

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILES 8672
2518 SCOMM 110: LONG TERM CARE TASK FORCE, 1998

LONG TERM CARE TASK FORCE

10/21/98

TAPE 98-12, SIDE B

001 SW

004 JS Q support including is

005 DM clarification

012 JR

what does it cost to build NH

015 DM

there are RFD "Potential NH Bed Shortage 1998" in packet under

030 JR

035 KP

it'd be hard to build a new NH for \$1 mil

041 SW

JR

so do you want to eliminate Caf N. is well, not necessarily

048 JH

057 KP

there is no financial risk to build NH, any eventually

065 SW

KP

069 AE

well leave rec. to include 528 report recs.

080 KP

one leg binding another

4/B

087 JO

091 SW anything else on Copied - No
will have our recs. typed up for tomorrow

117 SW AND @ 4:36 pm

120 CB - recovered @ 9:12 am

139 KP we can't x for Medicaid payments
145 JR [too faint to hear]

159

163 CB lets introduce who

JG rep goes apt

DM apt h Key Thelby

KP

SW

CB

JR

NE dep com 10 min

JH apt h Jan Miller - my apt s MZ Assn

DS comm. Commare s Ben Per

CB

4/B

180 JH

186 CB

JH

if we need to est. uniform screening definition.

195 CB

198 DM

- may uniform & common

200 CB

202 GW

so it works.,

CB

205 AE

CB

we tried it in past & couldn't get everyone to use it
est & encourage use of common definition

222 BL

Bill Bolton -

Rev Wicker HQ

Liz Tinsley AA by mgr

J Deane AK Commissioner on Aging

Steve Newman AHP

Pat Pooley - den nursing May Carmichael - gerontology

JS Jim Med Quinlan

Bill Herman AK MHT anchor

241 CB

on Funder

lets be creative

recognize \$500 mil budget gap

leg asked to cut state spending

- we must find broad based support from public, or risk rejection from public

4/B

263 CB

for ex - Longevity Bonus \$ is not dedicated & avail for services
- how? individual buy-in
lets brainstorm

275 CB

DM

is it a given that we need more \$
[shares held NO]

CB

we spend $\approx$ \$70mm/yr on LTC in AK - projected
raise to \$200-300mm

300 JR

Want Economics 101

327

most prudent thing is to invest & use proceeds to pay
- some companies offer annuity -
it doesn't seem practical to finance this

I don't cost of LTC will not rise
I agree w/ CB it should be paid

taxing & using PF are politically impossible in AK

- still require

349 KP

- as administrators: over last 4 yrs we've put lid on unit cost of serv
ex: Medicaid spendings been held flat, while about 8% inc in # of
eligible (old & disabled)
- NH been held flat
- community HC services is growing

we must consider resumption of medical inflation after a
period of flat growth

AKHC MICHM CPI 8%

4/B

397

We have saved what we can save

Medicaid now covers 9,000 MNT, a big part HC LRS in AK
we have to find other revenues, private revenues

BUT - P don't want to buy LTC

398 CB

u

399 KP

New revenues — we are obligated to pay for the 8%
new people

— but maybe state should fund smaller services to
short of going to Medicare well

423 CB

AK's secret — we get more fed \$ than we pay

424 BN

— HC cost increases @ 3x fed, natural rate of payment

— it helps to compartmentalize service recipients

birth → many 30 yrs window

marriage → retirement 70

retirement → death 10

458 CB

our resolution SJR — mentioned annuity

we must have some kind of ownership

I hope it comes out that LTC is a personal responsibility

488 ME

referral to package tab: 'ALL FUNDING SARCOS' 901
Emergency Bonus Forecast report

531 ME

last page in tab 10/19 KB memo

4/B

~~is resident~~

TAPE 98-13, SIDE A

AE

- 003 JS - its just for Pover 65y
005 KP Shula may have
007 CB - What's SoAKs per capita cost for SRs vs
ME - SRs are 5% of AK pop - \$175 MIL of \$3.5 BIL
proportionate to

- 017 CB Old head ~\$6000/SR
ME 30,000 SR of \$175 pop
- must consider whether /capita SR benefits include SR
prop tax exemptions

- 026 CB - public will look @ overall benefits to SRs
028 DM - last 30 days of life are usually Medicare paid
CB - we need accurate picture of what we're spending

041 GW

042 AE

SSI - fed
food stamps - fed
60% Medicaid

051 GW

053 AE

DM

\$10 mm in PH dispo
of PHA \$30 mm \$20 mm in SF, \$10 mm in resident fee

5/A

057 CB

AE

CB

we have to show we're using state funds fairly
almost \$70m of \$125m in SR over 10 Long bones
- must acknowledge.

073 CB

return to SOR 17 establishing LTCF

maybe we want to ~~just~~ limit our work to elderly LTC

084 DM

only one I remember as

085 CB

we could reach resolution to be as broad or narrow,
we want, the not just for PH

095 KB

- 'Seniors' will all soon be there, if not already
I suggest that LTC encompasses disabled as well as SR

107 JD

What is 'SR'?

117 DM

re SOR 17 dilemma - by segmenting into age groups, we set
up competition for \$ & resources.

- you can't segment services in small villages - doesn't
work on smaller scales, & sets up inappropriate barriers &
classifications

142 CB

is there value of dividing into age cohorts?

5/A

147 JH

maybe we could est ~~as~~ common facilities, even if the funding that follows patients comes from different sources

159

I make choices, and such choices carry ^{responsibilities} ~~consequences~~ - a village just can't justify full services

173 CB

resources

we can't have full services in every community, tho we may have really good 1st aid bit.

183 JH

maybe we can have a care ctr, if not a NH

190 KP

every community has a level, and a construct showing what's an appropriate level of SR res
- we don't have a prob w/ a NH in 200 pop village

200 CB

there'll always be political component to an
we've got a big challenge/loss

210 DM

There is a point @ which we can't force services any P
- we can provide NH-type care in-home, at more cost than there'd be in an actual NH

224 CB

Choice brings need to choose

229 DM

- we're trying to be all things, so the cost #s won't go down

5/A

240 NE

if you require P to move to get svs, you may be forcing them to most costly facility, & why not ~~try~~ expand Pct

249 CB

NE

- only if the patient will accept the lower level of svs

CB

- 24 hr trained nursing care doesn't come cheap

258 DM

I'm not just advocating for NH (I used to work svs)
Homes NH 49 bed ct is 60% full & struggling, any 65% limit

282 SH

MPR - we have ability to drop age limit to 55%

290 CB

fed dur...

300 DG

Part of prob is we have no plan
if we can help P develop their own community plan for
services, they'll be more willing to buy into it & pay
for it

323 CB

- but I want huge variety of services

We don't know what 'it' is, but we've gotta find
a way to pay for it

- how do we account for growth

- do we force statewide participation

if we don't enforce any penalties, we're toothless

5/A

366 KP

2 times - individuals' responsibilities
community " "

we need to talk about applying portable benefits
if we can't talk about financing of our Medicare, which
applies to everyone over 65%

388 CB

we may be in gestation period

[CB SEP 10:20]

390 GW

introd TCF NEW ORLEANS trio ATTCA

TB

TOM BURKE: dir PR for Assoc	media interest
TOM SMITH dir leg policy/analysis	LTC ins
ROSE LESTER? SR Cong affairs director	leg issues

GW - gave me parameters of yr talk

430 TB

445 DM

GW

455 TOLD SMITH^T dir leg policy & analysis for Am H.C. Assn.
464 crisis is simple

1/2 of p

494

Medicaid pays when you're broke

5/A

500

Medicare meets only MINIMUM LTC needs
critic - expanding needs -2030

530

Solutions?

motivate private sources to pay for LTC
wed like to enc personal responsibility by those w/ means to pay
how?

- incentives for P to buy LTC ins

(young 40-50 could pay couple 100\$/yr & take care of selves, but cost
rises fast as you age)

596

TAPE 98-13, SIDE B

000 Port ESTIMUL (RE) SECURE CARE

1 - pers responsibility, & return Medicaid to safety net

019

skilled nursing care is caring for P who have been in hospital
15 yrs or more

- but reimbursement rate doesn't cover cost

- there no incentives for either hospitals or NH to care for
those w/ high needs

036

- Congress \$1,500 cap (?)

049

Personal Resp

- Congress has passed laws to encourage it - tax incentives
allowing P to shelter assets & qualify for Medicaid

in 1986 Congress criminalized asset sheltering 'Granny Goes to Jail'
the P advising asset sheltering was liable to prosecution

5/B

068

Congress nullified
allowed states to take assets sheltered @ death
- in sum - Congress is trying, but
STATE LEVEL

- Alaska's efforts are encouraging - state LTC return enrollment
is high

- state, fed, private ^{WAS MEAN TO EDUCATE P}
40% of P think Medicaid will pay for LTC (AARP survey)

94

a) P need choices along a continuum of care
b) we need pers responsibility

098 SN

099

DM

Will Secure Care _____

102 TS

110 DM

117 TS

Secure Care - legislative reform (OASD)

4 Principles of Secure Care

1) move LTC from Medicaid to fed level & coord w/ Medicare

2) coord public & private financing (tax \$)

3) ^{ENCOURAGE} ~~discourage~~ more pers. responsibility & attention to LTC

4) move LTC into competitive marketplace

150 TS

also doing net

5/B

160 RE

- most controversial of scenarios is #1 - federalizing LTC - the impoverishment / Medicaid is cruel and inefficient

187 SW

pls turn down

189

Tan Bunde

I deal w/ media/public about "Looming Crisis"
P thinks Medicare will cover LTC

will head back of
medicaid system

- if we return Medicare to orig. intent, we won't head back

210

P's effort is to encourage financial planning

232

when you rely on Medicaid, you lose a lot of choice, dignity, health care options

SW

- Questions?

243 JR

concerned about momentum

247 TS?

we working on federalizing LTC (state → local)
effort in 1981 by Rand Stockman & Rich Gelbach

279 JR

SW

at dinner w/ devel, we long-handled you
What states are doing better

287 RE

- NY, CT - once P's LTC you report & they want 4 MEDICARE
still allowed some asset protection IN CA
HWA some states encourage private LTC INS

5/B

326 ON

do either of you know of Ctr for LTC Fin

TB

yes, led by Steve _____

348 TB

has reported by media

350 KP

- ^{in addition to Medicaid} AK has state-funded LTC program → PH - GFA.
pays for 1/2 of costs

- PH is blaming mm a source of misunderstanding

372

we don't get a good share from Medicaid; reimbursement
home care & Medicare? is better suited to big cities

385

* How do you deal w/ outlying areas like AK?

