

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILES 8672

2797 SCOMM 122: COMMISSION ON PRIVATIZATION. . . , 1999



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE**



FACSIMILE COVER SHEET

TO:
Annette Deal-Coxworthy
Melba Piispanen-FBX
Alyson Stogsdill-Kenai
Lana Decker-Anch
FAX NUMBER
PHONE NUMBER

FROM:
(Stanley Anderson)
11/2
DATE
12
NO. OF PAGES
465-2499
FAX NUMBER
465-3331
PHONE NUMBER

RE:

11/2 Privatization Information

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette	269-0223	PH Memo	3 pgs
Melba	456-3346	Recommendation Memo	
Alyson	283-3075		8 pgs
Lana	269-0229		

Please Print and Distribute Today

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

TONY KNOWLES, GOVERNOR

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: October 26, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to October 26, 1999 Privatization Task Force Fax Request for Information

The following are responses to the sub-subcommittee recommendations for the Division of Public Health.

Recommendation #1: Responsible use of public money for graphic art designs.
Why did the Child Health Insurance Graphic Art Design cost \$19,900? This was found in the Division of Public Health report on pages 6 and 7. Contractors were Fieldhouse, Mike Graphic Design whose cost was \$19,000 and Kinchloe, Anne whose cost was \$900.

The Division of Public Health was given responsibility to develop the outreach materials for the Department's Denali KidCare program. The outreach mandate by the federal funding agency required the Division to produce attractive, easily understood and usable outreach and application materials. Since the Division does not employ graphic artists we turned to the private sector for the graphic arts part of this production effort. The two individuals listed above designed the logo and, using the logo and overall design concepts, produced for the program a myriad of posters, brochures, mail inserts, application forms, training materials and other such promotional materials needed to do the mandatory outreach for Denali KidCare.

Recommendation #2: Utilize educational departments at local hospitals to provide all the education and training of EMT's and community health aides, comprehensive statewide emergency medical services and trauma care systems, rural and primary health care service, and health promotion and prevention efforts statewide.

Hospitals have facilities and health care educators who can coordinate classroom and bedside training. Community programs between different hospitals already exist and encourage working together toward common goals. The participants would meet and work with many

Individuals from the medivac teams to the emergency room staff who they will work with in the future. The educational process would focus on the "team" to provide quality health care throughout Alaska. Health care is a continuum in and out of a hospital and requires good communication among the team.

Many of the communities in desperate need of EMS, primary care, and health promotion training are distant from hospitals. Most hospitals lack staff with the pre-hospital emergency care experience necessary to teach basic Emergency Medical Technician courses. Additionally, most hospitals do not have staff trained in community-based health promotion, prevention or rural health systems development to conduct many of the training events that are needed.

Many of the community outreach roles suggested in the recommendation are nontraditional activities for most hospitals. The "continuum of care" is a basic tenet of the EMS system. Communications and respect among all emergency medical services personnel, from dispatchers to nurses and physicians, is promoted at every opportunity. Encouraging the continuum of care and a comprehensive approach to care often involves remote primary care clinics, health centers and private practices that are already linked through referral patterns and networks. Educational departments at local hospitals would need to expand beyond their current capabilities and activities, in such areas as prevention, in order to provide broad-based education and training. Local hospitals would likely need to expand their capabilities to provide training and education throughout a region or network of communities.

The Community Health Aide (CHA) training program, developed and administered by the tribal health entities, ensures a minimal response capacity at the village level. The state provides a minimal level of support for this program to ensure that non-natives can be served as well.

Recommendation #2 does not address the broad range of activities vital to ensuring the presence of a comprehensive statewide emergency medical services system (including trauma), adequate rural and primary health care, and health promotion and prevention efforts.

Recommendation #3: Work with the University of Alaska masters programs to do research desired, like behavioral risk factor surveys mentioned in report.

UAA students in master programs are always looking for topics and worthwhile projects to research. This would decrease the State labor cost of such projects and provide valuable experiences for the students while making their education meaningful and realistic in the health field. This could potentially provide information on more topics than would be feasible if done only by the Division. The Division could provide "wish lists" of topics.

The Division of Public Health works cooperatively with the University of Alaska Southeast concerning the operation of the Behavioral Risk Factor Surveillance System. The Division of Public Health employs college students (undergraduates) exclusively as College Interns to collect the data via computer assisted telephone interviewing which provides the students with educational experience in research. Since the BRFSS survey is ongoing, long term positions are desirable for maintaining quality assurance of data collection. The DPH has had reimbursable service agreements with UAA for technical assistance to the survey but not for data collection

Privatization Task Force

Page 3

11/01/99

because of high overhead charges. The DPH is the believed to be the only survey research operation in Alaska equipped for a computerized telephone interviewing system of this type.

Trained college students may be appropriate for conducting other related research studies or surveys (observation, face to face, or telephone) that are short in duration (point in time) as a project.

College students have access to public use BRFSS data files for research purposes. Although data analysis is an ongoing need of the Division for BRFSS, students and many other researchers require additional training to analyze the data according to CDC standards. The capacity to analyze BRFSS data is best built over time with specialized training.

• *How many of the 458 full time employees work in community health and emergency medical service programs?*

There are 23 full time employees working in community health and emergency medical services programs.

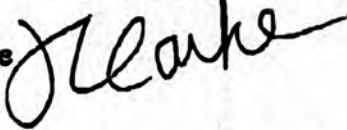
If you have questions, comments, or require additional clarification regarding this information, please contact me at 465-1630.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Peter Nakamura, MD, MPH, Director, Public Health
Sharon Lowe, Administrative Manager, Public Health
Laura Baker, Chief Budget Analyst, Administrative Services
Vern Skagerberg, Budget Analyst, Administrative Services

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM**DATE:** November 1, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 26, 1999 Privatization Task Force Recommendations

We appreciate the opportunity to respond to the Subcommittee recommendations on DFYS, Mental Health, and Juvenile Justice, however we are deeply disturbed with the statements in the sub-subcommittee report in the opening comment section. Several of these comments are inflammatory, do not have supporting information, and imply fraudulent activities occurring on the part of the department. In particular we would ask that the subcommittee remove the following statements:

PARAGRAPH #2: *"We see a growing trend in misappropriation of funding for the benefit of the agencies with reckless disregard for the beneficiaries of those agencies."*

A statement indicating misappropriation of funds has occurred is serious in nature and should not be used in a reckless manner without supporting evidence. Implying that there is misappropriation of funds would also seem to imply that criminal behavior is taking place. This is a serious accusation to make without supporting evidence. If specific evidence of this allegation does exist please provide it to me or Commissioner Perdue.

PARAGRAPH #4: *"There has been a proven track record of negative management decisions. Some of these are related to untimely promotions of unqualified individuals to fill vacancies."*
The sub-subcommittee provides no proof of negative management decisions and once again this is overly broad statement that appears to be targeted at all three divisions. Once again if there is evidence please provide the information to me or to Commissioner Perdue.

Enclosed are responses to the sub-subcommittee recommendations for the Divisions of Family and Youth Services, Mental Health and Developmental Disabilities and Juvenile Justice. Also enclosed is the Medical Assistance clarification of Recommendation # 4 (calls for a legislative audit of the Medicaid Rate Advisory Commission).

Recommendation #1

Create a board (functionally similar to the State Board of Education) for all three departments (DFYS, JJ, and MH). These boards would be tasked with two primary responsibilities: 1) Intake, and 2) case review to ensure quality control.

The Alaska Mental Health Board (AMHB) exists currently, and, among other responsibilities, is statutorily responsible to monitor the quality of the mental health services provided in Alaska.

The Board has established a Program Evaluation and Review Committee (PERC) to specifically evaluate mental health programs and report findings to the whole Board.

In partnership with the Division of Medical Assistance, the Division of Mental Health and Developmental Disabilities (DMHDD) has developed through a private contractor an Integrated Quality Assurance review process to determine medical necessity for services and the adequacy of treatment plans and the resultant interventions.

The DMHDD has reached an agreement with PERC to include PERC in the QA process, to enable PERC to directly monitor samples of client care throughout the state.

The mental health system serves over 20,000 persons per year, with over 7,000 being served long-term.

The monitoring of samples of clients appears to be the most practical way for the AMHB to monitor quality of care. There is no practical way to review 20,000 cases per year, most of which are seen one or two times for brief crisis intervention.

The current procedure seems to essentially meet the intent of the recommendation, and the process is continuing to evolve toward even more effective oversight.

The Division of Juvenile Justice is accredited by the American Correctional Association (ACA), a national correctional organization. The accreditation process requires a thorough and rigorous review of several hundred quality standards that represent best practice in the juvenile justice field. There are separate accreditation standards for juvenile facilities (both detention and treatment) and for field probation services. The facility accreditation process ensures that the Division utilizes good management procedures and provides appropriate care and treatment of juveniles in facilities. The field probation accreditation reviews the entire juvenile probation case process, beginning at intake and including case management contact standards through the court process. Alaska recently completed its reaccreditation review and preliminary findings from ACA are that all of our juvenile facilities and our probation offices have passed the audit process with a score of at least 95%.

DJJ has an advisory board mandated by Section 223(a)(3) of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act. This board, known as the Alaska Juvenile Justice Advisory Committee (AJJAC), is comprised of Alaskans who have experience with youth and juvenile justice issues and includes parents, youth, teachers, social service workers and court and corrections employees. Primary responsibilities of the AJJAC include assisting the State in

coming into compliance with the core requirements of the JJDP Act, participation in the development of the state's juvenile justice plan, review and approval of community-based grants funded through OJJDP and advising the Governor and the Division regarding improvements to the juvenile justice system. The advisory group receives designated federal funds from the JJDP appropriation to fulfill its duties in the amount of 5% of the total federal Formula grant.

DJJ is actively involved with the community on a number of levels. McLaughlin Youth Center has an active citizen advisory board and Fairbanks Youth Facility, Nome Youth Facility, Bethel Youth Facility and Johnson Youth Center are in the process of developing one. The boards will meet regularly with facility staff to provide citizen input and oversight into facility operations. Juvenile probation is in the process of developing citizen review boards as well. Additionally, field probation services is actively involved in community policing efforts, local village and tribal court initiatives and a range of other local projects and processes designed to encourage interaction between DJJ and the community.

There was a statewide Citizen Foster Care Review board until this year when its funding was eliminated. This board reported to the Legislature annually regarding the children in custody. The Department does not oppose a statewide board, but will need funding to support the board's travel, reviews, support staff, and publications.

Recommendation #2

All contracts established with private for-profit and not-for-profit entities must be put out for competitive bid.

Of the grants currently active, 82.1% were awarded through competitive solicitation. For 13.8%, competition was waived under 7 AAC 78.095 (b); and 4.1% were awarded to designated grantees. The category "designated grantees" includes those grants for which the grantees were designated by either state legislation or required by the federal funding source (such as the Indian Pass through Grants).

A check of the FY99 contracts and discovered that 70% were awarded using some type of competitive solicitation. Some were formal (over \$50,000) and for those with total award amounts of less than \$50,000, an informal solicitation was conducted.

That leaves 30% of our contracts that were awarded without using a competitive award. Of this 30%, 16% were awarded after obtaining approval to use an alternate procurement method and 14% of these are exempt from the procurement code and therefore do not require any solicitation.

Recommendation #3

Fully fund and reinstate the Foster Care Review Board with more specific criteria to reunify families as well as incentive funding to do so (this will offer balance in retrospect to the federal funding offered to substantiate reports of harm and adopt children out). Ensure that the Dept. fully supports and transfers the funding. Have them report to a department not connected to the division of Family and Youth Services. Possibly add the review of juvenile justice cases and mental health to the areas of responsibility for this review agency.

The first part of this recommendation is probably meant for the Legislature. The Department has, under this administration, fully supported the Foster Care Review Board. We did not support the elimination of the Board.

