coming together in a therapeutic community that facilitates optimal performance for residents and staff alike.

Our community is all inclusive: Residents, families, friends, staff, volunteers, and all who would add their energies and goodwill.

Our community strives for and honors in its' daily work: Trust, mutual respect, mutual support, sound communication, the constant improvement of, and constant transmission of knowledge, skills and positive attitude.

Our community is committed to sharing the knowledge and experience we are gaining through our work with individuals with ADRD. We welcome all who would walk this path of learning and teaching with us.

Our community believes that working as a team is the most effective way to fulfill our missions and we strive for the comradeship and the synergy that being part of a good team can provide. Our team is dedicated to crossing boundaries and borders that hinder learning and knowing. We have come to understand that stories are an important source of knowledge and insight and a basis for innovation. (Added in 1997) We have found a "kindred spirit" in the "Eden Alternative" vision of revolutionizing the long term care environment. We see it as an additional powerful tool to combat the plagues of boredom, loneliness and helplessness found in traditional long term care environments. We are committed to the concept of creating a habitat for the residents and ourselves in our mutual environment that empowers and enriches the lives of all who enter our community.

Eden Vision:

We apparently have been walking down the same path for the last several years. The Eden Vision is offering us an opportunity for renewal of our mission and adding the dimension of the human habitat concept. There is strength and opportunity in sharing-as well as a greater opportunity to share with others.

Eden Progress:

We have come to believe that relationships-staff to resident-staff to staff-resident to resident and the commitment to the Human Habitat will allow all in this community to blossom once again. We have given up our nursing license in this pursuit and have taken the license of an assisted living facility in order to gain the freedom to allow us to allow others to thrive.==We have empowered all employees through dismantling traditional work environments and supervisory modes and all work now in self directed work teams that "own" their units,set their own work schedules,---The CNA now have the offices on the unit to coordinate activities and all other staff,i.e.nurses, administrator,social services,PT,activities,etc.,are in support of their mission. The administrator is mostly a coach,cheerleader, sometimes teacher and facilitator.I raise the money for Eden and they spend it!==We have sent Carol Ende to Eden conferences/educational sessions with you in New York and she is now certified and our Eden "guru"-an associate is being trained.==We have definitely entered the "fur and feather"arena during the last two years with many birds,scores of plants and an ever increasing number of children-I think Carol is sending you a video to show you our place.==Obviously, the leadership at the top is awesome!==As I said earlier,we have been going down this"non-traditional" path now for almost five years-the Eden Vision is helping us to consolidate the gains and pushing us on to even bigger and better things.

Last updated: August 10, 1998.

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607-674-5232
Fax:
607-674-6723
Post:
The Eden Alternative
742 Turnpike Road
Sherburne, NY 13460

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1998 Best Practice Awards

ANCHORAGE HOME BOOSTS STAFF MORALE, SAVES MONEY

By SUSAN DIANNE RICE

Imagine running a nursing facility for mentally impaired elders. Would you think it possible to save hundreds of thousands of dollars, get more work accomplished with the same number of employees and improve staff morale at the same time? The Alaska-based Anchorage Pioneer's Home (APH) garnered a 1998 Best Practices Award from the American Society on Aging and the Brookdale Center on Aging of Hunter College for accomplishing exactly that.

APH's award, bestowed on innovative human resources programs in conjunction with the American Society on Aging's 44th Annual Meeting in San Francisco, is one of three conferred on organizations having developed creative solutions to workforce dilemmas in the areas of recruitment, training, management and retention. Also receiving awards were the Career Nurse Assistants Programs Inc. and Stonerock and Associates, publishers of *Home Health Aide Digest* (see separate article on this page).

ALZHEIMER'S CARE

Three years ago, APH found itself at a critical juncture, switching from a skilled nursing facility to a 226-bed long-term care home for elders suffering from end-stage Alzheimer's disease and related dementia—the first such facility, public or private, in Alaska. The change required APH to provide more services at the same time that its budget was shrinking.

"Alaska's economy is driven by oil prices," APH assistant administrator Leslie C. Brundige explained in a recent



Photos: Robert Montague

The Parkview Team, one of four caregiving groups at the Anchorage Pioneer Home, includes, from left, Peggy Fache, Becky Cameron, Anna Mellott and Natalia Ballard.

interview. "The oil-producing nations have increased their output. With oil prices going down, that means less state revenue." In addition to the budget crunch, APH faced a demoralized and divided staff suspicious of the changes under way.

APH administrators realized that many of their problems were traceable to a rigid hierarchical structure that strait-jacketed progress, frustrated communication and left workers on the bottom feeling unappreciated. For example, if a certified nurse aide (NA) discovered a leaky faucet in a resident's room, she notified a nurse, who notified his or her supervisor, who notified his or her supervisor on up the chain to a very senior nurse who informed the maintenance superintendent who would dispatch a mainte-

nent. Brundige recalled that one female resident had been prescribed milk with every meal as a nutritional supplement, but the dietitian was unaware she disliked it. Every day, the milk was thrown out. Under the new team structure, an NA who worked regularly with the resident noticed that the milk was being discarded and informed the dietitian. "We learned that the woman loves cherry yogurt," Brundige said. "Now she eats her cherry yogurt every day and gets the nutrition she needs."