395 TB

AHCA is a 50 member association - were aware of variations
struggling to

411 RE

Dispute AK's small-state concerns
- we may see that federalizing isn't the answer, but
we wanted to start dialogue

- we started 1997, so our final plan may be different

462 KP

- the use of
→

5/B

States are just as exposed to "Hanny Gov to fail" as others

- we need to have alternates to helping/forcing people to improve
or to protect assets

488 TS enforcement

504 RE we don't intend to criticize states for going after Hanny
- have now numbers for spending down a
- we'd rather convert to incentives & away from hammer

534 JR look to successful models - fed govt. is not successful

[11:15, KP DEP]

565 GW

566

578 DM as leg TF - will AHCA come up to AK to make presentation
if/when we take on legislation

599

5/B

TAPE 98-14, SIDE A

004 EN

006 DM

they talk confirm why we're here
I recommend...

030 JR it costs \$30 to act & \$15 check

6/A

034 DM

[denied] ~~EX~~ not as expensive, under ~~it~~ to result of Medicare now
reem

045 JH

What control does state have for changing Medicare? reg
its mov

050 DM

058 KB

maybe we need to be more specific about what kind of investment
personal investment I need to make

068 JH

- could we educate ARNs more about the costs of LTC
get out to them (such as that Medicare does NOT cover LTC)

112 SW

so, you ~~ARE~~ we infer that a cost, need & availability of
LTC REC

114 JH

126 DS

Disagree w/ JH
what are other states doing
I think doesn't fit all - ARNs have varied needs
we need to look @ real long-term

153

He is growth industry - maybe exp for BUSY
possible financing source is Federal Commission

168

SW

lets get back to schedule - don

179 DM

refl 'Medicare Present/Future' TAB

states share of Medicaid \$240,476,342 in 40% (~1962)

G/A

215 AB

a good chunk of Medicaid ^{out of the \$240 mn} is 100% ~~reimbursed~~ ^{not paid}

226 JS

230 DM

236 DM

2m page is Medicare payments by area

SW

242 DM

- rec- coordinate benefits, & better integrate Medicare Medicaid

250 AE

- SRs' concern - willingness of doctors to provide Medicare services

263 DM

- leg could require _____

SW

DM penultimate 3 recs: ⁹ Medicare/Medicaid Coordination of Benefits

276 DM

1,2,3

SW

302 DM

310 JH

we could endorse parts of Secure Care we agree on
(exclude federalizing)

324 AE

- I agree - Oppose federalization, any HK would ~~lose~~ ^{lose out} if not based on
of MH beds

DM

- it'll(?) be notationally normal
lets act federalized, & approve other 3 principles

6/A

350 JH

354 JS

356 DM -

359 SW -

360 DM -

366 AE

369 SW

Wed be better off
do we rework graf - Janis
subject to #1 of w/m Col benefits

BA

What PACE?

381 DM

It's simplistic to say....

402 SW

Do we want to embody #1

AE

415 SW

- DM will type up a new page/graf

417 JH

Another avenue for... Community CTRs

434 DM

- you could require P to report # of P who see video
MHTA is possible funding source

451 AE

failure of advanced directives comes from provider's failure to
see if there are in effect

It's nice to encourage ADs

468 SW

before we get too formula ADs

6/A

473 AB

ON

470 DH

Ans are great, but problems not as prepared
than about the use of AOs

504 ON

514 ON

ON

Offered modification
life of rule, you ^{can't} record AOs
→ AE OHP would like to talk about #10

we need to end @ 4:15 pm

RES @ 120

Res @ 115

550

[1:34 pm RESUME]

ON need on not money

620 AB

6/4

TAPE 98-14, SIDE B

9/10

AB

Modest for cell phone in post. Just money

Money was in jewelry ~~AB~~ AZ then AZ

6B

013 JS

options on how to offer Medicaid coverage for --

057 JS

it would have the advantage of,

076 KP

have we done position paper... staff analyses

082 SW

is rec. formalized on P63

JS

Yes

SW

087 HE

were get need to see if it's good or bad idea

089 JG

was 1 of 2 states w/ strict definition

JS

only 2 states now allow --

095 JG

if we used functional definition it would

SW

should we start see on P67 of the "Federal LTC Funding"

100 JG

I would agree.

KP

before we do, I want input on cost..

103 KB

I bel it's a small number

120 JS

must assess impact on Pioneer Home

KP

staff analyses include

126 KB

that's why this needs to... soon task list

SW

comments?

137 DM

6B

- 141 JS when you offer waiver, offer chance to enter MS
148 DM to me they go hand in hand
147 JS all I asked for was clarification
DM interest is premium in HCB
150 JS takes us back to agreed-upon assessment tool
157 DM more inquiry & study on this would be a good 1st step
166 JD
173 JR I'm getting confused. We've got def. of MH care. We've
beaten down fuzzy path of HCB. - less known, defined
182 JS True, we've ~~not~~ not defined it. 3-5 activities of daily living
Medicaid is now an all-or-nothing standard for LTC. Maybe
we should broaden the range of qualifications
210 JR
OR
214 KB I agree we're not defined...
219 GW REC - eliminate per
225 KP ① I don't know what timeline is. This will mean
several million \$
② 10 source of funds - 10% whether analysis will include
existing or
238 JH Is Karen saying...
KP It'll cost more \$ to provide more services

6B

245 SW

Let's do Miller's Trust

254 JR

MILLER'S TRUST

this allows you to retain an interest, and get income, & can pass it along

AK recently passed laws allowing you to retain an "interest" but not a "right"

285 JS

It's essentially voluntary impoverishment

317 JR

Am not an atty -

330 SW

shall this group see, make recs. on Miller's Trust

JR

no

333

DM

it's only income based, not assets (?)

349 KP

the Legal Services memo on Miller's Trust,

376 JR

--- corpus

379 KP

whose reg are these

JS

ours

385

386

MARCIA ROY (Faint)

6/B

420 EN

well ship second ⁸page of blue agenda: State
Funding for Long

430 JR

NY Life proposed LTC ins program to Nevada, & asked
to give presentation on it

EN

RETD MEXICAN

453 KP

480 EN

KP

Is there...

[CB RET ~~11~~ 2:14 pm]

491 EN

JR

10 KP recs 'Makind Present & Future'

BS 2 REC for
LCTF REC

498 DM

515 JR

519 DM

Ident think that's possible

529 JS -

KP

EN -

It also includes certification

DOVE

note FAX, RET MMT SV LIO on TCP

6/B

562

CYNTHIA HOWARD

MY LIFE LADY

611

I'm amazed by AK's innovation in est Pioneer Homes

TAPE 98-15, SIDE A

001

005 CB

006 CH

022 JH

asked CH to explain mao about LTC ins

~~023~~

030 CH

Kennedy / Hasselbaum

041 CH

there's pending legislation
there's impetus to shift LTC responsibility to individuals - via INCENTIVES
in fed govt.
- problem is under 65 P who need LTC

084 JR

Did you see core of state employees as basis of coverage

CH

yes

083 JR

I'm old enough to need care soon (maybe) - Has NYC evaluated
state of this ins at how

7/A

002 CH

you could offer better service policy
- it was good for its time - but not high
enough coverage

105 CB

you're suggesting we host state any benefit of higher coverage

CH

No, ~~that's~~ what another state wants to do

121 CB

where can we get info on what it would cost.
premiums/p/nd

134 CH

w/ a state census, we could crunch #'s & tell you
but underwriting doesn't factor in geographic/racial factors

\$350/yr active employees
\$1,300/yr retirees

146 AE

an Retirement Board is plans to renew LTC ins
any policy law
reimbursement

Robert J. Tande actuaries
- I don't think LTC will become sm benefit, but maybe we
could offer it as part of Cafeteria plan (pre-tax payment
by employee)

167 CB

I was thinking...

7/A

172 AE

I suggest asking our benefit consultants what cost of LTC ins

-any ins plan anti-selection... - it'd cost more for those who choose LTC ins would pay more than if it was forced on everyone

185 CB

- I know.

or shall it be REC - enhance SBS to include LTC ins

196 - AE

if it's being investigated

KP

a pool

200 AE

now just looking @ state employees/retirees(?)

205 DM

209 CH

231 CB

Novak is considering mandatory ^{LTC} ins, ~~only~~ or Parent buying by choice we get caught in spiral

234 CH

ins. agents are trying to sell it to P who we don't buy it til we need it

242 DM

How contract re. What's industry put on using Medicare \$, m

7/A

255 CH

258 DM

Where will the \$ come from
we all pay it thru payroll deduction

266 JR

AK used to not require auto ins, only proof of
financial resps - we could use sim. plan a LTC INS

282 JH

- would MYLIFE be int. in offering LTC INS to all of AK
not just state workers

294 CH

Yes - cuz we've gotta look at all kinds of options

301 AE

- ~~we~~ public can go buy our LTC policy,

306 JH

- or for attractive

AE

- unless you make LTC ins mandatory, what would the
difference be?

JR

318 CB

not quite same

what kind of coercion do you use to market/encourage
purchase of LTC INS

- an annuity would have to be mandatory

360 JR

- any slides for encouragement

362 KP

- /

372 CH

CA is in "partnership" - 4 ins cos - whatever coverage you
buy in LTC is protected from spend-down for Medicaid coverage

7/A

406 KP

411 AE

AK would have to give PH
that part of resolution came from PH policy board
any they like LTC ins

422 CB

Tax benefits - state or fed?