Recommendation #4

Set up a statewide independent review panel to study best practices of other states (what successes and failures have other states experienced) so that we can develop a model for this state. We also need to accept that any system involving the often highly subjective issue of caring for and protecting children will create situations that are not easily seen as black and white. There will be mistakes on both sides. How DFYS handles the very trauma that their intervention creates regardless of validity of a report is critical.

There was a statewide Citizen Foster Care Review board until this year when its funding was eliminated. This board reported to the Legislature annually regarding the children in custody. The Department does not oppose a statewide board, but will need funding to support the board's travel, reviews, support staff, and publications.

Recommendation #5

DFYS needs to have a privatized statewide register of all reports of harm. The system needs to be regulated to clarify which reports have been truly substantiated and those that are just assumed by preponderance of evidence, or unconfirmed. We have a very transient population. As children and abusers move around the state, and additional reports are made, DFYS will know that there have been previous concerns. Access to the register should be limited. The purpose for the registry and all information kept on it should be substantiated. (See Missouri)

According to Alaska Statute 47.17.040, Alaska is required to have a privatized statewide register of all investigation reports. The statute is copied below for Committee members' review.

Sec. 47.17.040. Central registry; confidentiality.

- (a) The department shall maintain a central registry of all investigation reports but not of the reports of harm.
- (b) Investigation reports and reports of harm filed under this chapter are considered confidential and are not subject to public inspection or copying under AS 09.25.110 and 09.25.120. However, in accordance with department regulations, investigation reports may be used by appropriate governmental agencies with child protection functions, inside and outside the state, in connection with investigations or judicial proceedings involving child abuse, neglect, or custody. A person, not acting in accordance with department regulations, who with criminal negligence makes public information contained in confidential reports is guilty of a class B misdemeanor.

This statute is further clarified in regulations, Chapter 54, Article 1 of the Alaska Administrative Code (7 AAC 54).

The division has used PROBER, its management information system, as the central registry. PROBER contains information on all investigation reports. At the conclusion of an investigation, data is entered into PROBER that indicates whether the report of harm was valid.

Recommendation #6

Establish an independent or partially independent review team for the removal of children. Children in immediate danger obviously can't wait for a team meeting. Those children in categories P1, P2, or P3 who may not need immediate removal would be under the jurisdiction of this team. See Helfer and Kemp's Child Protection Team concept.

The Court must approve all removals of children. Even children in immediate danger, who are removed and placed by the state, must be approved in court. The division is required to notify the court within 24 hours after emergency custody was assumed. The Court must hold a court hearing within 48 hours to determine whether sufficient reason existed to remove the child from its home. Given this, the Department does not see a reason for an independent review team to review situations where children are removed from their homes.

Multidisciplinary child protection teams were established in statute in 1998. These teams were created "to assist in the evaluation and investigation of reports made under AS 47.17 and to provide consultation and coordination for agencies involved in child protection cases under AS 47.10." (AS 47.14.300). Currently not all communities have multidisciplinary child protection teams. The Department participated with several community members in developing a concept paper that outlines six major teams statewide. These teams would support smaller community teams in their area. The concept paper along with a request for funding was submitted on the federal level. The Department is waiting to hear about the potential for funding to support these teams.

Recommendation #7

Increase the ability of Native entities to become child placement agencies in conjunction with other non-Native counsel reviews (this will decrease the chances of related family members or closely knit tribal neighbors from being accused of non-action, Reference: Browers vs. State of Alaska, a Barrow case where an abuser was protected due to relationship with mayor). They could do home studies, placements, and monitor placement of ICWA children and Interstate Compact children who are Native. This would free DFYS staff of perhaps several thousand cases per year and save money.

The Department has worked with many Tribes and Tribal organizations to increase their capacity and infrastructure to perform child protection functions. Many Tribes and Tribal organizations have ICWA workers, who work closely with DFYS workers and who DFYS workers rely on. There are ICWA workers in villages where DFYS workers are not present and where travel may be difficult, so ICWA workers in many instances take the lead in their village for child protection.

Some Tribes take children into Tribal custody without state intervention. Additionally, more Tribes are developing their own courts.

Two Tribes, the Native Village of Barrow and the Native Village of Chevak, received Exclusive Jurisdiction under the Indian Child Welfare Act (25 U.S.C.S. 1918) The Federal Department of Interior granted both Tribes' sole jurisdiction over matters concerning their Tribal children. In these two situations, the state has no authority to intervene. Currently, the Department is working on Tribal-State agreements with both Tribes.

The Department supports Tribal involvement in the placement and care of Native children. One of the major barriers has been the lack of funding available to both Tribes and the Department.

Recommendation #8

Support DHSS in contracting some of API services to private hospitals and practitioners.

This is ongoing as part of the API 2000 project for all community services (e.g. Single Point of Entry, DET, Enhance Crisis Respite and Enhanced Detox). The SPE application is currently under review and other service scopes of work are being negotiated to increase their current level of care.

Recommendation #9

Support the Governor's concept of "Single Point of Entry" for services to children and families through implementing a private agency or non-profit designated for such a point of contact.

This is on-going as part of the API 2000 project. The target population is people experiencing mental health and/or substance abuse crisis with special emphasis on people with co-occurring disorders. As noted above, the applications for this service (for Anchorage) are under way with expected start date of April 1, 2000.

NOTE: This recommendation seems to imply that Single Point of Entry pertains broadly to children and families and is not limited to mental health and substance abuse issues. If they are talking about a single point of entry for child protection issues or family problems not of a mental health/substance abuse nature, then not sure how to respond.

Recommendation #10

Privatize foster home licensing operations to include training, hiring, discipline, oversight.

The Department has privatized training for foster parents since the late 1980s. The selection, discipline, and oversight of foster parents have been viewed as state regulatory activities. The Department does not agree that this function of state government should be privatized.

Recommendation #11

Privatize adoption of relinquished children.

The Department agrees with this recommendation and has moved towards these services being privatized. Project Succeed started two years ago and begun by focusing on children whose parents' rights have been terminated and who are still in state custody. This Project has helped many children and families finalize their adoptions and has helped moved those children out of

the system. The longer the Project exists, the more refinement and improvements are made with these services. The Department hopes to continue this Project.

Recommendation #12

Privatize training of DFYS personnel, policy writing, retention/retirement incentive policies.

The training for DFYS personnel moved from the DFYS to the University of Alaska in 1998. While the university is considered a public institution, it is still outside the Department. The current training program is a competency-based training curriculum that focuses on best practices and models for front line social workers and supervisors.

DFYS policy writing emerges as a direct result of both federal and state statutes. Guidebooks for social workers have been privatized in the past. However, policy writing is part of assuring that statutes and best practices are followed. Privatizing such activity would not allow accountability or oversight to occur. The Department does not agree with this part of the recommendation.

Retention and retirement incentive policies are adopted by labor relations boards, unions, the administration, and the Legislature. There have been some retention efforts that the DFYS has adopted, such as four day work weeks, training programs, back-to-school education leave of absences, and supervisory and management training. However, there are limits to what the Division can do since these workers are state workers. The Department does not agree with this part of the recommendation.

Recommendation #13

Separate and privatize all aspects of case management, assessment for treatment services required and referrals. This will provide an external review to decrease financial burden on state due to lengthy unwarranted retention of children in out of home care placements. It will also decrease the current conflict of interest.

Assessments for treatment services are mostly privatized now. Certainly state social workers perform assessments but usually private treatment providers conduct their own assessments based on their expertise. Case management in child protection involves legal intervention that is not easily privatized. It is not clear what "current conflict of interest" means in this context. The Department does not support this recommendation and requires further clarification.

During the Tuesday October 26th meeting of the Privatization Task Force members expressed confusion regarding Recommendation # 4. Recommendation #4 calls for a legislative audit of the Medicaid Rate Advisory Commission.

There seemed to be two basic areas of confusion. First, the Task Force's initial description of the recommendation identified medical facilities as the target of punitive audits. It was this recommendation and description to which the Department responded. Secondly, the Task Force's Response to the Department's Comments identified a \$500,000 audit being conducted for the Division. The audit referenced was a competitively procured contract for the auditing of non-facility medical providers. One of the Task Force members expressed ethical concerns of an

Privatization Task Force

Page 8

11/01/99

audit that was issued with a goal of recovering a \$1,000,000 target expenditure amount from medical providers.

Audits of non-facility providers were initiated at Legislative direction with a \$4,300,000 cut and specific intent language written into the Medical Assistance section of the budget appropriations act for FY98. The Legislature saw non-facility provider auditing as an effective cost avoidance/cost containment activity. Shortly after the end of the Legislative session the Division began the competitive procurement process the contract for these professional services. A contract was signed and the contractor began work on October 27, 1997. The contracted dollar amount was an annual maximum of \$477,275 and included 2 one-year extensions. The current contract expires June 30, 2000.

The Request For Proposal, Scope of Work, 5.01 Introduction, Purpose and Goals, identified 10 goals for this contract. Among them was a goal to recover \$1,000,000 of overpayments made by the Medicaid program to medical providers. Problems with that language in the contract were pointed out by the Medical Association after the contractor been working on the contract for 4-5 months. The Department amended the contract with the beginning of FY99 (July 1998) extension by substituting the following language for that goal: "(8) Reducing Medicaid program payments through cost avoidance; and as proposed by the contractor in their proposal to the State of Alaska for Desk and Onsite Reviews". I want to emphasize that during the life of this contract the contractor has never been held to a recovery amount as a target, goal or otherwise.

The cost avoidance purpose for this contract has proven an effective tool in reducing the state's Medicaid program expenditures for Physician Services. This cost avoidance has translated directly into a reduction in the amount of state general fund expenditures necessary to support Alaska's Medicaid program. During the period of this contract, expenditures for physician services have decreased and remained flat, a trend we expect to continue this fiscal year as well. The following table displays the state's total Medicaid expenditures for Physician Services FY95- FY99, expressed in thousands.

<u>FY95</u>	<u>FY96</u>	<u>FY97</u>	<u>FY98</u>	<u>FY99</u>
44,271.5	45,267.0	45,098.5	39,400.0	39,828.3

Please contact me at 465-1630 if you have questions regarding this information.

cc: Karen Perdue, Commissioner
Elmer Lindstrom, Special Assistant
Theresa Tanoury, Director, Family and Youth Services
George Buhite, Director, Juvenile Justice
Karl Brimner, Director, Mental Health and Developmental Disabilities
Bob Labbe, Director, Medical Assistance
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Sarah Brinkley, Administrative Manager, Mental Health and Developmental Disabilities
Randy Super, Administrative Manager, Medical Assistance
Laura Baker, Chief Budget Analyst, Administrative Services
Verne Skagerberg/Mary Ashmore, Budget Analyst, Administrative Services



COMMISSION ON PRIVATIZATION

Department of Health & Social Services

Subcommittee on Medical Assistance

October 19, 1999

Mike Taurialnen
Privatization Commission Subcommittee of Health & Social Services

Dear Chairman :

Recommendation #1: Implement a state statute giving medical facilities the flexibility to decide whether or not to pursue collection of questionable debts.

This recommendation passed 3 to 0.

Under the current system, medical facilities providing medical assistance to a medical patient are required to collect the recipients co-pay portion of the medical bill. The end result many times is that the medical facilities are losing money by being required to pursue pennies with dollars.

Department Response:

The Alaska statute requires that certain Medicaid recipient's be liable to pay cost-sharing charges for medical facility services and that the provider collect the allowable charge. (AS 47.07.042. Recipient cost-sharing) Federal law is permissive on whether the provider must collect any cost-sharing charge, however, the provider may not deny services because a recipient is unable to pay the charge. (Soc. Sec. Act, Sec.1916(e)) A change to the Alaska Statutes to provide medical facilities flexibility to decide whether or not to pursue collection of cost-sharing amounts is a legislative choice. Giving medical facility providers the option would allow them to collect cost-sharing from those few who may have ability to pay and yet forgive those who do not.

Response to Department's Comments:

It sounds like the Department would be supportive of this recommendation. If the federal law is permissive, this is one instance where the legislation can revise state statutes to be more aligned with federal law.