Frontline workers now have a voice in organizational issues and evaluate themselves and each other. They also receive ongoing education and training to improve both skills and self-esteem. Nurses and managers function as coaches and mentors rather than authoritarian figures.

tions with co-workers; after the change, that figure jumped to nearly 100%. In 1995, about 5% of staff agreed with the statement, "My colleagues and I readily share information." That number soared to 80% two years later.

The new spirit of cooperation has yielded quantifiable benefits as well. Annual employee injury costs declined from \$650,000 to \$99,000. Use of sick leave plummeted 46%; coupled with a decrease in overtime, that saved \$90,000 in personnel costs in 1997.

NURSE ASSISTANTS

Nationwide, however, there are still plenty of eldercare workers who feel unappreciated.

"There are a lot of fallacies out there about nurse assistants," says Genevieve Gipson, director of the Career Nurse Assistants' Programs Inc. (CNAP) of Norton, Ohio. "One is that nurse assistants are responsible for everything that's wrong with nursing homes," she said, citing lurid television exposés about nurse assistants who steal from and abuse nursing home residents. "The good nurse assistants don't like those [assistants] either," she said.

CNAP, another 1998 Best Practice Award winner, has worked for two decades to promote these nursing paraprofessionals by sponsoring programs to



Leslie C. Brundige explained in a recent

HOME AIDE AWARD

Home Health Aide Digest, a publication of Stonerock and Associates, Kalamazoo, Mich., is a bimonthly newsletter aimed at "nurturing the occupational and personal growth of home health aides and increasing the recognition and prestige of their profession."

The *Digest*, which has 6,000 paid subscribers, is the only publication dedicated to home health aides (HHAs). It received a 1998 Best Practice Award from the American Society on Aging and the Brookdale Center on Aging at New York's Hunter College. Articles in the magazine, written or reviewed by registered nurses, have covered such topics as elder abuse, cardiovascular care and incontinence.

According to the *Digest*, there are 500,000 HHAs in the United States, and 500,000 more will be needed by the year 2005. Job dissatisfaction among HHAs—often expressed as a feeling that their services are undervalued by agencies, clients, the community and other health professionals—has yielded a turnover rate as high as 75% in some parts of the country, a situation which the publication hopes to help remedy. ♦



person, who notified him of her supervisor on up the chain to a very senior nurse who informed the maintenance superintendent who would dispatch a maintenance worker.

The organization responded by reconfiguring work teams to promote cooperation rather than competition, increasing the autonomy of lower-level employees and broadening the scope of information dissemination. The hierarchical pyramid was replaced with cross-functional teams, each consisting of NAs, an activity person, one to three housekeepers, dietary personnel, a physical therapist and a maintenance worker. Teams were organized on a 24-hour basis and rotating assignments were eliminated so that employees work with the same residents and colleagues every day, facilitating the formation of close relationships.

This was crucial because, as Brundige noted, the average age of APH residents is 87.1 years. "A lot of them have outlived their families," she said. "Their only families now are the caregivers."

APH accomplished the change by replacing a three-shift schedule with a four-shift schedule, using the same number of employees. Shifts were set to overlap during meal times, so that added staff were on hand when they were most needed. Residents who formerly had to wait as long as 32 minutes with an empty tray in front of them were now served quickly.

THE FIRST TO KNOW

The new structure also recognized that the frontline worker is often the first—and sometimes only—one to know if there is a problem with one of the resi-

ding education and training to improve both skills and self-esteem. Nurses and managers function as coaches and mentors rather than authoritarian figures.

In instigating the changes, APH defined its mission as creating a caring, teamlike environment for the 180-member staff—a facility that would be homey rather than institutional, that would encourage interrelationships among residents and staff, and where information would flow freely and employees would enjoy more independence and could grow in their jobs.

A September 1995 survey revealed deep employee dissatisfaction, expressed in terms of lack of trust in co-workers, confusion regarding goals, poor communication in all directions, inadequate supervision and abuse of sick leave. "No one asks for my opinion" was a familiar complaint.

Nurses and department managers were the only personnel with access to company e-mail. Low-level workers were left out of the information loop. Decisions about resident room changes and care plans often were made by clinicians who had never even met the patient. There were both turf wars and task avoidance. "It's not my job" became a mantra for some workers. Assignments were rotated so that nurses' aides routinely worked with different supervisors and different residents, frustrating any effort to develop a bond of friendship.

Employees were surveyed again in 1997, after the changes were made. Their responses differed dramatically. Before the restructuring, only about 10% of employees said they enjoyed their interac-



Certified nurse aide Becky Cameron assists an elder at the Anchorage Pioneer Home.

recognize the excellent services they provide, by conducting research and developing practices to improve care, by sharing information with other service providers through vehicles such as the quarterly *Network News*, by providing a voice for the direct care worker nationwide, and by facilitating networking among related groups.

According to the group, which was profiled in the March/April 1997 issue of *Aging Today*, there are more than 1 million NAs in the United States; an additional 425,000 will be needed by the year 2000 to serve the burgeoning elder population. NAs provide up to 90% of care received in nursing homes and other long-term care settings. Most are women, often single parents, and minorities working at minimum wage. ♦

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