423 CH

FBI -

I hope more P will buy LTC ins

CB

498 JR

CH

what's impact of AK's small population

507 JR

519

522 JR

will ask for industry projection of cost of LTC ins for AK

538 JH

AE

JH

554 CB

do we have demographics

yes

ANNUITY program
is available privately

557 CH

on conference call... book by Haley Gordon of MASS. on LTC

7/A
594 KP

something in my mind. So Mr. does provide security
in form of love bond & Personal Home
\$30 m. 172 benefit
How can we keep personal responsibility to this benefit

TAPE 98-15, SIDE B

CB

But we are paying into PH
... for old folks home

026 PM

029 KP

the on concern I will tell them \$1000 leave AK
in 20 yrs we may not have as many seniors in AK
' gets too, just like you, older too

040 CB

Knowledge/Experience
it must be possible

045 CB

051 CH

Partnership in
it's time to be lifetime benefit (the
that you Medicaid immediately
what intention to protect my legacy ...

054 CB

CH

CB

067 CB

Carroll
Mick

080 CH At James educational miss

7/B
092 CB

ME

anything you do to reduce cost to poor benefit while poor
 what if I move to Albania for cheaper treatment
 am paying guys costs

CB 103 CH

CH 111

CH 112

now talking about P leaving

CB DM

KP 117

But would he feel for community
 But not see good for community

KP 124

If we could make community a region that benefit for
 the residents (a not a private benefit) ... how do we
 make P trust that should be good PH case could in future
 can you make that a recommendation

ON 133

KP

not yet

DM 136

CH 179

tells of former study
 do you see the number PH is competitive or
 more will attempt to compete if facility running in
 last year market cost

DM 185

7/B

195 EN

AE

205 KP

why not say TF supports increasing PH fees to match cost of care
PH were created to have govt give home to reward those
who helped build AK

- I'd like a vision of how to help PH
do we want PH to be annuity for public, so we want
PH to be part of our LTC

230 CB

PH were created for old miners/trappers w/ no assets
so we've done great @ attracting & retaining elderly P

EW

244 JH

passed around sample of Traveler LTC INS
- buying LTC INS from carrier comes great cost advantage over life
2002 PH

284 EW

- are you voicing support for public education

295 AE

Mandatory vs voluntary LTC INS - but - we are woefully
unprepared for retirement even as far as saving
- you've got to MANDATE

310 CH

P think of paying LTC INS out of income - better
try to find

320 EN

AE

can you put it in recommendation
- to me, the PFD is most ready way to pay
for LTC INS

330 JS

- mandatory LTC INS is the ~~best~~ ^{best} ~~way~~ ^{way}
current ~~status~~ in the \$100 mm in state SP over and

7/B

343 CB

Agree w/ AE - ins should be mandatory, & require personal contribution

- may use state & in PF Earnings Reserve Act for state match

367 CB

Participation in LTC ins be mandatory
it includes the \$70 million

" " personal contribution

any add'l need comes from excess earnings of PF

380 JR

we must require P or PH to provide some proof of financial responsibility

EN

- put in a recommendation?

402 AE

- you can't require pers contrib under Medicaid rules

408 KP

Remember how important Medicaid is to others - we can't pull out of Medicaid program

JR

could require personal ins policy for admission to PH

AE

we require resident pay a PH to cover 1/2 of PH cost

438 KP

Why should people think/believe they had to pay for LTC ins when ~~PH is not paying~~ PH is sliding scale fee

JR

- P don't want to do what supposed to do unless there's a sanction

465 CB

we have to make it beneficial for P to

7/B

495 CH

496 CB

509 JH

532 Shannon McCoomy for (DS)

539 CB we should have rec. that there be a phase in
2 meetings are not enough

JH Jager

575 ON This mtg shows ~~need~~ difficulty of our task
staff will collect recommendations, write up draft
then mark it up for a ~~final~~ draft ^{prelim}

CB

ON Lets pull our calendars out
Nov. 18 9-5 Anch L10
maybe by TCF

- 027 JH - any final thoughts
 - AK has 1-800 # for retirees to get info on LTC that may be a bit disparaging on LTC
 - if P could learn more about this issue & want more info on LTC, maybe they could look to Aetna Life Underwriters Assn - to help educate public on how affordable LTC ins can be
- 060 AE - we never did get RFS on funding
 - we have to recognize that LTC costs will rise - & this must be part of the preface to any plan
- 071 CB
- 073 JR we have to run every 2 yrs (sorry for my absences)
 this prob may be overwhelming in 10-20 yrs
 I don't want to see level of acceptable medical practice degrade by moving toward HCB
 - P must be taught that P must pay for selves LTC
 - the Leg must pursue it, not just write report & put it on shelf

8/A

096 JS nother

099 DM - refd OCT 6 98 "Dean Parham" ltr by Alice J. Brown
in our final recs. ltr include educational track
- more named LTC providers in AR, the less we have
to pay for em

125 Certificate of Need

140 CB [CB DEP 407]

144 GW thanked commissioners
staff

AMJ @ 408m



Alaska State Legislature

Long-Term Care Task Force

October 21 - 22, 1998 Meeting

NAME	MAILING ADDRESS (Please give full mailing address)			PHONE #	FAX #
	Street Address	City	Zip		
Elizabeth Talbot	Alzheimer's Assn. 240 E Tudor Rd #110	Anchorage	AK 99503	521-3313	561-3315
STEVE ASHMAN	Senior Housing Office			330-8460	
Gary Mandjich	DMHDP			269-3611	
Pat Dooley	May Convalescent Center 9100 Centennial Dr. Anch	AK	99502	269-3223	338-6789
Bill Ballou	600 3rd Street STE 197 FIDIS, AK		99501	452-7777	452-5828
Rodman Wilson	361 Egavik Dr anch		99503	563-7000	563-7015
BILL HERMAN	AK Mental Health Trust 550 W 7th #1820, Anch		99501	269-7962	269-7966
Kay Burrows	3600 C St Suite 310			269-3666	
EIA CRAIG	1416 Birchwood Anch		99508	279-2878	258-3627
Katherine Allevedese	ALSC, 1016 W 6th Ave, Ste 200		99501	272-9431	
Williamment	Alaska Commission on Aging			465-3200	465-4716
Lilo Berry	Circle of Care 3200 Prov. Drive		99576	261-4848	
Thelma P. Langdon	2363 Capt. Cook Dr Anch		99517		
DEBRA L.W. JORDAN	PROV AK MED CNT PO 196604 Anch		99519	563-3211 Ext 4069	261-4889

Please PRINT the above information. Thank you for participating in this task force meeting.

Long-Term Care Task Force Meeting
October 21-22, 1998

Personal Care Attendant Structure



INDEPENDENT LIVING CENTER

P.O. Box 2474 • Homer, Alaska 99603

Long Term Care Task Force Outline

HOMER

SELDOVIA

PORT GRAHAM

NANWALEK

ANCHOR POINT

NINILCHIK

CLAM GULCH

KASILOF

SOLDOTNA

KENAI

NIKISKI

STERLING

COOPER
LANDING

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(FAX)

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(V/TT/FAX)

Assignment: Review the Personal Care Attendant and Home and Community Based Structure

Responsibility: Joyanna Geisler

I. Review and summarize existing relevant information

- A. Ladd Report
- B. LTC Plan Recommendations
- C. Info presented at first meeting
- D. MiCASA-HR 2020

II. Describe State of the State

A. Describe current status of Personal Care Services

- 1. Description
- 2. Populations who may use (e.g. elderly, children with disabilities, etc.)
- 3. Usual funding source and cost
- 4. Problem areas

B. Describe current status of Home and Community Based Services

- 1. Description of each
- 2. Populations who may use (e.g. elderly, etc.)
- 3. Usual funding source and cost
- 4. Problem areas

III. Possible Solutions

A. Research other states solutions (including sample legislation, additional funding sources, restructuring of systems)

**Faxed to: Representative Bunde's Office
Senator Wilken's Office**

Please distribute accordingly.

Post-it Fax Note	7671	Date	9/14/98	# of pages	2
To	Sheila	From	Joyanna		
Co./Dept		Co.			
Phone #		Phone #	235-7911		
Fax #	465-4714	Fax #	235-6236		

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION DIVISION OF SENIOR SERVICES

Adult Protective Services
Information & Referral
Assisted Living Licensing

Alaska Commission on Aging
CHOICE for the Elderly Home Care
Personal Care Attendant Program

Tony Knowles, Governor

CHOICES

3601 C Street, Suite 310
Anchorage, AK 99503-5984
Phone (907) 269-3666
1 (800) 478-9996
FAX (907) 269-3689

ANNOUNCEMENT

PCA Regulation Changes Effective October 21, 1998

The changes to the medicaid personal care program regulations (Article 16. Personal Care Services 7 AAC43.750 -795) have been approved and will become effective this month on October 21, 1998!

Enclosed is a copy of the current personal care attendant program regulations and a separate copy of the specific changes to those regulations that will become effective on October 21, 1998. The following is a summary of the changes that have been made to the personal care regulations:

- Increase the personal care service reimbursement rate for independent PCAs from the current \$9/hour to \$12/hour
- Increase the personal care service reimbursement rate for agencies from the current \$18/hour to \$21/hour
- Increase the maximum daily reimbursement rate for personal care services from the current \$150/day to \$200/day
- Eliminate the requirement for personal care services to be prescribed by a physician
- Allow personal care services to be provided by a qualified family member, except a spouse or parent of a minor child
- Allow personal care services to be provided in an assisted living home or a foster home regardless of size, unless the service is a duplication of the services being provided by the assisted living home or the foster home
- Prohibit a PCA from providing care to a client living in a foster home or an assisted living home if the PCA has a business or familial relationship with the owner or administrator of the foster home or the assisted living home
- Clarify that the Division of Medical Assistance can delegate authority to another entity (ie: DSS)
- Clarify that a member of the client's extended family may not develop a treatment plan or an assessment for the client
- Increase in the reimbursement rates for the independent registered nurse visits

If you have any questions about these changes in the personal care service regulations, please contact Susan Cook or Rik Stavale at the Division of Senior Services at 269-3666.

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(Words underlined indicate language being added. Words [CAPITALIZED AND BRACKETED] indicate language being removed.)

ARTICLE 16. PERSONAL CARE SERVICES.

7 AAC 43.750(a), (b), (d), and (e) are amended to read:

7 AAC 43.750. PURPOSE AND SCOPE OF PERSONAL CARE ATTENDANT SERVICES. (a) The purpose of personal care attendant services is to enable an individual whose [MEDICAL] needs would otherwise require placement in an acute or long term care facility to remain safely in that individual's own home. A personal care attendant performs tasks [OF A NON-TECHNICAL MEDICAL NATURE] that assist an individual in following a plan of health [MEDICAL] care [PRESCRIBED BY A PHYSICIAN] and designed to improve or delay deterioration of an individual's physical health while enabling that individual to remain safely at home.