Recommendation #2: Make the medical assistance program into a loan program for people who are physically able to support themselves and their family, but have medical needs and to not have the immediate resources to pay for that need.

This recommendation passed 2 to 1.

The rationale for supporting this recommendation is that a loan program, be it a low interest or no interest loan, would discourage abuse of the medical services available under the medicaid program because the participant would incur a debt. Medicaid currently competes with private charities. Taxes are collected from productive Alaskans to provide medical services for non-productive residents. Charitable entities provide compassion and accountability that government does not provide.

The loan program concept could eventually result in a steady income of revenues for medical services from repayment of the loans. This could enable the State of Alaska to turn back federal dollars with unfunded mandates attached. This would eliminate such requirements placed on doctors as the stipulation that they can not charge less to any patient than what a medicaid patient pays. The elimination of that requirement would enable doctors to perform medical services to certain patients at no cost.

The rationale against the recommendation is the recommendation attempts to adjust the whole system to catch the abusers. It spoils the whole barrel by trying to get one bad apple.

Department Response:

This is not feasible under federal or State law. Every state has a Medicaid program, and no state administers it as a loan program.

Medicaid is a program based in federal law and, while the states have considerable latitude in determining amount, duration, and scope of the program, conversion to a loan program would require new congressional law or application for and approval for a waiver from the Health Care Financing Administration (HCFA). HCFA has never given waiver to a state to convert its Medicaid program to a loan program.

For the State to attempt to convert to a loan program without federal permission would jeopardize \$332,000 million in federal Medicaid funds and put health coverage at risk for 105,000 Alaskans.

Conversion to a loan program necessitates new costs for management of a loan program and loan portfolio; it would not reduce the administrative costs for the current Medicaid program. Recipient eligibility would still have to be determined, providers would still submit claims, and yet all the functions of a loan program would be added (loan eligibility, requirements for filing and recording loan papers, determination of repayment schedules, tracking loan payments, debt collection, etc.) The capital and ongoing costs of managing the loan program would be comparable

to other state loan programs, however, program receipts from debt collection would be low.

It seems recommendation #1 is somewhat in conflict with this recommendation. Currently, there are cost sharing as co-payments required of individuals using Medicaid. A loan program would require aggressive cost recovery. Recommendation #1 seems to indicate a desire to not pursue collections.

The department now pursues estate recovery for those persons who have assets, are over 55 years, and have received nursing home or similar institutional services. This new effort is mandated by federal law and is authorized by state law (AS 47.07.055)

Response to Department's Comments:

Innovation is what makes changes that count. This recommendation can not be accomplished without cooperation with our Congressional delegation and changes in federal laws. It is, however, a realistic goal that could result in major welfare reform and reestablishment of a society driven by personal responsibility instead of reliance on government with the cradle to grave mentality.

One recommendation made by at least two subcommittees is that all loan programs of the state be privatized and administered by commercial.

Recommendation #3:

All services provided by Health and Social Services are to be provided only to applicants who are 100% of poverty level.

The recommendation passed 3 to 0.

The state spends as much money on feeding, clothing, and housing Alaskans on public assistance as we do on education. Poverty is "the condition or quality of being poor."¹

Programs administered by Health & Social Services should be available for the poor, not the almost poor or the person who has twice as much as the poor. Poverty programs should be available to people who live in poverty, including medical assistance. These programs should address only emergency needs that are not available elsewhere and the public should be weaned of any public assistance from government sources unless individuals are actually physically unable to provide for their family. In this case, there are other sources of assistance such as workers' compensation, social supplemental income from Social Security's Disability Program, United Way, Salvation Army, March of Dimes, etc.

¹ Webster's New World Dictionary of the American Language; Second College Edition; 1982; Simon & Schuster; New York; Page 1116

The current system enables people use the system on the backs of other Alaskans. We are not being responsible as a state by taking money from productive people and giving services to non-productive people.

People living in poverty should receive emergency assistance but it should be giving with compassion that will result in people moving out of a life of poverty and with accountability that would encourage a change in lifestyle.

For those people who are truly physically unable to provide for their families, public assistance is available.

Department Response:

This change would have a large effect on four distinct groups in Alaska covered under Medicaid – Low-income elderly, low-income disabled, pregnant women and newborns, and children and would be in violation of federal law. Federal law requires that pregnant women and newborns be covered to at least 133% of poverty.

The impact depends on how the change in income allowance would impact each person. A breakdown of information on these groups is given below according to eligibility category.

Eligibility Category	People Served Under Current Limits	People Who Would Lose Medical Coverage
Aged Alaskans	6,143	Not available
Nursing Home Residents	587	236
Older Alaskans Wavlor	661	116
Children	64,218	Over 14,000
Pregnant Women	5,270	Over 1,400
Adults Disabled and DD Waivers	735	59
Disabled Alaskans	9,139	Not available

Response to Department comments:

The intent of this recommendation is to get the legislature to lead the way in welfare reform that would include working with our Congressional delegation to revise federal welfare laws. It is Representative Coghill's intent to introduce legislation this session to begin that process. With a cost of living adjustment, 100% of poverty level is actually 125%.

Recommendation #4: We recommend that the legislature conduct a legislative audit on the Medicaid Rate Advisory Commission.

The recommendation passed 3 to 0.

The legislature needs to examine if costly audits being required of medical facilities are being conducted to be helpful or are being conducted to be punitive with a "gotcha" motive of trying to catch medical facilities doing something wrong.

Department Response:

The Medicald program pays approximately \$150 million in public money to participating facilities annually. The department and the Legislature are attempting to pay close attention to the cost of these services. By paying the approximate cost of these services, and to only pay our fair share of these costs.

One of the methods the state uses to make sure we are consistently paying close to the cost of services is by performing facility audits. These facility audits are attempting to ensure the prudent use of resources and are not intended to be punitive to healthcare facilities. An audit of the auditing unit's work seems redundant.

Response to Department's Comment:

This recommendation was passed after discussion of the \$500,000 audit being conducted currently for Medical Assistance. The information received by the subcommittee indicated that the auditors were instructed to find enough claims adjustments to pay for the audit.

Recommendation # 5: Pass legislation similar to Rep. Jeannette James proposed that would require the legislature to review and approve proposed regulations before they are put into effect.

This recommendation passed 3 to 0.**Department Response:**

Rep. James currently does not have legislation to accomplish this but she did have some several years ago. Regulations are too burdensome on the medical industry and legislative review to reduce that burden.

If legislative review and approval were required of our regulations, the division would have no mechanism to act when the legislature is not in session as the court has ruled that legislative action cannot be delegated to a committee. The state could also face significant financial penalties if it were unable to adopt regulations required under federal rules.

Cost containment is a major purpose of the regulations. Review and approval by the legislature would slow the department's ability to address new opportunities for cost containment through regulations.

Response to Department's Comment:

The Legislative Council serves as the sitting body of the Legislature when the Legislature is not in session. The Legislative Council can meet at the call of the council chairman.

I. Agency & Department Name

This is the privatization summary for the welfare agency for the State of Alaska, the Department of Health & Social Services. The subcommittee, chaired by Mike Taurenainen developed the process of reviewing the DOE. It was decided that the entire subcommittee would participate in the division overview presentations by the department. Once that was completed subcommittees of the subcommittee were formed to review each division and make recommendations. The final overviews were presented to the committee on September 21st.

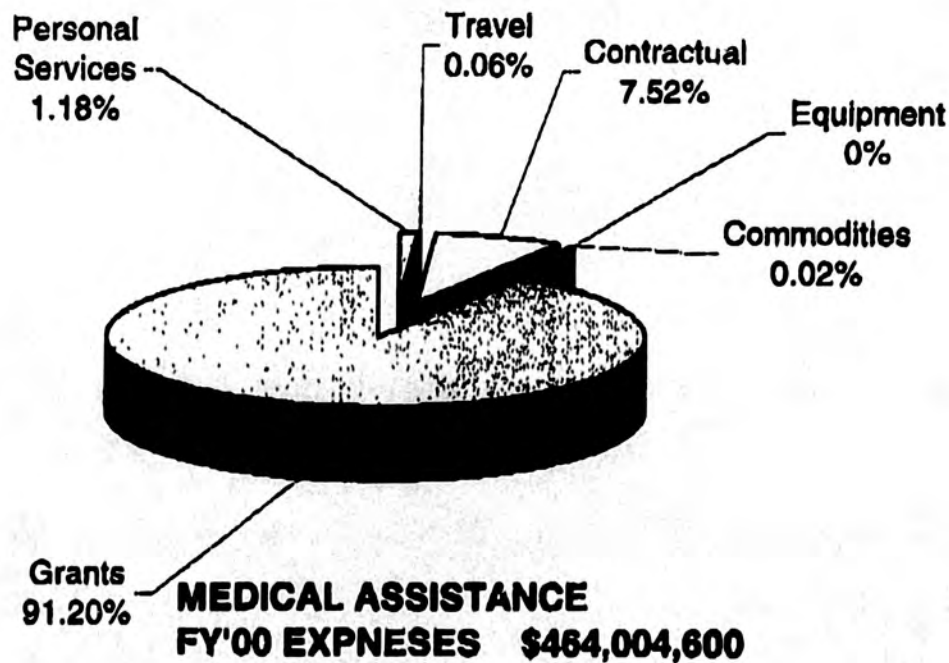
II. BRU and Component Names as listed in state budget

A BRU is a budget request unit that is a group of components or program activities combined to achieve a specific goal. The BRU "Medical Assistance" is comprised of eleven components: Medicaid Program, Chronic and Acute Medical Assistance, Health Baby and Healthy Kids, Home and Community Based Care, Drug Utilization Review, Medicaid Management Information System (MMIS), Surveillance and Utilization Review, Healthy Licensing and Certification (HLFC), Medical Care Advisory Committee (MCAC), Office of Hearings and Appeals, Medicaid Rate Advisory Commission (MRAC), and Audit Unit.

III. Total Budget, all funds

The total budget for Medical Assistance is \$464,004,600. The division spends \$5,452,900 on personal services, \$280,700 on travel, \$34,878,100 on contractual services, \$70,100 on commodities, \$127,900 on equipment, and \$423,194,900 on grants.

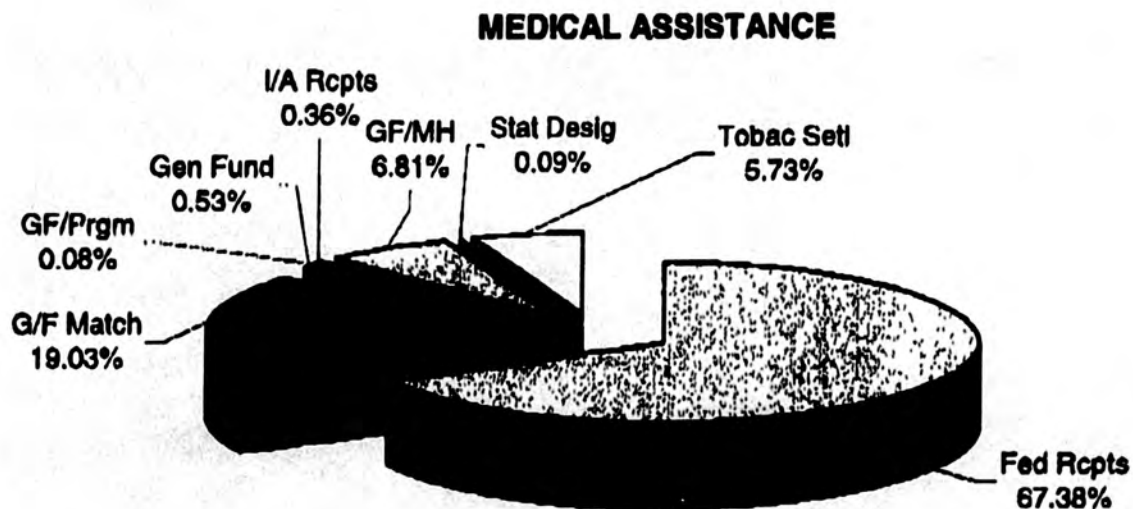
BRU - MEDICAL ASSISTANCE BUDGET	
Expenses	
Personal Services	5,452,900
Travel	280,700
Contractual	34,878,100
Commodities	70,100
Equipment	127,900
Grants	423,194,900
TOTAL	464,004,600



IV. Total Revenue derived

The total revenues for the Division of Public Assistance total \$243,989,300. Federal receipts for this program total \$98,462,900 or 40.36% of the component revenues.