(b) Personal care attendant services that are provided to a recipient of Medicaid must be

(1) authorized by the division ~~or the division's designee~~ before service is provided in those cases that the division ~~or the division's designee~~ determines prior authorization is necessary;

(2) ~~determined to be appropriate for the recipient, based on the assessment of the recipient's needs made under 7 AAC 43.765(a) or a later reassessment made under 7 AAC 43.780(a); and~~ [PRESCRIBED BY A RECIPIENT'S PHYSICIAN AS MEDICALLY NECESSARY;]

(3) provided in accordance with the recipient's treatment plan by a person who is ~~not a recipient's family member and who is a~~

These regs become effective 10/21/98.

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(A) qualified personal care attendant who is independently enrolled under 7 AAC 43.772(d) [7 AAC 43.722];

(B) personal care attendant employed by a personal care agency enrolled under 7 AAC 43.787; or

(C) person who is otherwise qualified under 7 AAC 43.771(c) [7 AAC 43.790(c); AND

(4) PROVIDED UNDER CONDITIONS THAT ASSURE THAT ANY NEED THE RECIPIENT MAY HAVE FOR SKILLED NURSING CARE IS PROVIDED BY LICENSED MEDICAL PERSONNEL.]

....

(d) The division will, in its discretion, reimburse a personal care agency or an independent personal care attendant for [THE FOLLOWING] services provided to a recipient in accordance with the recipient's treatment plan, including [:]

.... (paragraphs (1) - (14) remain unchanged)

(e) In addition to the services described [IDENTIFIED] in (d) of this section, the division or its designee will, in its discretion, reimburse for other services if those services are

(1) repealed / / [PRESCRIBED BY A PHYSICIAN];

(2) found by the supervising nurse to be beyond the capability of the recipient to perform without assistance;

(3) within the capability of a qualified personal care attendant; and

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(4) are not excluded under 7 AAC 43.755 or otherwise prohibited by state or federal law or applicable medical standards. (Eff. 11/6/86, Register 100; am 6/27/92, Register 122; readopt 8/7/96, Register 139; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.755(4) is amended to read:

(4) a task that the personal care agency, supervising nurse, or division determines

(A) could reasonably be performed by the recipient;

(B) is within the scope of service provided to the recipient as part of the residential services contract between the recipient and an assisted living home operator required under AS 47.33.210; or is the kind of task routinely provided to other residents of the assisted living home; or

(C) is within the scope of service provided to the recipient as part of a residential agreement between the division of family and youth services and a foster home operator under AS 47.14.100;

(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.760(b)(4) is repealed:

(4) repealed ____/____/____.

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(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; am 7/1/95, Register 134; readopt 8/7/96,

Register 139; am 3/1/98, Register 145; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.760(f) is amended to read:

(f) In this section, "personal residence" means the dwelling the recipient considers his or her established or principal home and to which, if absent, the recipient intends to return. A "personal residence" can be real or personal property, fixed or mobile, and located on land or water, provided that the living conditions are appropriate for the care of the recipient [PRESCRIBED BY THE PHYSICIAN], including adequate sanitary conditions for hand washing and waste disposal. "Personal residence" includes a foster home licensed under 7 AAC 50 and an assisted living home licensed under 7 AAC 75.

(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; am 7/1/95, Register 134; readopt 8/7/96,

Register 139; am 3/1/98, Register 145; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.765(c) is amended to read:

(c) The supervising registered nurse or the employee of a personal care agency who develops the treatment plan or who performs the assessment under (b) of this section, may not be

(1) [(A)] a personal care attendant; or

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(2) [(B)] a member of the recipient's extended family [RELATED TO THE RECIPIENT BY BLOOD OR MARRIAGE].

(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; readopt 8/7/96, Register 139; am

____/____/____, Register _____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.770 is amended by adding a new subsection to read:

(b) In addition to meeting the requirements of (a) of this section, a personal care attendant who provides services to a recipient residing in a foster home licensed under 7 AAC 50 or an assisted living home licensed under 7 AAC 75 may not be in a contractual, business, or family relationship with the owner or administrator of the foster home or assisted living home.

(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; readopt 8/7/96, Register 139; am

____/____/____, Register _____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.790(d) - (h) are amended to read:

....

(d) When a recipient's medical condition calls for a treatment plan that requires personal care attendant services for more than 8 hours per day or 56 hours per week, the treatment plan must be submitted to the division or its designee for approval. If the division approves a

09/16/98 WED 08:50 FAX

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treatment plan that requires more than 8 hours per day or 56 hours per week, the division will reimburse the personal care agency or the independent personal care provider at the hourly rate provided for in this section or \$200 [\$150] per day, whichever is less.

(e) Reimbursement for an enrolled personal care agency's provision of personal care services may not exceed \$21 [\$18] per hour. This rate includes reimbursement for all nursing, personal care attendant, and administrative services rendered, including travel and telephone expenses. At least 50 percent of the annual total reimbursement made to an agency for personal care attendant services must be spent on compensation for personal care attendants.

(f) Reimbursement for an enrolled personal care agency's completion of an assessment and a treatment plan for a recipient, who has chosen to use the services of an independent personal care attendant, may not exceed \$250 [\$50] for both the assessment and the treatment plan.

(g) Reimbursement for the services of an enrolled independent personal care attendant may not exceed \$12 [\$9] per hour. This rate includes compensation for all costs the independent personal care attendant incurs as a self-employed contractor, including federal and state taxes and contributions, social security, unemployment insurance, and worker's compensation.

(h) Reimbursement for the services provided by an independently-enrolled registered nurse who supervises the treatment plan of a recipient who uses an independent personal care attendant may not exceed \$50 [\$25] for each visit to a recipient's personal residence, if that residence is in the nurse's home community. If the residence is outside of the nurse's home community, reimbursement will be determined by applying an hourly rate of \$50 to the actual time required for travel and the client visit or \$200, whichever is less (MAY NOT EXCEED

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\$35]. The division will not reimburse for more than one visit in any 60-day period. For the purposes of this subsection, a supervising registered nurse shall declare at the time of enrollment the location of that nurse's "home community."

....

(Eff. 11/6/86, Register 100; am 6/27/92, Register 122; am 7/1/95, Register 134; readopt 8/7/96,

Register 139; am 3/1/98, Register 145; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

7 AAC 43.795(3) is amended and a new paragraph (4) is added to read:

(3) "recipient's extended family" ["RECIPIENT'S FAMILY"] means the parent, spouse, child, grandparent, or grandchild of the recipient; [.]

(4) "recipient's family member" means a legally responsible relative, including a recipient's spouse, a minor recipient's parent, or a relative with a duty to support the recipient under Alaska law. (Eff. 6/27/92, Register 122; readopt 8/7/96, Register 139; am ____/____/____, Register ____)

Authority: AS 47.05.010

AS 47.07.030

_____ BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY THE _____ RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act establishing an in-home and community-based services program for certain
2 adults with long-term care needs; relating to personal care services under AS 47.07;
3 and providing for an effective date."

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

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

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

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

13 (3) expanding the availability of in-home or community support services would
14 allow these adults to maintain their independence longer, maximize the adult's or family's

1 resources to provide essential care and perhaps avoid or reduce state expenditures for care, and
2 avoid potential emotional and social problems that sometimes result from an adult having to
3 relocate to an institution many hundreds of miles away from family or friends;

4 (4) presently, in-home and community support services are not readily available
5 in many parts of Alaska and where they do exist, many adults and families who would benefit
6 from them are unaware of their availability or lack resources to purchase them without some state
7 assistance;

8 (5) Alaskans would benefit by having a system of long-term care assessment and
9 care coordination to improve their access to and understanding of appropriate in-home and
10 community-based services.

11 (b) Regarding sec. 2 of this Act, the legislature declares that it is the policy of this state
12 to

13 (1) increase the availability of in-home and community support services for
14 elderly, chronically ill, or physically or cognitively impaired adults with long-term care needs;

15 (2) give priority for in-home and community support services to those adults
16 described in (1) of this subsection who are at the greatest risk of being, or who already have been,
17 placed in a care setting that may be more restrictive than the adult wishes or requires; and

18 (3) encourage a variety of agencies, facilities, and individuals to provide in-home
19 and community support services in this state.

20 * Sec. 2. AS 47.24 is amended by adding new sections to read:

21 **Article 2. In-Home and Community-Based Services Program for Elderly and**
22 **Physically or Cognitively Impaired Adults.**

23 **Sec. 47.24.200. In-home and community-based services program for elderly**
24 **and physically or cognitively impaired adults.** (a) There is created in the department
25 a program to administer and coordinate, deliver services, and award grants or contracts
26 for in-home and community services for adults eligible for services under AS 47.24.200 -
27 47.24.290.

28 (b) The program may serve only the adults eligible for the program. The program
29 may not replace or augment state-administered programs for in-home and community
30 support services for adults described in AS 47.24.205(b). The expenditures of this
31 program may not exceed the appropriations available for its purposes.

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

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

(1) the adult has a long-term care need;

(2) the adult's need for services is because of a physical, medical, or cognitive functional impairment;

(3) the adult's limitations restrict the ability to carry out the normal activities of daily living and to live independently; and

(4) the adult meets the requirements of AS 47.24.200 - 47.24.290 and the regulations adopted under those provisions.

(b) The department may not consider an adult with any of the following illnesses, impairments, or disorders as eligible for the program:

(1) a developmental disability as described in the definition of "person with a developmental disability" under AS 47.80.900;

(2) a mental illness as defined in AS 47.30.915;

(3) disorders associated with chronic alcoholism as described in AS 47.30.056(f);

(4) incapacitation as the result of alcoholism or drug abuse as described in the definition of "incapacitated by alcohol or drugs" in AS 47.37.270.

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

(1) is at risk of being or already has been placed in a setting providing services that is more restrictive than is necessary to meet the adult's needs or more restrictive than the adult needs or would choose;

(2) has long-term care needs that can be met through in-home and community support services;

(3) has insufficient personal income and assets to pay for services needed;

(4) has no insurance or third-party payor resource available to pay for the

care; and

(5) has needs that cannot be met from any other available support, including family members, neighbors, or public service agencies.