BRU - MEDICAL ASSISTANCE REVENUES	
Federal Receipts	312,641,200
G/F Match	88,294,200
General Fund	2,449,400
GF/Prgm	364,000
I/A Receipts	1,681,300
GF/MH	31,576,800
Statutory Designated Funds	405,000
Tobacco Settlement	26,592,700
TOTAL	464,004,600



FY'00 REVENUES
\$464,400,600

V. Identify Constitutional and Statutory Provisions Governing Agency Operation

The Alaska State Constitution provides in Article 7, Health, Education & Welfare,

Section 7.5 – WELFARE

The legislature shall provide for public welfare.

Welfare of the people of Alaska is also discussed in Article 8:

Section 8.7 - SPECIAL PURPOSE SITES.

The legislature may provide for the acquisition of sites, objects, and areas of natural beauty or of historic, cultural, recreational, or scientific value. It may reserve them from the public domain and provide for their administration and preservation for the use, enjoyment, and welfare of the people.

Lastly in the Constitution, under Article 1:

Section 1.8 - GRAND JURY.

No person shall be held to answer for a capital, or otherwise infamous crime, unless on a presentment or indictment of a grand jury, except in cases arising in the armed forces in time of war or public danger. Indictment may be waived by the accused. In that case the prosecution shall be by information. The grand jury shall consist of at least twelve citizens, a majority of whom concurring may return an indictment. The power of grand juries to investigate and make recommendations concerning the public welfare or safety shall never be suspended.

Public assistance and the establishment of Health and Social Services in Title 18 of Alaska Statutes:

Title 18. HEALTH, SAFETY, AND HOUSING***Chapter 18.05. ADMINISTRATION OF PUBLIC HEALTH AND RELATED LAWS******Sec. 18.05.010. Administration of laws by department.***

The Department of Health and Social Services shall administer the laws and regulations relating to the promotion and protection of the public health, control of communicable diseases, programs for the improvement of maternal and child health, care of crippled children, and hospitalization of the tuberculous and shall discharge other duties provided by law.

Sec. 18.05.020. Department to report activities.

The department shall prepare an annual report of its activities and notify the legislature not later than 10 days after it convenes that the report is available.

Sec. 18.05.030. Cooperation with federal government.

The department shall

(1) cooperate with the federal government in matters of mutual concern pertaining to public health, the control of communicable diseases, maternal and child health and crippled children, and other matters within the scope of this title;

(2) make reports, in the form and containing the information the federal government requires;

(3) cooperate with the federal government, its agencies or instrumentality's in establishing, extending, and strengthening services for the protection of the public health, and receive and expend funds and receive, utilize, and maintain equipment and facilities made available to the department by a department or agency of the federal government, the government of the state or its political subdivisions, and a person or nonofficial agency.

VI. Agency Mission, Goals and Objectives

**Overview
of
Executive Administration's
Fifteen
Functioning
Components**

- objectives
- revenues
- staffing
- expenses
- contracts

Medical Assistance

The goals and objectives are to:

VII. Describe Technology Used to Perform Mission

- Identify Specialized Equipment Needed for Mission

VIII. List Existing Agency Contracts including amount, contractor, purpose, term, and procurement method

IX. Make Recommendations per Section 5 in SB 33, including suggestions for new legislation.

Review and evaluate the policies and recommendations of other states that are studying or have implemented recommendations to transfer the provision of government services to other entities;

Review state contracting policy and procedures, including competitive bidding procedures;

Identification of state government functions capable of more efficient performance in the delivery of government services, and determine whether those identified functions could most effectively be provided by:

A. transferring to the private sector or contracting out;

B. transferring to local governments or regional service organizations;

C. the federal government;

D. consolidation or other efficiency changes; or

E. a combination of the approaches under (A) - (D) of this paragraph;

State government functions that should be eliminated;

Identify present state government services that are most effectively and efficiently delivered by the state and that should remain a responsibility of the state;

Solicit public comment about the delivery of state government services.

Written report of its findings and recommendations to the governor and the legislature. The report must include suggested legislation that may be needed to accomplish the recommendations.

State functions should be transferred to the private sector or contracted out;

State functions should be transferred to local governments or regional service organizations;

State agencies or functions should be consolidated or otherwise made more efficient;

State functions that should be performed by the federal government;

State functions that should be eliminated as functions of state government.

X. Explain rationale for each recommendation, the number of votes for and against it.

XI. List problems or barriers to implementing.

The problems and barriers of implementing a downsizing of welfare handouts versus personal responsibility, loans programs, and prudence in spending public funds to enable non-production include the following:

- 1. The socialist movement that began with Franklin Roosevelt, expanded with Johnson's Great Society, and has come of age with Clinton's Smart Start Program to "Save the Children".**
- 2. The Legislature's unwillingness to turn down bad legislation such as HB 375, because they fear the consequences of losing federal dollars by defeated such legislation. I still recall the floor speech of Representative Norm Rokeberg when debated HB 375. He indicated that it was bad legislation, but if it failed the State would lose \$35 million in funding for the next fiscal year.**
- 3. The dependence of citizens on federally funded programs, because there is no accountability for that dependence.**
- 4. The dependence on misfortunes of private citizens and bad decisions of private citizens for perpetuation of government jobs and government subsidies. (Case in point: A father takes over responsibilities for son who has been raised by mother. The mother has history of chemical dependence, numerous marriages and relationships, and allowing physical abuse of son. The father assumes custody of the child and**

asked for assistance from CSED in receiving child support from mother. No assistance was availed to the father for close to two years. The State is invited by the father to become involved in dealing with the fractured lifestyle of the son. The State, instead, becomes the father, mother and provider at the expense of the child and the father. The child is placed in a foster home that encourages bad habits such as smoking and skipping school. The child crosses paths with the law and spends the rest of his adolescence in a youth facility. A portion of the time the child was in custody, the state was administering drugs without the permission of the father. The state also collected SSI for the child for several years because of its claims that the child had mental problems.

5. State law provides Immunity to public employees, even when their actions destroy a family.



NOV 01 1999 7:55AM DHSS DAS DIR OFFICE AND SOCIAL SERV NO. 156
DIVISION OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE



10 pages total + cover
FACSIMILE COVER SHEET

TO:
Annette Deal-Coxworthy
Melba Pispasen-FB
Alyson Stogdill-Lem
Lara Decker-Anchorage
FAX NUMBER
PHONE NUMBER

FROM:
Wendy Ambrose
10/25 DATE
11 NO. OF PAGES
465-2499 FAX NUMBER
465-3331 PHONE NUMBER

RE: Privatization Info for Oct 26 Meeting

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ OTHER

NOTES/COMMENTS:

Annette 2169-0223	Please Print and
Melba 4516-33416	Distribute at
Alyson 283-3075	10/26/99 Meeting
Lara 2169-0229	

Thanks!

Memo 2 pgs
Payment Standards 4 pgs
Medical Assistance Recommendations
4 pgs.

State of Alaska
Department of Health & Social Services
Division of Administrative Services/Director's Office
P.O. Box 110650
Juneau, Alaska 99811-0650

STATE OF ALASKA

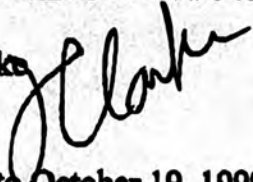
DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: October 22, 1999

TO: DHSS Privatization Task Force

FROM: Janet Clarke
Director 

SUBJECT: Response to October 19, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force subcommittee.

How many individuals does GRA serve, and what is the average cost of burials that are provided under this program?

The General Relief Assistance Program (GRA) provides a small amount of aid to anyone who is extremely poor and facing an emergency need. The client must have an immediate and specific need such as shelter or burial, and lack the financial means to meet the need.

In FY99, the GRA program served an average of 182 individuals monthly. Of this total, approximately 29 individuals received GRA indigent burials. The average cost of burials was \$1,730. Of the total \$796.3 GRA program expenditures in FY99, \$593.2 was spent on indigent burials.

What is the comparison of benefits paid under Adult Public Assistance to what other states pay?

Please reference the attached spreadsheet titled, "Adult Public Assistance Payment Standards Comparison Based on January 1998 Payment Levels".

Our response to the October 19, 1999 recommendations of the Subcommittee on Medical Assistance, Commission on Privatization has also been attached.

Privatization Task Force

Page 2

10/22/99

Attachment

**cc: Elmer Lindstrom, Special Assistant
Jim Nordlund/Randy Moore, Public Assistance
Chief Budget Analyst Jim Galea, Administrative Services**

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Alabama	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Alaska	Individual, Living Independently	\$ 494.00	\$ 362.00	\$ 856.00	101.9%
	Couple, Living independently	\$ 741.00	\$ 528.00	\$ 1,269.00	112.2%
Arkansas	<i>State does not provide optional State supplement.</i>				
Arizona	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
California*	Individual, Living Independently	\$ 494.00	\$ 156.40	\$ 650.40	96.9%
	Couple, Living independently	\$ 741.00	\$ 414.71	\$ 1,155.71	127.7%
<i>* For aged and disabled recipients. California pays a higher state supplement payment to blind recipients</i>					
Colorado*	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ 238.00	\$ 979.00	108.2%
<i>*For blind and disabled recipients. Colorado pays a higher state supplement to aged recipients.</i>					
Connecticut	Individual, Living Independently	\$ 494.00	\$ 253.00	\$ 747.00	111.3%
	Couple, Living independently	\$ 741.00	\$ 353.00	\$ 1,094.00	120.9%
Delaware	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
District of Columbia	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Florida	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living Independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Georgia	<i>State does not provide optional State supplement.</i>				
Hawaii	Individual, Living Independently	\$ 494.00	\$ 4.90	\$ 498.90	64.6%
	Couple, Living independently	\$ 741.00	\$ 8.80	\$ 749.80	72.1%
Idaho	Individual, Living Independently	\$ 494.00	\$ 48.00	\$ 542.00	80.8%
	Couple, Living independently	\$ 741.00	\$ 17.00	\$ 758.00	83.8%

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Illinois	Individual, Living Independently	\$ 494.00	\$ 58.00	\$ 552.00	82.3%
	Couple, Living independently	\$ 741.00	\$ 116.00	\$ 857.00	94.7%
Indiana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Iowa*	Individual, Living Independently	\$ 494.00	\$ 22.00	\$ 516.00	76.9%
	Couple, Living independently	\$ 741.00	\$ 44.00	\$ 785.00	88.7%
* State supplement payment is only available to blind recipients.					
Kansas	State does not provide optional State supplement.				
Kentucky	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Louisiana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Maine	Individual, Living Independently	\$ 494.00	\$ 10.00	\$ 504.00	75.1%
	Couple, Living independently	\$ 741.00	\$ 15.00	\$ 756.00	83.5%
Maryland	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Massachusetts	Individual, Living Independently	\$ 494.00	\$ 114.39	\$ 608.39	90.7%
	Couple, Living independently	\$ 741.00	\$ 180.06	\$ 921.06	101.8%
*For disabled recipients. Massachusetts pays a higher state supplement to aged and blind recipients.					
Michigan	Individual, Living Independently	\$ 494.00	\$ 14.00	\$ 508.00	75.7%
	Couple, Living independently	\$ 741.00	\$ 28.00	\$ 769.00	85.0%
Minnesota	Individual, Living Independently	\$ 494.00	\$ 81.00	\$ 575.00	85.7%
	Couple, Living independently	\$ 741.00	\$ 126.00	\$ 867.00	95.8%
Mississippi	State does not provide optional State supplement.				
Missouri*	Individual, Living Independently	\$ 494.00	\$ 373.00	\$ 867.00	129.2%
	Couple, Living independently	\$ 741.00	\$ 746.00	\$ 1,487.00	184.3%
* State supplement payment is only available to blind recipients.					