Sec. 47.24.215. Eligible services and places of delivery. (a) The department may pay for or provide only in-home and community support services and care coordination that enable an eligible adult to remain at home or in a less restrictive care setting than that provided in an institutional setting. The department shall, by regulation, specify the types of care, care coordination, and health, social, and other assistance that are eligible services under this section.

(b) The department may not authorize payment for services that are intermediate or skilled care provided by a nursing facility or hospital licensed under AS 18.20 or provided in the Alaska Pioneer's Home under AS 47.55. The department may adopt regulations to grant waivers from the provisions of this subsection if the department finds that these services are necessary on a short-term basis to allow the adult to remain at home or in a less restrictive care setting than that described in this subsection.

Sec. 47.24.220. Delivery of services. (a) The department may use its own staff or enter into agreements, grants, or contracts to administer the program or to provide eligible services.

(b) The department shall solicit proposals from providers to provide services under AS 47.24.205 - 47.24.240. A provider must submit its proposal in a form and manner as required by the department. An entity, an agency, a facility, a local government, or an individual intending to offer services under AS 47.24.200 - 47.24.290 is eligible to submit a proposal to the department to provide eligible services. The department may enter into an agreement or award a contract or grant if the proposal meets the requirement of AS 47.24.200 - 47.24.290 and furthers the purposes of the program.

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

(d) The department may use demonstration projects to test new approaches to in-

1 home and community support services in limited areas in the state.

2 **Sec. 47.24.225. Responsibilities.** (a) An adult receiving services under the
3 program has a responsibility to contribute a co-payment towards the cost of care and to
4 apply for, to cooperate with, and to seek payment from other sources required by the
5 department for which the adult is eligible for the same services.

6 (b) The department shall establish in regulation a schedule for co-payments under
7 this section. The schedule must vary on a sliding scale based on

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

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

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

12 (c) The department may waive the requirements of this section if the department
13 determines that it is not cost effective to require conformance or if the waiver is in the
14 public interest.

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

22 (b) If the department determines that it is feasible, the department may require
23 that a provider seek and recover any payment from insurance or other third-party payor,
24 before seeking payment for the service under the program from the department.

25 **Sec. 47.24.235. Comprehensive data system.** The department shall develop and
26 implement a comprehensive data system that tracks in-home and community services,
27 expenditures, services, consumer profiles, and consumer preferences. The department
28 shall seek to coordinate and to share data with other state and local agencies or
29 organizations.

30 **Sec. 47.24.240. Assessment and care coordination services.** The department
31 may implement a system of long-term care assessment and care coordination to minimize

administrative costs, improve access to appropriate services, and minimize obstacles to the delivery of in-home and community-based care services to adults eligible for services under the program.

Sec. 47.24.245. Confidentiality and access to records. Medical, social, and other client records received or developed under AS 47.24.200 - 47.24.290 are confidential and are not open to inspection except as provided in regulations of the department to further the purposes of the program or to better coordinate care and services. Nothing in the section prohibits the department from releasing non-identifying information in aggregate form for research or other purposes.

Sec. 47.24.290. Definitions. In AS 47.24.200 - 47.24.290, unless the context otherwise requires,

(1) "department" means the Department of Administration;

(2) "program" means the in-home and community-based services program for elderly and physically or cognitively impaired adults under AS 47.24.200 - 47.24.290;

(3) "provider" means an entity, an agency, a facility, or an individual providing services under AS 47.24.200 - 47.24.290;

(4) "services" means in-home and community support services provided under AS 47.24.200 - 47.24.290.

* **Sec. 3.** AS 08.63.200(b) is amended to read:

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

(1) child abuse or neglect as required by AS 47.17;

(2) harm or assaults suffered by an elderly person or disabled adult as required by AS 47.24.010 [AS 47.24].

* **Sec. 4.** AS 47.05.017(b) is amended to read:

(b) The department shall adopt regulations identifying actions that it will take, in addition to those otherwise required under AS 47.17 and AS 47.24.010 - 47.24.130 [AS 47.24], when a report of harm is made under AS 47.17 or AS 47.24.010 [AS 47.24] that might relate to harm caused by actions or inactions of a public home care provider. The regulations must

(1) address circumstances under which the department will, or will require

1 a contractor or grantee to, reassign, suspend, or terminate a person alleged to have
2 perpetrated harm; and

3 (2) include appropriate procedural safeguards to protect the due process
4 rights of public home care providers who may be reassigned, suspended, or terminated
5 under the circumstances described in (1) of this subsection.

6 * Sec. 5. AS 47.07.900(15) is amended to read:

7 (15) "personal care services in a recipient's home" means services
8 authorized under a service plan in accordance with applicable federal and state law
9 [PRESCRIBED BY A PHYSICIAN IN ACCORDANCE WITH THE RECIPIENT'S
10 PLAN OF TREATMENT AND PROVIDED BY AN INDIVIDUAL WHO IS

11 (A) QUALIFIED TO PROVIDE THE SERVICES;

12 (B) SUPERVISED BY A REGISTERED NURSE; AND

13 (C) NOT A MEMBER OF THE RECIPIENT'S FAMILY];

14 * Sec. 6. AS 47.24.011 is amended to read:

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

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

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

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

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

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

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

1 services;

2 (7) maintain confidentiality of records as provided for in AS 47.24.050;

3 and

4 (8) adopt regulations to carry out the purposes of AS 47.24.010 -
5 47.24.130 [THIS CHAPTER].

6 * Sec. 7. AS 47.24.050(a) is amended to read:

7 (a) Investigation reports and reports of the abandonment, exploitation, abuse,
8 neglect, or self-neglect of a vulnerable adult filed under AS 47.24.010 - 47.24.130 [THIS
9 CHAPTER] are confidential and are not subject to public inspection and copying under
10 AS 09.25.110 - 09.25.125. However, in accordance with AS 47.24.010 - 47.24.130
11 [THIS CHAPTER] and regulations adopted under AS 47.24.010 - 47.24.130 [THIS
12 CHAPTER], investigation reports may be used by appropriate agencies or individuals
13 inside and outside the state, in connection with investigations or judicial proceedings
14 involving the abandonment, exploitation, abuse, neglect, or self-neglect of a vulnerable
15 adult.

16 * Sec. 8. AS 47.24.070 is amended to read:

17 **Sec. 47.24.070. Required review of proposed regulations.** Before adoption by
18 the department, regulations to implement AS 47.24.010 - 47.24.130 [THIS CHAPTER]
19 shall be provided to the Alaska Commission on Aging established under AS 44.21.200
20 for review.

21 * Sec. 9. AS 47.24.130 is amended to read:

22 **Sec. 47.24.130. Treatment through spiritual means.** Nothing in
23 AS 47.24.010 - 47.24.130 [THIS CHAPTER] may [NOT] be construed to mean that a
24 person is abused, neglected, self-neglected, vulnerable, unable to consent, abandoned,
25 exploited, or in need of emergency or protective services for the sole reason that the
26 person relies on or is being furnished treatment by spiritual means through prayer alone
27 in accordance with the tenets and practices of a church or religious denomination of which
28 the person is a member or adherent, provided that the person consents to the treatment
29 through spiritual means only and the treatment is administered by an accredited
30 practitioner of the church or religious denomination. In this section, "church or religious
31 denomination" has the meaning given to "religious organization" in AS 05.15.210.

DRAFT

DRAFT - DEPARTMENT OF LAW

DRAFT

1

* Sec. 10. This Act takes effect immediately under AS 01.10.070(c).

Vulnerable Adults

Possible legislation relating to
vulnerable adults —

15 * Sec. 3. AS 47.24.015(c) is amended to read:

16 (c) The department, or its designee, shall immediately terminate an
17 investigation under this section upon the request of the vulnerable adult who is the
18 subject of the report made under AS 47.24.010 unless [HOWEVER, IF] the
19 investigation to that point has resulted in reasonable cause to believe that the
20 vulnerable adult is in need of protective services, the request is made personally by
21 the vulnerable adult and the vulnerable adult is not competent to make the
22 request on the adult's own behalf, or the request is made by the vulnerable
23 adult's guardian, attorney-in-fact, or surrogate decision maker and that person
24 is the alleged perpetrator of abuse and is being investigated under this chapter.
25 If the department has reasonable cause to believe that the vulnerable adult is in
26 need of protective services.

27 (1) the department may petition the court as set out in AS 47.24.019;
28 or

29 (2) the department or its designee may refer the report made to the
30 department under AS 47.24.010 to a police officer for criminal investigation.

31 * Sec. 4. AS 47.24.019(a) is amended to read:

1 (a) If, after investigation under AS 47.24.015, the department has reasonable
2 cause to believe that a vulnerable adult is in need of protective services and is an
3 incapacitated person, the department may petition the court under AS 13.26 for
4 appointment of a guardian or temporary guardian, or for a change of guardian, for
5 the vulnerable adult for the purpose of deciding whether to consent to the receipt of
6 protective services for the vulnerable adult.

7 * Sec. 5. AS 47.24.019(c) is amended to read:

8 (c) If a vulnerable adult who has consented to receive protective services, or
9 on whose behalf consent to receive protective services has been given, is prevented by
10 a caregiver, guardian, attorney-in-fact, or surrogate decision maker from receiving
11 those services, the department may [ASSIST THE VULNERABLE ADULT OR THE
12 PERSON WHO CONSENTED TO THE VULNERABLE ADULT'S RECEIPT OF
13 THE SERVICES TO] petition the superior court for an injunction restraining the
14 caregiver, guardian, attorney-in-fact, or surrogate decision maker from interfering
15 with the provision of protective services to the vulnerable adult.

16 * Sec. 6. AS 47.24.050(b) is amended to read:

17 (b) The department shall disclose a report of the abandonment, exploitation,
18 abuse, neglect, or self-neglect of a vulnerable adult if the vulnerable adult who is the
19 subject of the report, the vulnerable adult's guardian, attorney-in-fact or a
20 surrogate decision maker consents in writing. The department may not disclose
21 a report of the abandonment, exploitation, abuse, neglect, or self-neglect of a
22 vulnerable adult to the vulnerable adult's guardian, attorney-in-fact, or a
23 surrogate decision maker if that person is an alleged perpetrator of abuse and is
24 being investigated under this chapter. The department shall, upon request, disclose
25 the number of verified reports of abandonment, exploitation, abuse, neglect, or self-
26 neglect of a vulnerable adult that occurred at an institution that provides care for
27 vulnerable adults or that were the result of actions or inactions of a public home care
28 provider.