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Montana	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Nebraska	Individual, Living Independently	\$ 494.00	\$ 8.00	\$ 502.00	74.8%
	Couple, Living independently	\$ 741.00	\$ 98.00	\$ 839.00	92.7%
Nevada*	Individual, Living Independently	\$ 494.00	\$ 36.40	\$ 530.40	79.0%
	Couple, Living independently	\$ 741.00	\$ 74.46	\$ 815.46	90.1%
* State Supplement is for aged recipients. Blind recipients get a higher payment, while the disabled receive none.					
New Hampshire	Individual, Living Independently	\$ 494.00	\$ 27.00	\$ 521.00	77.6%
	Couple, Living independently	\$ 741.00	\$ 21.00	\$ 762.00	84.2%
New Jersey	Individual, Living Independently	\$ 494.00	\$ 31.25	\$ 525.25	78.3%
	Couple, Living independently	\$ 741.00	\$ 25.36	\$ 766.36	84.7%
New Mexico	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
New York	Individual, Living Independently	\$ 494.00	\$ 86.00	\$ 580.00	86.4%
	Couple, Living independently	\$ 741.00	\$ 102.50	\$ 843.50	93.2%
North Carolina*	Individual, Living Independently	\$ 494.00	\$ 146.00	\$ 640.00	95.4%
	Couple, Living independently	\$ 741.00	\$ 243.00	\$ 984.00	108.7%
* State supplement payment is only available to blind recipients.					
North Dakota	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Ohio	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Oklahoma	Individual, Living Independently	\$ 494.00	\$ 53.00	\$ 547.00	81.5%
	Couple, Living independently	\$ 741.00	\$ 108.00	\$ 847.00	93.6%
Oregon*	Individual, Living Independently	\$ 494.00	\$ 1.70	\$ 495.70	73.9%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
* For aged and disabled recipients. Oregon pays a higher state supplement payment to blind recipients					
Pennsylvania	Individual, Living Independently	\$ 494.00	\$ 27.40	\$ 521.40	77.7%
	Couple, Living independently	\$ 741.00	\$ 43.70	\$ 784.70	86.7%

**Adult Public Assistance - Payment Standards Comparison
Based on January 1998 Payment Levels**

State	Living Arrangement	Maximum SSI Payment	Maximum State payment	Combined Maximum Payment	Percent of Poverty
Rhode Island	Individual, Living Independently	\$ 494.00	\$ 64.35	\$ 558.35	83.2%
	Couple, Living independently	\$ 741.00	\$ 120.50	\$ 861.50	95.2%
South Carolina	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
South Dakota	Individual, Living Independently	\$ 494.00	\$ 15.00	\$ 509.00	75.9%
	Couple, Living independently	\$ 741.00	\$ 15.00	\$ 756.00	83.5%
Tennessee	State does not provide optional State supplement.				
Texas	State does not provide optional State supplement.				
Utah	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living Independently	\$ 741.00	\$ 4.60	\$ 745.60	82.4%
Vermont	Individual, Living Independently	\$ 494.00	\$ 54.91	\$ 548.91	81.8%
	Couple, Living Independently	\$ 741.00	\$ 103.12	\$ 844.12	93.3%
Virginia	Individual, Living Independently	\$ 494.00	\$ -	\$ 494.00	73.6%
	Couple, Living independently	\$ 741.00	\$ -	\$ 741.00	81.9%
Washington	Individual, Living Independently	\$ 494.00	\$ 27.00	\$ 521.00	77.6%
	Couple, Living independently	\$ 741.00	\$ 21.00	\$ 762.00	84.2%
West Virginia	State does not provide optional State supplement.				
Wisconsin	Individual, Living Independently	\$ 494.00	\$ 83.78	\$ 577.78	86.1%
	Couple, Living independently	\$ 741.00	\$ 132.05	\$ 873.05	96.5%
Wyoming	Individual, Living Independently	\$ 494.00	\$ 9.70	\$ 503.70	75.1%
	Couple, Living independently	\$ 741.00	\$ 24.60	\$ 765.60	84.6%

Page 1

The following is given in response to the October 19, 1999 recommendations of the Subcommittee on Medical Assistance, Commission on Privatization.

Recommendation #1

Implement a statute giving medical facilities the flexibility to decide whether or not to pursue collection of questionable debts.

The Alaska statute requires that certain Medicaid recipient's be liable to pay cost-sharing charges for medical facility services and that the provider collect the allowable charge. (AS 47.07.042. Recipient cost-sharing) Federal law is permissive on whether the provider must collect any cost-sharing charge, however, the provider may not deny services because a recipient is unable to pay the charge. (Soc. Sec. Act, Sec.1916(e)) A change to the Alaska Statutes to provide medical facilities flexibility to decide whether or not to pursue collection of cost-sharing amounts is a legislative choice. Giving medical facility providers the option would allow them to collect cost-sharing from those few who may have ability to pay and yet forgive those who do not.

Recommendation #2

Make the medical assistance program into a loan program for people who are physically able to support themselves and their family, but have medical needs and to [do] not have the immediate resources to pay for that need.

This is not feasible under federal or State law. Every state has a Medicaid program, and no state administers it as a loan program.

Medicaid is a program based in federal law and, while the states have considerable latitude in determining amount, duration, and scope of the program, conversion to a loan program would require new congressional law or application for and approval for a waiver from the Health Care Financing Administration (HCFA). HCFA has never given waiver to a state to convert its Medicaid program to a loan program.

For the State to attempt to covert to a loan program without federal permission would jeopardize \$332,000 million in federal Medicaid funds and put health coverage at risk for 105,000 Alaskans.

Conversion to a loan program necessitates new costs for management of a loan program and loan portfolio; it would not reduce the administrative costs for the current Medicaid program. Recipient eligibility would still have to be determined, providers would still submit claims, and yet all the functions of a loan program would be added (loan eligibility, requirements for filing and recording loan papers, determination of repayment schedules, tracking loan payments, debt collection, etc.) The capital and ongoing costs of managing the loan program would be comparable to other state loan programs, however, program receipts from debt collection would be low.

Page 2

It seems recommendation #1 is somewhat in conflict with this recommendation. Currently, there are cost sharing as co-payments required of individuals using Medicaid. A loan program would require aggressive cost recovery. Recommendation #1 seems to indicate a desire to not pursue collections.

The department now pursues estate recovery for those persons who have assets, are over 55 years, and have received nursing home or similar institutional services. This new effort is mandated by federal law and is authorized by state law (AS 47.07.055)

Recommendation #3

All services provided by Health and Social Services are [to] be provided [only] to applicants who are 100% of poverty level.

This change would have a large effect on four distinct groups in Alaska covered under Medicaid – Low-income elderly, low-income disabled, pregnant women and newborns, and children and would be in violation of federal law. Federal law requires that pregnant women and newborns be covered to at least 133% of poverty.

The impact depends on how the change in income allowance would impact each person. A breakdown of information on these groups is given below according to eligibility category.

Eligibility Category	People Served Under Current Limits	People Who Would Lose Medical Coverage
Aged Alaskans	6,143	Not available
Nursing Home Residents	587	236
Older Alaskans Waiver	661	116
Children	64,218	Over 14,000
Pregnant Women	5,270	Over 1,400
Adults Disabled and DD Waivers	735	59
Disabled Alaskans	9,139	Not available

Recommendation #4

We recommend that the legislature conduct a legislative audit on the Medicaid Rate Advisory Commission.

The Medicaid program pays approximately \$150 million in public money to participating facilities annually. The department and the Legislature are attempting to pay close attention to the cost of these services. By paying the approximate cost of these services, and to only pay our fair share of these costs.

Page 3

One of the methods the state uses to make sure we are consistently paying close to the cost of services is by performing facility audits. These facility audits are attempting to ensure the prudent use of resources and are not intended to be punitive to healthcare facilities. An audit of the auditing unit's work seems redundant.

Page 4

Recommendation #5

Pass legislation similar to Rep. Jeannette James proposed that would require the legislature to review and approve proposed regulations before they are put into effect.

If legislative review and approval were required of our regulations, the division would have no mechanism to act when the legislature is not in session as the court has ruled that legislative action cannot be delegated to a committee. The state could also face significant financial penalties if it were unable to adopt regulations required under federal rules.

Cost containment is a major purpose of the regulations. Review and approval by the legislature would slow the department's ability to address new opportunities for cost containment through regulations.

Subject: Print for meeting please

Date: Mon, 25 Oct 1999 17:27:35 -0800

From: "sarah" <skyler@alaska.net>

To: "Annette Deal" <Annette_Deal@legis.state.ak.us>

These questions are being forwarded to the DFYS legislative liaison so that the answers can be included in the HESS sub-committee on privatization report. If you have any you feel are pertinent please contact Sarah Short ASAP. They are also being shared with the legislators and community advocates. All responses to these questions welcome

Questions for Elmer Lindstrom Legislative Liaison for DFYS

In CINA case's where do the permanent fund dividends go?

Are they put in an interest bearing account?

What happens to that interest?

How much federal funding for each child in care does Alaska get from Title IV E funding?

How many children are currently in relative placements with DFYS having legal custody?

How many children are in group homes?

How many children are in out of home placements?

What is the average number of children in a group home?

What is the maximum number of children allowed for a group home?

What provisions does DFYS make to ensure that sexually abused or deviant children are not placed in the same homes as those who are not?

What happens to children when abuse occurs in a foster home?

Is the state penalized for failure to protect? Why not?

What reasonable efforts are generally made to prevent children from being removed from the home of the biological family prior to substantiation of claims of non-sexual abuse, neglect and priority 3 reports of harm?

What statute requires DFYS to investigate all reports of harm? Provide copy of related section

How much funding is designated for services to families to prevent removal?

How much funding is designated for educational enhancement for social workers?

How much funding is designated for retirement incentive programs for social workers?

What is the average length of time a client with a narcotic addiction waits for admission to an inpatient treatment program?

What services does DFYS offer to those waiting for such admission?

Does this waiting time count towards the 12-15 months a parent has to address issues as assessed by DFYS?

Are DFYS social workers trained in assessment?

Is there a professional requirement for diagnosing mental illness?

Is there a professional requirement or educational requirement to assess chemical dependency?

What if any external review boards currently act as an oversight for DFYS, Juvenile Justice and mental health? Provide contact numbers If any are any state funds distributed to them for services? And if so how much?

What are the federal requirements for external reviews of agency actions according to the CAPTA? Provide policy section as it relates

How long does the average homestudy take for relative placement?

What is used as a basis for requiring supervised visitation? Provide policy as related

How does DFYS interpret parental involvement in the case plan?

How does the legislature interpret parental involvement in the case plan?

What is required to replace a social worker who can not work with a client?

Is it standard practice to give service providers, such as A. counselors B. psychiatrists C. school teachers D. assessment providers E. CASA volunteers F. medical professionals all information concerning allegations of abuse?

Is it common to give the information prior to the service provider meeting the client?

Does this information include whether or not the information pertaining to the allegations are substantiated or based on caseworker perception?

What is the exact number of social workers licensed with proper education to be a social worker currently employed by DFYS?

How many social workers currently employed do not have a bachelors in social work?

What are the criteria for people who supervise visitations, particularly where there exist allegations of sexual abuse? Provide section of policy that relates to question.

How does DFYS monitor the performance of persons who act as supervisors in DFYS cases?

What does DFYS think should be done to improve training of people who supervise visitation?

What are the written policies concerning DFYS intervention where the parents are in an active custody fight? i.e. Does DFYS abstain from cases where it would otherwise act solely because there is an active, existing custody litigation? If so, how does DFYS proceed with the on-going status of the investigation?

Is the National Association of Social Workers Code of Ethics recognized by DFYS?

Is there a policy requirement to follow it? Provide policy if so

Are their written policies stating the procedure for DFYS monitoring of mental health care professionals who evaluate sexual abuse cases? Provide copies

What is the DFYS written policy concerning interviews of alleged perpetrators in sexual abuse cases before DFYS makes a determination about whether the allegations are substantiated?

What on-going professional education does DFYS provide to workers in the area of sexual abuse investigations?

How many people alleged as sexual abuses re criminally prosecuted? Physical abuse? Other abuses or endangerment of a child?

What is the average length of supervision in DFYS sexual abuse cases where there is no physical evidence of abuse?

What are the written DFYS guidelines or training manuals stating the investigation protocol in sexual abuse cases? Provide copies if they exist

How does DFYS determine whether someone is a "qualified expert" within the meaning of ICWA?

Does DFYS maintain a written list of mental health care professionals that may be used in DFYS investigations; or who cannot be used in DFYS investigations? If yes, please state the criteria and provide a copy of the list

Who reviews the licensing of DFYS social workers? And is there an external licensing board such as the mental health profession or bar association who handles disciplinary action?

Who monitors the licensing of foster homes and under what statute?

Where do grievances from foster parents go? Biological parents? (chain of command)

What is the response time for allegations of abuse of a child in foster care? Out of home care center?

Who reviews these complaints?

How many children are returned to the same home after reports of harm?

What is the specific amount of funding appropriated for the advertisement of reporting child abuse?

How is that amount proportionate to what is spent on educating those at risk to decrease the need for state

intervention?

What are the policies on keeping siblings together when neither is the alleged abuser? Provide policy/statute

What are DFYS policies on contacting relatives and are there any time limits to prevent children from lingering in foster care, and tying up needed foster homes when relatives are known?

What is the process for locating relatives and how high of a priority is this in accordance with federal and state law?

DFYS has a legislative liaison, but do they have a similar family liaison that specializes in dealing with family laws comparable to that of the legislative liaison? Does policy or statute prohibit this? Please provide statute if so

What is the policy of recording ones conversations with DFYS (for accuracy not dissemination)?

Is it legally prohibited? If so by what authority, and/or statute (relevance: many parents claim DFYS misinterprets things in meetings)

Is it policy to inform parents prior to signing anything that they do not have to do so until speaking to their attorney? Provide policy either supporting or unsupportive

What is the current policy for video taping interviews of children?

How many man-hours are spent interviewing children approximately per case? And what are the related costs of man power?

Are interviews of children traumatic from the agency point of view?

Has there been any data collected from those interviewed concerning their opinion of how it made them feel?

Who usually conducts these interviews?

Where are they done?

What are the professional requirements to interview a child for each type of abuse?

Has DFYS ever done a study or public poll on how effective the community believes they are?

Has one ever been done in Alaska to document public opinion of the current system (that includes beneficiaries of services and those who are not in a proportionate amount)? Provide copy of studies if so

For any question you do not have an explanation for please explain why you do not have such data, or can not locate the information in detail.

For the questions I do not receive answers to I will be asking the legislators to pursue a timely factual response from the respective agencies.

Print for meeting please

Sarah Short

907-561-5976

Re: notice

Subject: Re: notice

Date: Wed, 20 Oct 1999 17:16:42 -0800

From: Wes Keller <Wes_Keller@legis.state.ak.us>

Organization: Alaska State Legislature

To: Annette Deal <Annette_Deal@legis.state.ak.us>

Hi Annette, I got this with nothing attached? For your info, I sent out following to HSS sub committee (I think I got them all):

HSS Privatization Sub Committee
Minutes for October 19 Meeting -DRAFT-

Present for the meeting: Mike Taurianan, Lynn Caswell, Wes Keller, Richard Kibby, Elmer Lundstrom, Janet Clark, Scott Calder, Barry Eldridge, Sarah Short, and Rynnieva Moss.

Committee Actions:

I. The Public Assistance sub-sub committee reported with six recommendations. The agency responded with their perspective on the recommendations. Written copies of the recommendations and written copies of the response where available to members who attended. If you were absent, you may want to contact someone who is present and get copies before the next meeting.

II. A motion was moved, seconded, and failed on an eight-to-one vote which would have passed all recommendations of the sub-sub committees to the commission with no approval vote by the sub committee.

III. A consensus decision was made to vote on recommendations 1-6 of the PA sub-sub committee next week (Tuesday, Oct 26). Please plan to attend and be prepared to vote.

IV. A consensus decision was made that members of the committee which are employed by the agencies should abstain from voting on sub committee recommendations.

V. A consensus decision was made to limit debate at next meeting on recommendations 1-6 of the PA sub-sub committee report in interest of best use of time. If any member has input, it should be made in the form of new recommendations. These recommendations should be sent to Elmer

Lindstrom and Rynnieva Moss (PA sub-sub chair) no later than 11 AM Friday so the Agency will have time to respond before the Tuesday meeting.

VI. No recommendations were produced from other sub-sub committees except Medical

Assistance. The Medical Assistance recommendations were not presented because there had not been enough time for the Agency to respond.

VII. Scott Calder reported that is still waiting for information he requested based on AS 47.10.410.

wes

Annette Deal wrote:

> Attached is the meeting notice I will send out electronically and via
> fax on Monday. Please let me know if it is correct.
>

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES**DIVISION OF ADMINISTRATIVE SERVICES****TONY KNOWLES, GOVERNOR**

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2489

MEMORANDUM**DATE:** October 8, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 5, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

❖ *How much money is spent on Interim Assistance under APA annually?*

In FY99, the general fund expenditures for Interim Assistance were \$2,969,733.

❖ *How many social workers are employed by the State of Alaska and in what departments?*

Following is a breakdown of the social workers employed by the State of Alaska. This data was obtained from the Alaska Department of Administration:

Department	Number of Positions	Filled
Dept of Administration	16	13
Dept of Education & Early Development	1	1
Dept of Health & Social Services	243	212
Dept of Corrections	1	vacant

❖ *How many of those social workers are licensed?*

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

Privatization Task Force

Page 3

10/11/99

many will reach 60 months of assistance when the provision first applies in July, 2002 or what their demographics would be. If we have an average monthly caseload of 8,900, up to 1,780 families could be exempt from the time limit.

Do any of the two above exemptions overlap?

It is possible that a family could be exempt for more than one of the reasons provided for in the 20% exemption criteria. However, families living in an exempt Alaska Native Village are not included in the 20% exemption limit.

How many families are exempted under the 50% unemployment rule and what are their demographics?

Following is the number of Temporary Assistance families that live on an Indian reservation, or in an Alaska Native Village, with at least 50 percent of the adults living there not working. The figures are for the month of June 1999 and are summarized by census area:

Census Area	6/99 Cases	Census Area	6/99 Cases
Aleutians East	3	North Slope	1
Aleutians West	4	Northwest Arctic	106
Bethel	424	Prince of Wales	59
Bristol Bay	1	Southeast Fairbanks	7
Denali	2	Skagway/Hoonah/Angoon	27
Dillingham	103	Valdez/Cordova	49
Kenai	24	Wade Hampton	321
Kodiak	14	Wrangell/Petersburg	14
Lake and Peninsula	52	Yukon/Koyukuk	16
Nome	181	Total 6/99 Cases	1408

When families apply for Denali KidCare are they screened to see if they qualify for medical assistance from Indian Health Service?

Denali KidCare applicants are required to provide all third party liability information, both private health insurance and public coverage such as CHAMPUS/TriCare and IHS. While eligibility for Denali KidCare for children in families about 150% of the federal poverty level is restricted to those who do not have health insurance coverage (200% is the maximum income for those without), IHS eligibility is not considered health insurance for that purpose. Hence, IHS beneficiaries may be eligible for coverage even at incomes above 150% of poverty.

While Medicaid/Denali KidCare pays for IHS covered services, the funds for these payments are 100 percent federal. No state general fund match is required. Eligibility workers are trained that IHS eligibility status is an important piece of information to obtain, even though it does not affect their Denali KidCare eligibility.

CORRECTION

**THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION**



Rev. 6/98

Central Microfilm Services
Department of Education & Early Development
State of Alaska

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES***DIVISION OF ADMINISTRATIVE SERVICES*****TONY KNOWLES, GOVERNOR**

P.O. Box 110630

Juneau, AK 99811-0630

Phone: (907) 465-3082

Fax: (907) 465-2499

MEMORANDUM**DATE:** October 8, 1999**TO:** DHSS Privatization Task Force**FROM:** Janet Clarke
Director**SUBJECT:** Response to October 5, 1999 Privatization Task Force Request for Information

Per your request, we are providing the following information to the Privatization Task Force Department of Health and Social Services subcommittee.

• *How much money is spent on Interim Assistance under APA annually?*

In FY99, the general fund expenditures for Interim Assistance were \$2,969,733.

• *How many social workers are employed by the State of Alaska and in what departments?*

Following is a breakdown of the social workers employed by the State of Alaska. This data was obtained from the Alaska Department of Administration:

Department	Number of Positions	Filled
Dept of Administration	16	13
Dept of Education & Early Development	1	1
Dept of Health & Social Services	243	212
Dept of Corrections	1	vacant

• *How many of those social workers are licensed?*

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How many social workers are there in the State of Alaska?

The Division of Family and Youth Services does not have this information; however, we will contact the Department of Labor, Research and Analysis to obtain it and will provide it to the Task Force.

How many of those social workers are licensed?

Division of Family and Youth Services does not have this information; however, we will contact the Department of Commerce, Division of Occupational Licensing to obtain it and will provide it to the Task Force.

How does the level of assistance provided under ATAP compare to that same level of assistance in California, Wyoming, Oregon, Texas, North Dakota, and Wyoming?

In the new world of welfare reform and the flexible Temporary Assistance for Needy Children block grants that fund states welfare programs, this question becomes very difficult to answer. States no longer just pay families for basic needs as they did under the AFDC program. Instead, they often make a combination of payments directly to families. Payments may include an amount for basic needs, supportive services for employment, or child care. States may also make payments to agencies or vendors on the behalf of needy families, or even use a separate state program to make either direct or vendor payments to families.

The "make work pay" policies are different state to state and payments made directly to families vary widely and change according to countable income. For instance, some states may discount all of a family's earnings up to the assistance payment standard, thus the payment could show on a chart as \$300, but the family is also allowed to keep \$300, making the family's available income \$600. On a state-by-state chart of maximum payments, a state could be compared to another state that paid \$500 and counted earnings differently so the family's total available income is \$600. However, a flat payment chart would show the first state at \$300 and the second at \$500 and would be very misleading.

We are not aware of any published charts of state-to-state comparisons that reflect states true assistance levels under the Temporary Assistance for Needy Families block grant and do not know what the above listed states pay in assistance, state only and supportive service payments. The state of Alaska's maximum assistance benefit for a family of three who have no other countable income and are responsible for shelter costs is \$923 a month.

How many families are exempted from the 60-month limit in the 20% exemption rule and what are their demographics?

Under the final TANF regulations, families are not exempt from the time limit until they have reached 60 months of assistance. Then, up to 20% of the average monthly caseload receiving assistance in the fiscal year can be exempted based on specific criteria. Since the caseload fluctuates and families may leave and return to the program several times, we do not know how

Privatization Task Force

Page 3

10/11/99

many will reach 60 months of assistance when the provision first applies in July, 2002 or what their demographics would be. If we have an average monthly caseload of 8,900, up to 1,780 families could be exempt from the time limit.

Do any of the two above exemptions overlap?

It is possible that a family could be exempt for more than one of the reasons provided for in the 20% exemption criteria. However, families living in an exempt Alaska Native Village are not included in the 20% exemption limit.

How many families are exempted under the 50% unemployment rule and what are their demographics?