29 * Sec. 7. TRANSITION. The departments affected by this Act may proceed to adopt
30 regulations necessary to implement this Act. Regulations to implement a provision of this Act
31 take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date

1 of sec. 2 of this Act.

2 * Sec. 8. Section 7 of this Act takes effect immediately under AS 01.10.070(c).

Urban & Rural LTC Services

ALASKA FEDERATION OF NATIVES, INC.

1998 ANNUAL CONVENTION

RESOLUTION NO. 98-59

TITLE: IN SUPPORT OF ELDER CARE FACILITIES IN RURAL ALASKA

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

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

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

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

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

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

SUBMITTED BY: St. Mary's Native Corporation

COMMITTEE RECOMMENDATION: DO PASS

CONVENTION ACTION:

Passed

Issue Brief: Universal (Long-Term) Care Plan Counseling

Definition: Care plan counseling is the service of informing people who are entering or considering entering the long-term care system of their care options, including information on available financial resources. The objective of care plan counseling is to help individuals find an appropriate long-term care setting of their choice and to find ways for people to live in their homes and stay in their communities longer.

Findings:

Care plan counseling is not currently available to all Alaskans who are entering the long-term care system. Since the inception of the Medicaid waiver programs, eligible Alaskans have begun receiving more uniform information about their options.

However, non-Medicaid eligible Alaskans who are being discharged from hospitals are not receiving the adequate and consistent information, and as a result, some have been placed in nursing homes without understanding their choices. Others are not necessarily receiving the services of their choice, or in the location of their choice.

A significant part of the problem is that the range of long-term care alternatives found in the lower 48 are not available in most Alaskan communities.

Considering the experience of other states, care plan counseling for all Alaskans, including non-Medicaid eligible Alaskans, will in the long-run save the state money. Care plan counseling will keep Alaskans from prematurely entering nursing homes thereby prolonging the time in which they spend down their own resources and become Medicaid eligible.

Alaska's home and community based services system for the elderly is so new that many still do not know what services are available.

Alternatives/Impacts and Costs:

Two states, Indiana and Oregon, are leaders in care plan counseling (which they refer to preadmission screening) because as a result of state laws, nearly all individuals entering the long-term care system are informed of their care alternatives.

In Indiana, state law requires that before an individual can be placed in a nursing facility, they must first be screened to determine if they meet the state's criteria for nursing facility placement. A part of the state's preadmission screening process, which is required for both Medicaid-eligible and private pay patients, is to ascertain whether alternative services are available in the community that would be more appropriate than care in a nursing facility (and not more expensive than the cost of a nursing facility). A part of the comprehensive, individualized plan of care is a cost comparison between the alternatives services. Individuals who are not prescreened lose their eligibility for Medicaid reimbursement for nursing facility care for up to one year.

In Indiana, the Area Agencies on Aging (AAA) act as the designated preadmission screening agenciesⁱ. The Medicaid agency pays for all of the preadmission screenings, reimbursing the AAAs \$15 for a Level I screeningⁱⁱ, \$140 for a Level II screeningⁱⁱⁱ, and \$132 for the state-required Medicaid preadmission screening^{iv}. These agencies have worked diligently with hospital discharge planners in their state to make the process work.

Indiana enacted its preadmission screening law in 1983. Both the hospitals and nursing homes fought its enactment, however, with more than 97 percent of individuals that enter nursing homes becoming eligible for Medicaid within one year, the law was essential to controlling Medicaid expenditures.

Oregon requires a preadmission assessment (their form of care plan counseling) to insure that non-Medicaid eligible individuals applying for or considering admission to a Medicaid certified facility receive information regarding appropriate services and placement alternatives.

The persuasive arguments used to get the Oregon law enacted were twofold, to control Medicaid expenditures and to provide residents with an important customer service. Preadmission assessments in Oregon are conducted by an array of private entities under the supervision of the Area Agencies on Aging and are paid approximately \$170 for each assessment^v.

Recommendation:

The purpose of universal care plan counseling is to educate Alaskans about their long-term care options. Alaska should evaluate a phased-in universal care plan counseling requirement for (all) Alaskans entering the long-term care system, regardless of their ability to pay.

A first step is to estimate the potential demand for care plan counseling and the cost of providing this service. A second step is to estimate the capacity requirements for long-term care services resulting from a universal care plan counseling requirement, and to work with existing agencies in developing a plan for meeting the demand. The evaluation should include a comparison of the cost of providing universal care plan counseling with long-term cost avoidance, particularly for the Medicaid program.

Implementation will necessitate streamlining the current set of required assessments as well as improving the standards for and training of care plan coordinators.

^v The Community Mental Health Centers and Bureau of Developmental Disability Services office also serve as designated preadmission screening agencies.

ⁱⁱ Level I screenings are done on all nursing facility patients regardless of the method of payment (that is, both Medicaid and non-Medicaid individuals). HCFA requires all states to complete Level I screenings, referred to as the Preadmission Screening and Annual Resident Review (PASARR).

ⁱⁱⁱ Level II screenings are required for those applicants identified through the level I screen as possibly mentally ill (MI) or mentally retarded (MR). This screen applies to all MI/MR individuals, regardless of whether or not the individuals are on Medicaid. HCFA requires all states to complete Level II screenings, referred to as the Preadmission Screening and Annual Resident Review (PASARR).

^{iv} Medicaid preadmission screenings are completed on all non-Medicaid (except MI/MR patients, see Level II) and Medicaid recipients applying for admission to nursing facilities or Medicaid home and community based waiver services.

* Preadmission assessment workers are required to pay a certification fee based on the volume of assessments completed. One exception to this payment is when a patient is being discharged from a hospital. In these cases, no payment for the preadmission assessment is made.

Governor's Council on Disabilities and Special Education
Creating change that improves the lives of people with disabilities.

**A Study of the Impact of
Deinstitutionalization
on the Former Residents of
Harborview Developmental Center
August, 1998**



Department of Health and Social Services
Karen Perdue, Commissioner

Governor's Council on Disabilities and Special Education
Kris Johnston, Chair

Executive Summary

Since its formation in the late 1970's, the Governor's Council on Disabilities and Special Education advocated for the transfer of people living at Harborview Developmental Center to community programs. The Council and other advocates maintained that community services cost less than institutional care, the quality of life of people is better in the community, and the community based services system had the resources to provide support to Harborview residents. Now that Harborview has closed, the Council is conducting a study to determine whether the closure was in the best interest of the people who were living there.

The Harborview Study included interviews with former residents, a survey of family members and guardians, interviews with key informants, and an analysis of the economic impact of the transfer of Harborview Developmental Center residents to community programs. Major findings were:

- Between 1961, when Harborview opened, and 1997 when it closed, 344 people were admitted to the facility. The population at Harborview reached its peak in 1972 when 130 people lived there.
- Former residents, families/guardians and community service providers felt that the Division of Mental Health and Developmental Disabilities provided adequate support during the transition of Harborview residents to community programs. Former residents reported (77.8%) that they felt that their needs and wants were considered during the transition from HDC. All of the family members and guardians (100%) responding to the survey said that their views were considered during the transition process.
- While many family members or guardians were initially skeptical, most are now pleased with their family member's new lifestyle and the positive changes they have seen.
- Former residents and their guardians rated the former residents' quality of life highly in most areas. Areas that are problematic are employment and integration into the community.
- Former residents and guardians reported that community based services are meeting their wants and needs. Employment services are the greatest need. Most of former residents (77.8%) do not have jobs.
- The cost of care in the community (\$94,878, including Adult Public Assistance and Food Stamps) is significantly less than the costs at Harborview (\$164,000). The net saving equals \$69,122 per person.

The study also identified a number of system's issues:

- Most (77.3%) of the former HDC residents do not have jobs. Many others in community programs are also waiting for supported employment services. Without additional resources for employment services, this will continue to be an issue.
- There is still work to be done in providing consumers with real choices and integrating them into their communities. These are values that are widely held by community programs. They are also the values that are most difficult attain. While it is clear that programs are getting former residents out into the community, the challenge will be to support consumers in establishing individual relationships.
- Staff turnover negatively impacts family and guardian confidence in community services. Low wages and lack of benefits cause high turnover and a perceived lack of consistent and professional care.

In 1995 AoA sponsored the development of a report titled "State LTC Profiles Report." Drawn mainly from public data sources, this report contains brief descriptions of each State's progress in developing their systems of home and community based services for the elderly within their long term care systems.

[illegible]

The report was written by Richard C. Ladd, Robert L. Kane, Rosalie A. Kane, and Wendy J. Nielsen, under the auspices of the National LTC Mentoring Program at the Institute for Health Services Research, School of Public Health, University of Minnesota. The State profiles are based on the following 25 data tables:

Provided by Rep. Ryan

Administration On Aging



Alaska

MEASURE	RATE	OBSERVATIONS
Potential Demand on the Total LTC System	LOW	Rated lowest in the country for percentage of total population age 85+; however, the growth rate for this age group is the 2nd highest. Percentage of elderly who live alone is very low, while the percentage who are minorities is very high. Prevalence of severe disabilities among the elderly is very low.
Potential Demand on the Public LTC System	LOW	Rated 3rd lowest for percentage of elderly with incomes below poverty level; however, a high percentage of elderly receive Medicaid. Prevalence of severe disabilities among persons age 18-64 is low.
Control of Nursing Home Utilization	ABOVE AVERAGE	Nursing home bed supply (per 1000 age 85+) is highest in the nation. Nursing home occupancy is 2nd lowest in the nation, while resident acuity levels are very high. Very low percentage of elderly reside in nursing homes. Growth rate for nursing home utilization during the 1980s was low.
Control of Nursing Home Expenditures	WELL BELOW AVERAGE	Medicaid nursing home costs per day are the highest in the nation. Amount spent on nursing home care per person age 65+ is 2nd highest in the nation. Growth rate for nursing home expenditures during the 1980s was low.
Commitment to HCBS	HIGH	Amount spent on HCBS per person age 65+ is very high. HCBS expenditures constitute a high percentage of total LTC expenditures.
Progress Toward an HCBS System	AVERAGE	Ranked 26th highest overall.

COMMENTS

Overall, Alaska has a rating of "average" for its progress toward an HCBS system. Alaska is probably unlike any other state in the nation. It has relatively few elderly and a low demand on LTC services. However, the vast areas of the state make delivery of LTC services difficult. The state appears to be moving in the right direction by shifting persons away from nursing home care and toward home and community-based care. With the second highest growth rate of persons age 85+ in the country, Alaska needs to plan carefully for LTC.

CORRECTION

**THE FOLLOWING DOCUMENT(S)
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State of Alaska

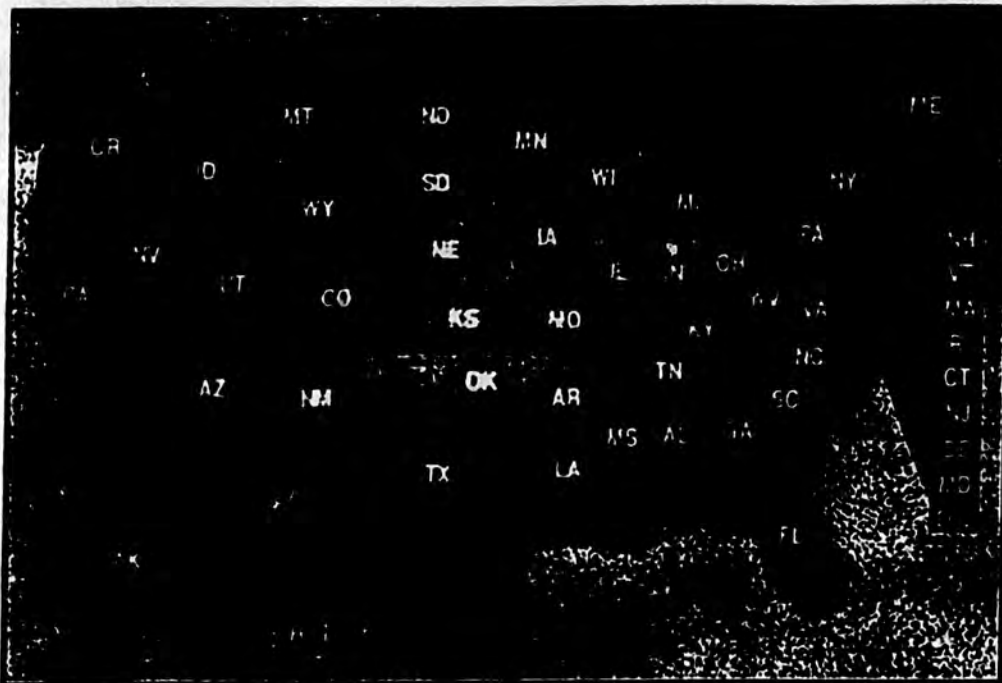
Administration On Aging



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Please click on any state to view a profile.



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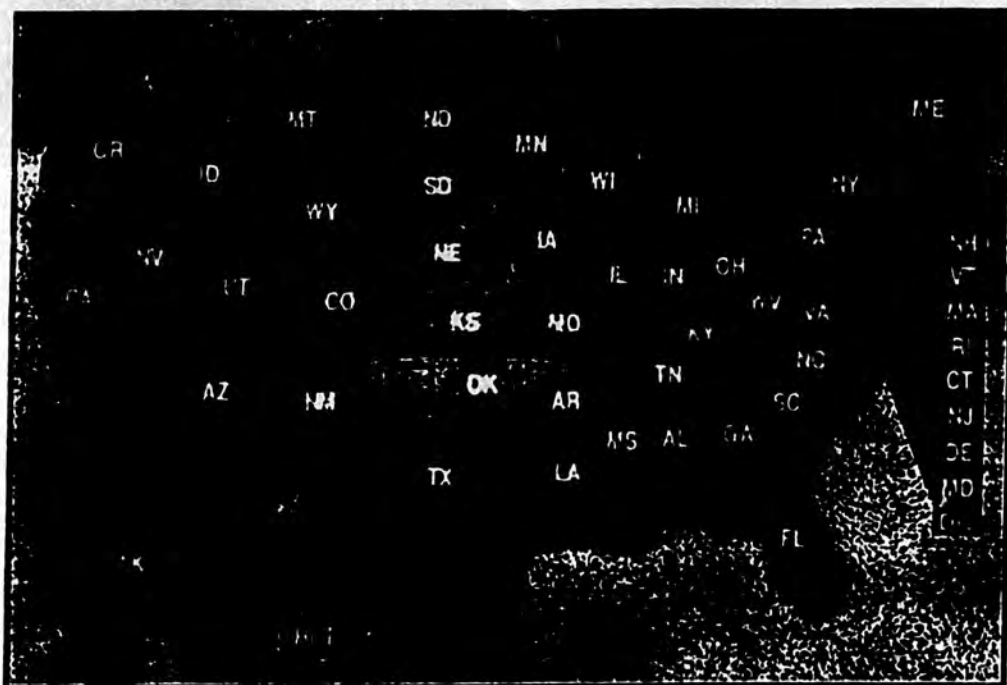
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Table 1: Age 85+ Growth Rate	Table 2: Pct. of Pop 85+
Table 3: 65+ Living Alone	Table 4: 65+ Minority Pct.
Table 5: 65+ Disabled Pct.	Table 6: 65+ in Poverty
Table 7: 65+ Receiving Medicaid	Table 8: 18-64 Disabled Per 1000
Table 9: Nursing Home Beds	Table 10: Nursing Home Occupancy
Table 11: NH Residents by 65+ Pop.	Table 12: Nursing Home Use 1980-90
Table 13: Nursing Home Acuity Rates	Table 14: Medicaid Cost per Day
Table 15: NH Expenditures 1980-90	Table 16: NH Expenditures per 65+
Table 17: HCBS Expenditures per 65+	Table 18: HCBS Percent of Total LTC
Table 19: Demand for Long Term Care	Table 20: Demand for Public LTC
Table 21: State Control of NH Use	Table 22: State Control of NH Cost
Table 23: Commitment to HCB Services	Table 24: Progress Toward HCBS System
Table 25: State Summaries	

To order a copy of the "State LTC Profiles Report," please send a check made payable to the University of Minnesota in the amount of \$25.00 to:

National LTC Mentoring Program
University of Minnesota
School of Public Health
Box 197 Mayo
420 Delaware Street SE
Minneapolis, MN 55455

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HTML conversions by Dave Bunoski, AoA

Administration On Aging



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Population Growth: Age 85+

TABLE 1. 1983-1993 Age 85+ Growth Rate

STATE	% GROWTH	SCORE	RATING	RANK
NEVADA	111.30%	3.67	VERY HIGH	1
ALASKA	104.5	3.33	VERY HIGH	2
ARIZONA	85.2	2.36	VERY HIGH	3
FLORIDA	71	1.65	VERY HIGH	4
HAWAII	71	1.65	VERY HIGH	4
NEW MEXICO	60.9	1.15	VERY HIGH	6
UTAH	57.8	0.99	VERY HIGH	7
NORTH CAROLINA	51.4	0.67	HIGH	8
SOUTH CAROLINA	49.1	0.56	HIGH	9
TEXAS	46.1	0.41	HIGH	10
GEORGIA	44.9	0.35	HIGH	11
IDAHO	42.9	0.25	AVERAGE	12
ALABAMA	41.9	0.2	AVERAGE	13
NORTH DAKOTA	40.9	0.15	AVERAGE	14
TENNESSEE	40.3	0.12	AVERAGE	15
VIRGINIA	39.3	0.07	AVERAGE	16
MARYLAND	36.3	-0.08	AVERAGE	17
NEW HAMPSHIRE	36	-0.1	AVERAGE	18
COLORADO	35.3	-0.13	AVERAGE	19
LOUISIANA	35.1	-0.14	AVERAGE	20
OREGON	34.7	-0.16	AVERAGE	21
WASHINGTON	34.5	-0.17	AVERAGE	22
DELAWARE	34.4	-0.18	AVERAGE	23
ARKANSAS	34.3	-0.18	AVERAGE	24
MISSISSIPPI	33.5	-0.22	AVERAGE	25
KENTUCKY	32.7	-0.26	LOW	26
OKLAHOMA	32.4	-0.28	LOW	27
MISSOURI	32.1	-0.29	LOW	28
CALIFORNIA	32.1	-0.29	LOW	28
INDIANA	29.6	-0.42	LOW	30

PENNSYLVANIA	29.1	-0.44	LOW	31
MICHIGAN	28.4	-0.48	LOW	32
WISCONSIN	28.1	-0.49	LOW	33
WEST VIRGINIA	28	-0.5	LOW	34
WYOMING	27.9	-0.5	LOW	35
CONNECTICUT	27.5	-0.52	LOW	36
MONTANA	27.3	-0.53	LOW	37
OHIO	26.2	-0.59	LOW	38
NEW JERSEY	26	-0.6	LOW	39
ILLINOIS	25.5	-0.62	LOW	40
KANSAS	25.2	-0.64	LOW	41
VERMONT	24	-0.7	LOW	42
RHODE ISLAND	23.2	-0.74	LOW	43
MINNESOTA	23.1	-0.74	LOW	44
MAINE	21.7	-0.81	LOW	45
SOUTH DAKOTA	20.7	-0.86	VERY LOW	46
NEBRASKA	20	-0.9	VERY LOW	47
NEW YORK	20	-0.9	VERY LOW	47
MASSACHUSETTS	18.6	-0.97	VERY LOW	49
IOWA	17.2	-1.04	VERY LOW	50
DIST. OF COLUMBIA	14.5	-1.17	VERY LOW	51
TOTAL U.S.	33.80%			

Source: American Association of Retired Persons, State Data and Ranking, 1994.

The ratings and conclusions contained in this report are those of the authors and do not necessarily reflect the views of the Administration on Aging.