Following is the number of Temporary Assistance families that live on an Indian reservation, or in an Alaska Native Village, with at least 50 percent of the adults living there not working. The figures are for the month of June 1999 and are summarized by census area:

Census Area	6/99 Cases	Census Area	6/99 Cases
Aleutians East	3	North Slope	1
Aleutians West	4	Northwest Arctic	106
Bethel	424	Prince of Wales	59
Bristol Bay	1	Southeast Fairbanks	7
Denali	2	Skagway/Hoonah/Angoon	27
Dillingham	103	Valdez/Cordova	49
Kenai	24	Wade Hampton	321
Kodiak	14	Wrangell/Petersburg	14
Lake and Peninsula	52	Yukon/Koyukuk	16
Nome	181	Total 6/99 Cases	1408

When families apply for Denali KidCare are they screened to see if they qualify for medical assistance from Indian Health Service?

Denali KidCare applicants are required to provide all third party liability information, both private health insurance and public coverage such as CHAMPUS/TriCare and IHS. While eligibility for Denali KidCare for children in families about 150% of the federal poverty level is restricted to those who do not have health insurance coverage (200% is the maximum income for those without), IHS eligibility is not considered health insurance for that purpose. Hence, IHS beneficiaries may be eligible for coverage even at incomes above 150% of poverty.

While Medicaid/Denali KidCare pays for IHS covered services, the funds for these payments are 100 percent federal. No state general fund match is required. Eligibility workers are trained that IHS eligibility status is an important piece of information to obtain, even though it does not affect their Denali KidCare eligibility.

❖ What statute prevents the department from providing copies of juvenile records to a juvenile or their parent?

Juvenile records maintained by DJJ are privileged and may not be disclosed directly or indirectly to anyone unless the release is authorized by law or is subject to an order for release by the court. The statutory citation is AS 47.12.310(a). Current law does not authorize release of a client case file to a parent or juvenile. (A copy of AS 47.12.310 is attached.)

❖ In the table provided in the October 4th memo, on page 1, is the count duplicated (number of reports) or unduplicated (number of children)?

The count shown in this table is unduplicated count of children that had a previous juvenile correction referral within the year.

❖ For the answer to question 2 in the October 4th memo, clarification is requested for what is meant by the statement that "no data is available" in the first sentence of the response. Why isn't the data available?

The requested information (*Please provide the number of Reports of Harm received for children who are in Foster Homes as compared to biological parent home.*) is unavailable due to the fact that the DFYS information system (PROBER) does not uniquely identify foster parents as alleged perpetrators. When the information system was developed only a limited number of fields and responses were available. A pragmatic approach was used to define the response options in order to provide a level of detail for perpetrator types that occurred most commonly and then group other perpetrator types accordingly. Consequently, foster parents were grouped with the category Licensed Provider. The available list of alleged perpetrators that workers are allowed to choose from when entering data into PROBER are:

Father	Brother	Relative	Stranger
Mother	Sister	Temporary Caretaker	Other
Step-Father	Grandparent	Licensed Provider	
Step-Mother	Family Acquaintance	Paramour	

Since at the point of referral or report the perpetrator's relationship to the child is often unknown, our response in the October 4, 1999 memo identified the perpetrator once a referral was investigated. Following the completion of an investigation, the perpetrator data field is confirmed or updated by the workers.

❖ What are the sources of Reports of Harm?

The following table may include multiple referrals on an individual (duplicated) and represents data from PROBER covering fiscal year 1999.

Privatization Task Force

Page 5

10/11/99

SOURCE	REPORTS
School	3145
Human Service Agency	1928
Police Agency	1756
Relative	1456
Medical	1399
Anonymous	1267
Community	1023
Neighbor	592
Non-Custodial Parent	567
Custodial Parent	500
Friend	477

SOURCE	REPORTS
Native Agency - Village	442
DFYS	366
Court System	275
Military	226
Child Care	214
Grant Agency	167
CPS Agency	150
Client	85
Custodial Parent Partner	52
Non-Cust Parent Partner	38
TOTAL	16125

If you have questions or require additional clarification regarding this information, please contact me at 465-1630.

Attachment

cc: Elmer Lindstrom, Special Assistant
George Buhite, Director, Juvenile Justice
Theresa Tanoury, Director, Family and Youth Services
Jim Nordlund, Director, Public Assistance
Tom Cherian, Administrative Manager, Family and Youth Services
Lisa Emerson, Administrative Manager, Juvenile Justice
Randy Moore, Administrative Manager, Public Assistance
Verne Skagerberg, Budget Analyst, Administrative Services

[REDACTED]

Made available by Touch N' Go Systems, Inc., and the
Law Offices of James B. Gottstein.

You can search the Alaska Statutes, go to The Alaska Legal Resource Center, or the Touch N' Go home page.

Touch N' Go®, the DeskTop In-and-Out Board makes your
office run smoother. Visit Touch N' Go's Website to see how.

SOFTWARE

Alaska Statutes.

Title 47. Welfare, Social Services and Institutions

Chapter 12. Delinquent Minors

Section 310. Agency Records

previous: Section 300. Court Records.

next: Section 315. Public Disclosure of Information in Agency Records Relating to Certain Minors.

AS 47.12.310. Agency Records.

(a) Except as specified in AS 47.12.315, 47.12.320, and (b) - (g) of this section, all information and social records pertaining to a minor who is subject to this chapter or AS 47.17 prepared by or in the possession of a federal, state, or municipal agency or employee in the discharge of the agency's or employee's official duty, including driver's license actions under AS 28.15.185, are privileged and may not be disclosed directly or indirectly to anyone without a court order.

(b) A state or municipal agency or employee

(1) shall disclose information regarding a case to a federal, state, or municipal law enforcement agency for a specific investigation being conducted by that agency; and

(2) shall disclose appropriate information regarding a case to

(A) a guardian ad litem appointed by the court;

(B) a person or an agency requested by the department or the minor's legal custodian to provide consultation or services for a minor who is subject to the jurisdiction of the court under this chapter as necessary to enable the provision of the consultation or services;

(C) school officials as may be necessary to protect the safety of the minor who is the subject of the case and the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(D) a governmental agency as may be necessary to obtain that agency's assistance for the department in its investigation or to obtain physical custody of a minor;

(E) a law enforcement agency of this state or another jurisdiction as may be necessary for

the protection, rehabilitation, or supervision of any minor or for actions by that agency to protect the public safety;

(F) a victim or to the victim's insurance company as may be necessary to inform the victim or the insurance company about the arrest of the minor, including the minor's name and the names of the minor's parents, copies of reports, or the disposition or resolution of a case involving a minor;

(G) the state medical examiner under AS 12.65 as may be necessary to perform the duties of the state medical examiner; and

(H) foster parents or relatives with whom the child is placed by the department as may be necessary to enable the foster parents or relatives to provide appropriate care for the child who is the subject of the case, to protect the safety of the child who is the subject of the case, and to protect the safety and property of family members and visitors of the foster parents or relatives.

(c) A state or municipal law enforcement agency

(1) shall disclose information regarding a case that is needed by the person or agency charged with making a preliminary investigation for the information of the court under this chapter;

(2) may disclose to the public information regarding a criminal offense in which a minor is a suspect, victim, or witness if the minor is not identified by the disclosure;

(3) may disclose to school officials information regarding a case as may be necessary to protect the safety of school students and staff or to enable the school to provide appropriate counseling and supportive services to meet the needs of a minor about whom information is disclosed;

(4) may disclose to the public information regarding a case as may be necessary to protect the safety of the public; and

(5) may disclose to a victim or to the victim's insurance company information, including copies of reports, as necessary for civil litigation or insurance claims pursued by or against the victim.

(d) Upon request of a victim, the department shall make every reasonable effort to notify the victim as soon as practicable, by telephone or in writing, when a delinquent minor is to be released from placement in a juvenile facility under AS 47.12.120(b)(1). The notice under this subsection must include the expected date of the delinquent minor's release, the geographic area in which the delinquent minor is required to reside, and other pertinent information concerning the delinquent minor's conditions of release that may affect the victim.

(e) A person may authorize the department to release information to the military or to a prospective employer about the existence of a delinquency adjudication against that person under this chapter and the offense on which it was based.

(f) The department may release to a person with a legitimate interest information relating to minors not subject to the jurisdiction of the court under this chapter. The department shall adopt regulations governing the release of information and identifying a sufficient legitimate interest.

(g) The department and affected law enforcement agencies shall work with school districts and private schools to develop procedures for the disclosure of information to school officials under (b)(2)(C) and (c)(3) of this section. The procedures must provide a method for informing the principal or the principal's designee of the school the student attends as soon as it is reasonably practicable.

(h) Notwithstanding (c)(3) of this section, a state or municipal law enforcement agency is not required to notify the appropriate school official of a school district or school under (c) of this section if the agency

determines that notice would jeopardize an ongoing investigation.

(i) In this section, "school" means a public or private elementary or secondary school.

(j) A person who discloses confidential information in violation of this section is guilty of a class B misdemeanor.

Note to HTML Version:

The Alaska Statutes were automatically converted to HTML from a plain text format. Every effort has been made to ensure their accuracy, but neither Touch N' Go Systems nor the Law Offices of James B. Gottstein can be held responsible for any possible errors. This version of the Alaska Statutes is current through December, 1998.

If it is critical that the precise terms of the Alaska Statutes be known, it is recommended that more formal sources be consulted. For statutes adopted after the effective date of these statutes, see, Alaska State Legislature. If any errors are found, please e-mail Touch N' Go systems at touchngo@touchngo.com. We hope you find this information useful.

Last modified 9/9/99

Review Panels for Permanency Planning

Subject: Review Panels for Permanency Planning

Date: Mon, 04 Oct 1999 18:53:58 -0800

From: Marco Pignalberi <Marco_Pignalberi@legis.state.ak.us>

Organization: Alaska State Legislature

To: Alison_Elgee@admins.state.ak.us, Elmer_Lindstrom@health.state.ak.us

CC: Fran_Zarling@legis.state.ak.us

Please look at Article 3 in Title 47, i.e., 47.14.200 thru 299, and then provide a list of the local and state panels required therein. Please also fax me a copy of the last report required under section 210.

Can you collaborate and explain why Administration is tasked for these panels and reports instead of H&SS. Should this be changed? Please let us know asap. Tx, Marco

RYNNIEVA-----September 22nd, 1999

Alaska Statutes (A.S. 18.80) refer to "human rights" and "discriminat(ion)...against an inhabitant of the state", based upon criteria which includes "parenthood". However, A.S. 18.80.255 "Unlawful actions by the state government or its political subdivisions.", offers a loophole which encourages the state human rights commission to avoid addressing the state government as a potential violator of human rights.

This was discovered by Mr. Scott Calder, when he attempted to stop what he knew to be an improper drugging of his son during custody as a juvenile, and when he also knew that the state had improperly acted in other ways. Although no termination of parental rights had occurred, agents of the state had acted to circumvent parental authority of Mr. Calder without a right to do so, and the human rights commission cited A.S. 18.80.255.

This raises the question of equal protection under law.

Should the state human rights commission be able to address discrimination against an inhabitant of the state because he or she is "only the child's parent", as viewed by the state?

Clearly, parents are not secondclass citizens, and belief systems to the contrary notwithstanding, the state government should not possess special license to treat them as such.

Elsewhere in A.S. 18.80 language clearly says discrimination against a person based upon parenthood is unlawful. This bill will simply correct an error and inconsistency in state statutes which has obstructed proper governmental functioning.