Go to Table 2 **Return to U.S. Map**



Percentage of Population Age 85 or Older

TABLE 2. 1992 Age 85+ Population as a Percentage of the Total Population

STATE	% OF POP.	SCORE	RATING	RANK
IOWA	2.03%	2.15	VERY HIGH	1
SOUTH DAKOTA	1.97	1.97	VERY HIGH	2
NORTH DAKOTA	1.89	1.73	VERY HIGH	3
NEBRASKA	1.87	1.68	VERY HIGH	4
KANSAS	1.74	1.29	VERY HIGH	5
FLORIDA	1.72	1.24	VERY HIGH	6
MISSOURI	1.66	1.06	VERY HIGH	7
RHODE ISLAND	1.59	0.85	VERY HIGH	8
MASSACHUSETTS	1.58	0.82	HIGH	9
MINNESOTA	1.58	0.82	HIGH	9
WISCONSIN	1.56	0.77	HIGH	11
MAINE	1.54	0.71	HIGH	12
ARKANSAS	1.54	0.71	HIGH	12
PENNSYLVANIA	1.51	0.62	HIGH	14
CONNECTICUT	1.49	0.56	HIGH	15
OKLAHOMA	1.49	0.56	HIGH	15
WEST VIRGINIA	1.49	0.56	HIGH	15
OREGON	1.41	0.33	HIGH	18
VERMONT	1.4	0.3	HIGH	19
NEW YORK	1.39	0.27	HIGH	20
DIST. OF COLUMBIA	1.36	0.18	AVERAGE	21
MONTANA	1.33	0.09	AVERAGE	22
KENTUCKY	1.33	0.09	AVERAGE	22
OHIO	1.33	0.09	AVERAGE	22
ILLINOIS	1.32	0.06	AVERAGE	25
INDIANA	1.32	0.06	AVERAGE	25
MISSISSIPPI	1.3	0	AVERAGE	27
NEW JERSEY	1.27	-0.09	AVERAGE	28
NEW HAMPSHIRE	1.26	-0.12	AVERAGE	29
ALABAMA	1.26	-0.12	AVERAGE	29

TENNESSEE	1.25	-0.14	AVERAGE	31
IDAHO	1.22	-0.23	AVERAGE	32
MICHIGAN	1.2	-0.29	LOW	33
WASHINGTON	1.17	-0.38	LOW	34
DELAWARE	1.16	-0.41	LOW	35
ARIZONA	1.12	-0.53	LOW	36
NORTH CAROLINA	1.11	-0.56	LOW	37
WYOMING	1.07	-0.67	LOW	38
LOUISIANA	1.05	-0.73	LOW	39
CALIFORNIA	1.01	-0.85	VERY LOW	40
COLORADO	1.01	-0.85	VERY LOW	40
NEW MEXICO	1.01	-0.85	VERY LOW	40
TEXAS	1.01	-0.85	VERY LOW	40
VIRGINIA	1	-0.88	VERY LOW	44
HAWAII	0.95	-1.03	VERY LOW	45
SOUTH CAROLINA	0.94	-1.05	VERY LOW	46
GEORGIA	0.92	-1.11	VERY LOW	47
MARYLAND	0.85	-1.32	VERY LOW	48
UTAH	0.83	-1.38	VERY LOW	49
NEVADA	0.68	-1.82	VERY LOW	50
ALASKA	0.25	-3.08	VERY LOW	51
UNITED STATES	1.28			

Source: Derived from the population estimates in Infrastructure of Home and Community Based Services for the Functionally Impaired Elderly. State Source Book. U.S. Administration on Aging, 1995.

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Administration On Aging



Percentage of Elderly Living Alone

TABLE 3. 1992 Percentage of Age 65+ Population Living Alone

STATE	AGE 65+ %			
	LIV. ALONE	SCORE	RATING	RANK
DIST. OF COLUMBIA	35.00%	2.48	VERY HIGH	1
WEST VIRGINIA	31.4	1.1	VERY HIGH	2
NEBRASKA	31.2	1.02	VERY HIGH	3
MISSOURI	30.9	0.9	VERY HIGH	4
OKLAHOMA	30.9	0.9	VERY HIGH	4
NORTH DAKOTA	30.8	0.86	VERY HIGH	6
SOUTH DAKOTA	30.8	0.86	VERY HIGH	6
IOWA	30.7	0.83	HIGH	8
WYOMING	30.6	0.79	HIGH	9
MISSISSIPPI	30.6	0.79	HIGH	9
MINNESOTA	30.5	0.75	HIGH	11
KANSAS	30.4	0.71	HIGH	12
KENTUCKY	30.4	0.71	HIGH	12
MONTANA	30.2	0.63	HIGH	14
INDIANA	29.9	0.52	HIGH	15
MASSACHUSETTS	29.7	0.44	HIGH	16
VERMONT	29.7	0.44	HIGH	16
RHODE ISLAND	29.6	0.4	HIGH	18
OHIO	29.6	0.4	HIGH	18
NEW YORK	29.6	0.4	HIGH	28
ARKANSAS	29.5	0.36	HIGH	21
WISCONSIN	29.5	0.36	HIGH	21
ALABAMA	29.5	0.36	HIGH	21
ILLINOIS	29.5	0.36	HIGH	21
MAINE	29.5	0.36	HIGH	21
LOUISIANA	29.3	0.29	HIGH	26
COLORADO	29.1	0.21	AVERAGE	27
TENNESSEE	28.8	0.09	AVERAGE	28
PENNSYLVANIA	28.8	0.09	AVERAGE	28

MICHIGAN	28.7	0.05	AVERAGE	30
WASHINGTON	28.3	-0.1	AVERAGE	31
GEORGIA	28.3	-0.1	AVERAGE	31
NORTH CAROLINA	28.1	-0.18	AVERAGE	33
OREGON	27.7	-0.33	LOW	34
NEW HAMPSHIRE	27.6	-0.37	LOW	35
SOUTH CAROLINA	27.5	-0.41	LOW	36
TEXAS	27.5	-0.41	LOW	36
CONNECTICUT	27.3	-0.49	LOW	38
IDAHO	27.2	-0.52	LOW	39
VIRGINIA	26.9	-0.64	LOW	40
DELAWARE	26.7	-0.72	LOW	41
NEW JERSEY	26.5	-0.79	LOW	42
NEW MEXICO	26.3	-0.87	VERY LOW	43
CALIFORNIA	26.1	-0.95	VERY LOW	44
MARYLAND	26.1	-0.95	VERY LOW	44
NEVADA	26	-0.99	VERY LOW	46
UTAH	25.6	-1.14	VERY LOW	47
ALASKA	25.6	-1.14	VERY LOW	47
FLORIDA	25	-1.37	VERY LOW	49
ARIZONA	24.9	-1.41	VERY LOW	50
HAWAII	16.7	-4.57	VERY LOW	51
UNITED STATES	28.20%			

Source: Infrastructure of Home and Community Based Services for the Functionally Impaired Elderly. State Source Book. U. S. Administration on Aging, 1995.

The ratings and conclusions contained in this report are those of the authors and do not necessarily reflect the views of the Administration on Aging.

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Administration On Aging



Percentage of Elderly Minority

Table 4: 1992 Percentage of Age 65+ Population Who Are Minorities

STATE	AGE 65+ %			
	MINORITY	SCORE	RATING	RANK
MAINE	0.60%	-0.86	VERY LOW	1
VERMONT	0.7	-0.85	VERY LOW	2
NEW HAMPSHIRE	0.8	-0.84	VERY LOW	3
IOWA	1.4	-0.8	LOW	4
NORTH DAKOTA	1.4	-0.8	LOW	4
MINNESOTA	1.8	-0.77	LOW	6
OREGON	2.4	-0.73	LOW	7
IDAHO	2.5	-0.73	LOW	8
WISCONSIN	2.7	-0.71	LOW	9
SOUTH DAKOTA	2.7	-0.71	LOW	9
NEBRASKA	2.9	-0.7	LOW	11
MONTANA	2.9	-0.7	LOW	11
RHODE ISLAND	3.3	-0.67	LOW	13
WEST VIRGINIA	3.7	-0.64	LOW	14
UTAH	4.3	-0.6	LOW	15
MASSACHUSETTS	4.4	-0.6	LOW	16
WYOMING	4.6	-0.58	LOW	17
KANSAS	5.1	-0.55	LOW	18
WASHINGTON	5.4	-0.53	LOW	19
CONNECTICUT	6.2	-0.47	LOW	20
KENTUCKY	6.3	-0.47	LOW	21
INDIANA	6.4	-0.46	LOW	22
PENNSYLVANIA	7.2	-0.4	LOW	23
MISSOURI	7.9	-0.36	LOW	24
OHIO	8.5	-0.31	LOW	25
NEVADA	9.6	-0.24	AVERAGE	26
OKLAHOMA	10.7	-0.16	AVERAGE	27
COLORADO	10.9	-0.15	AVERAGE	28
ARIZONA	11.5	-0.11	AVERAGE	29

MICHIGAN	11.6	-0.1	AVERAGE	30
DELAWARE	12.2	-0.06	AVERAGE	31
NEW JERSEY	12.4	-0.05	AVERAGE	32
TENNESSEE	12.5	-0.04	AVERAGE	33
ILLINOIS	12.7	-0.03	AVERAGE	34
ARKANSAS	12.8	-0.02	AVERAGE	35
FLORIDA	13.2	0.01	AVERAGE	36
NEW YORK	16.8	0.25	HIGH	37
MARYLAND	17.9	0.33	HIGH	38
VIRGINIA	18	0.34	HIGH	39
NORTH CAROLINA	18.4	0.36	HIGH	40
ALABAMA	21.5	0.57	HIGH	41
GEORGIA	21.6	0.58	HIGH	42
CALIFORNIA	22	0.61	HIGH	43
TEXAS	23.5	0.71	HIGH	44
SOUTH CAROLINA	24.2	0.76	HIGH	45
ALASKA	25.7	0.86	VERY HIGH	46
LOUISIANA	26	0.88	VERY HIGH	47
MISSISSIPPI	29	1.09	VERY HIGH	48
NEW MEXICO	31.9	1.29	VERY HIGH	49
DIST. OF COLUMBIA	70.4	3.92	VERY HIGH	50
HAWAII	75.1	4.24	VERY HIGH	51
UNITED STATES	13.60%			

Source: Infrastructure of Home and Community Based Services for the Functionally Impaired Elderly. State Source Book. U. S. Administration on Aging, 1995.

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