Scott Trafford Calder

P.O. Box 75011

Fairbanks, Alaska 99707

Telephone: (907) 474-0174

HESS

Subject: FFP**Date:** Wed, 29 Sep 1999 21:35:17 -0800**From:** "sarah" <skyler@alaska.net>**To:** "Mike Taurianan" <mtpentl@alaska.net>

CC: "Richard Benavides" <Richard_Benavides@legis.state.ak.us>, "National Coalition for Child Protection Reform" <info@nccpr.org>, "Marco P" <Marco_Pignalberi@legis.state.ak.us>, "Lynn Caswell" <lcaswell@css.ak.org>, "Barbara A Nelson" <barbiedoll50@juno.com>, "Annette Deal" <Annette_Deal@legis.state.ak.us>, "Gloria O'Neil" <goneil@citci.com>, "David Maltman" <david_maltman@health.state.ak.us>, "Mark Andrews" <mandrews@tanachiefs.org>, "Rynnieva Moss" <Rynnieva_Moss@legis.state.ak.us>

I thought you might find this interesting... (last seasons presentation to the legislature) Sent to Rynnieva for Clyde thanks Sara

Families First Partnership, Inc.

Anchorage, Alaska 99518

(907) 561-5976

To all Representative and Senators

State Capitol

Juneau, Alaska 99801

Re: CSED and DFYS Audits

Dear lawmakers

My members hope that we share similar concerns about HB375 and the detrimental affects that it is having upon children and families.

As a survivor of the foster care system, I question why so much funding does not appear to be reaching the children for whom it is intended, to assist them in remaining within families capable of positive rehabilitation? It is critical to the welfare of our children that we find solutions to family problems rather than just dismissing dysfunctional parents. I believe we must consider making major reforms, before pouring additional millions of funding into an equally dysfunctional child protective system. To that end, audits should be requested that will determine the following:

- 1. Why does Alaska, a state with only about 1/2 million people total population, require over a billion dollars in funding for social welfare services, yet remain unable to provide protective services appropriately or even adequately and safely provide for approximately 2000 foster children? Although we are a spread out state many of our outlying areas are not getting the services for which the extra money is intended for. I can not answer why but know this needs to be addressed.**
- 2. To what extent is "agency profiteering" in state and private nonprofit agencies the culprit? (Specifically mental health providers preferred by DFYS.)**
- 3. To what degree is the current one-sided view of the difficulties with state agencies the cause of the problem? As you discussed with Karen Leonard, you may be interested in requesting a legislative audit of CSED and DFYS. Karen has sent you a proposed outline for the audits, and hopefully we can expand on that after talking. Please review both of our letters and call me at your**

earliest convenience to discuss the desperate need of both audits.

4. I also believe we need to seriously look at an audit for GAL procedures, as they are not consistently involved enough with the children they are mandated to advocate for at hearings to have any substantial weight placed on their recommendations.

5. I have also received many complaints about the public defenders office not being properly prepared or willing to represent their lower income clients and their wishes and best interests in a timely professional manner. This department may need an audit too. I would make recommendations, but due to my limited knowledge, it would not be fair to do so at this time.

Thank you again for your time and interest in helping children and families.

Sincerely,

Sarah Musgrove Short

President Families First Partnership

Enclosures

PROPOSED OUTLINE FOR AUDITS

I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

1. Organizational Audit.

Purpose: improve service delivery by increasing number of intake, investigative, case worker positions, and quality of care without increasing funding requirements.

Focus: Prior studies have revealed that the Department is *top-heavy* with useless middle-management and administrative positions. Audit should identify management and administrative positions that can be eliminated in order to create additional intake, investigative and case worker positions. It should also include a comprehensive investigation of all personnel files and positive success history verses complaints. Those with multiple similar complaints need thorough retraining or possible termination needs to be considered more often.

2. Administration Audit:

Purpose: Improve the department's consistency in abiding by policies and procedures and to protect the rights of families from power hungry management.

Focus: (1) Determine whether services are provided in compliance with federal guidelines; (2) identify dead weight in middle-management and administrative positions; (3) determine whether adequate internal reviews are conducted by

unbiased personnel (4) whether Department has an adequate system for detecting and prosecuting internal fraud.

II. CHILD SUPPORT ENFORCEMENT DIVISION ("CSED").

1. Financial Audit.

Purpose: To ensure that the maximum amount of funds collected reach the children for whom such funds are intended.

Focus: financial records to identify and cure agency profiteering; and determine if the amount retained by CSED from collections is excessive and in what amounts it is being handed out to what sections within CSED. Second to find specific reasons why CSED can charge interest on delinquent payments, but in turn is not mandated to return overpayments with reciprocal interest, and to correct this inequality.

2. Organizational Audit.

Purpose: To increase quality and quantity of service delivery without increasing funding requirements. To protect the equal right to due process for both custodial and non-custodial parents.

Focus: (1) financial audit to identify and cure agency profiteering, if any; and (2) study of organizational structure to identify useless middle-management and administrative positions that can be eliminated in favor of creating additional intake, investigation, and case worker positions.

3. Regulatory Audit.

Purpose: To determine if CSED processes cases in compliance with existing regulatory and procedural guidelines; to determine if existing regulations and procedures are equitable and sufficient.

Focus: (1) Does CSED create deadbeat parents by failing to process cases in a timely manner and in compliance with regulations and procedures?

(2) Does a conflict of interest supporting the appearance of bias exist because Hearing Officers and CSED are both regulated and paid by the Department of Revenue?

(3) Are hearings conducted in a timely manner benefiting the children, or an untimely manner to the detriment of both parents and the children involved?

(4) Are regulations inequitably pro-custodial parent? Do regulations, or the implementation of regulations, tend to create arrears and deadbeat parents.

(5) Are we allowing mothers to benefit from not informing fathers of children, while making unknowing fathers debt ridden criminals? And can we implement legislation to protect the children from this, as well as specifically targeted fathers?

FAMILIES FIRST PARTNERSHIP

www.families-1st.org 561-5976 or 277-1939 please call for information or assistance

We would like everyone to know his or her opinion is welcomed. We will gladly address any misperceptions or questions in a professional manner immediately. If you find our information incorrect please help us correct it. We are not yet finished our web page and encourage you to add your input. Everyone has the right to know his or her rights. And everyone has an obligation to be responsible for his or her individual actions. While participating in Families First Partnership meetings we ask that everyone remember to treat guests and visitors with courtesy and respect. We do not endorse child abuse, neglect, slander, violence, drug use, discrimination, or agencies that practice any of these practices.

Other Resources either affiliated with Families First Partnership or recommended by FFP

Community Dispute Resolution Center

505 West Northern Lights Anchorage, AK 99503 907-274-1542

Safe City Program

Anchorage, AK 907-343-6302

Alaska Baptist Family Services

Anchorage, AK 907-349-2222

Child Support Defense Services (Gary Maxwell)

Anchorage, AK 907-277-3980

Many Representatives and Senators support our ideas and solutions. I will have available a tape of the presentation of the our presentation to the legislative Children's Caucus should anyone care to view it. We appreciate all your support. We are rapidly growing, because the need for reform and equality in dealing with state agencies is great. Thank You all...Sarah Musgrove Short

Families First Partnership Children's Caucus Presentation

Thank you for allowing me the opportunity to introduce a new coalition of old organizations from around the state that addresses the matter of families and family rights. I am impressed by the number of you attending that are so interested in the best interests of families and children and that you have taken the time to participate in finding solutions to fixing the system.

I. Families First Partnership is a non-profit organization of volunteers. It consists of concerned family and community members, many of whom are involved in other community resource groups, such as health care professionals, attorneys, parents (adoptive, natural, foster and step). It was developed by a survivor of the system in order to find the problems, find solutions and find efficient, cost effective ways to implement them while increasing community awareness. We are working together to assist government agencies and court systems in meeting the needs of families in crisis in a timely manner. This can be accomplished through:

Promoting agency accountability and parental responsibility.

Reducing barriers to services so that children are adequately protected, families are appropriately strengthened, and terminations of parental rights justified.

Organizing a support network for families, biological, foster, and adoptive.

Transcending communication problems by coordinating community resources and mediation

Ensuring that children and families' rights are given complete and equal due process.

Combining legislative advocacy with mediation and other non-adversarial tools to reduce unnecessary coercive intervention into the lives of families and children

Treating families and agencies with equal respect.

II. Some of our most important goals are:

A. Legislation that reflects the needs of both families and state agencies is needed.

B. Establishing a Family Justice Center where people can learn about their rights when dealing with state agencies and courts, which will eliminate a lot of conflict and prevent wasting time.

C. Assistance, which will help the average citizen in understanding and clarifying, complicated laws as they relate to families.

D. Advocacy to increase agency accountability and decrease unnecessary intrusion into the family. E. Clarifying and strengthening family responsibility. F. Advocacy for children and families that are in crisis by having their best interest and due process ignored.

III. CSED, FFP wishes to see this agency have a "user-friendly" child-support agency. We need to minimize the acrimony and hostility between CSED and parents, so those children can benefit by being able to have a loving relationship with both parents. CSED needs to recognize that many of the non-custodial parents are being financially ruined through policy and procedures and this is not helpful to the child. The legislature and courts need to recognize that the total financial responsibility cannot rest on only one parent, but equally on both. They also need to equally recognize and enforce policies and procedures for both sides. Timely recognition of modification and adjustments for custodial and noncustodial parents are essential in maintaining the child's best interest.

IV. OPA simply needs to be more independent, more open to two-sided input, and more involved through firsthand knowledge, not hearsay about the child they advocate for. It should be a requirement that GALs be notified of all hearings or meetings scheduled. GAL's are supposed to be notified by the court of all hearings, but that is not consistent. The GAL's have the responsibility of notifying the CASA, not the courts. CASA should be requested to attend when GALs do not have current substantial knowledge of the child and/or situation and they should not have to report to the GAL's. They should be independent volunteers overseen by an external agency. It might even be

prudent to do away with the involvement of OPA and create a totally external CASA program of volunteers, which would eliminate much of the money wasted by GAL's. Based on the strength of the CASA's or GAL's knowledge and how current their contact is their input should be appropriately weighed. You might also want to question if they are being overloaded with negative information and unsubstantiated allegations from DFYS social workers prior to having been able to have an objective opinion or interaction with the parent or family. This happens alot with mental health workers and out of home caregivers.

V. In dealing with DFYS we have experienced unproductiveness in various forms. We hope to ensure that only the positive areas of our state agency are continued for the protection of children. We recognize that last year, HB 375, put into place many new policies within Title 47. However, we see the need for many more reforms.

- 1) A mandatory parental informational booklet that outlines in layman's terms clearly and briefly the process that will occur when a child is removed. It should clarify parental rights and responsibilities.
- 2) Court order enforced Visitation with family members should be arranged at the 48 hour hearing and should be consistent, according to policies to ease the child's trauma (unless supported by substantial and independently verified evidence that contact is harmful). This should be mandatory even if it has to be supervised. Supervision should be by neutral parties in appropriate settings that are comforting to the child, not prison-like (reference DFYS facilities in Anchorage & Also see solutions section last page). Supervised visits should be reasonable and specified in the case plan for limited lengths of time. After which the plan is adjusted appropriately towards less supervision and longer visits or more according to advice from case worker, counselor, treatment coordinator (when necessary), and others having contact with the child(ren) (foster parent, parent and/or guardian to be, grandparents/other relatives).
- 3) A case plan that has parental involvement should be mandatory and not based on the condition of whether or not the parent admits wrong doing (when parents want to be involved). It can also be used as a safe guard for caseworkers by adding several options for the parents to check. (Examples: I am not admitting guilt by signing this case plan, I will agree to seek help as specified by the dept., I do not agree to the terms listed within this case plan, however I will attempt to find a solution with the department through mediation, I will not cooperate with this agency, at this time I am only recognizing that a case plan has been drawn up, I have received a copy of a case plan and understand the proposed actions.) Caseworkers will then have proof that they have clearly explained the procedures to the parent and those documents can be used in court. The parent will have a clear written guideline to follow.
- 4) The mediation process can be used as a safety net by being a formal tool in parent/caseworker communication. This will cut down on unnecessary hostility and misperceptions between the parties involved. It will also save time that is currently wasted rehashing conflict, because it will help provide clarification on both sides.
- 5) In the area of Confidentiality, while we understand its necessity to protect children's identities, we have seen this part of the law used to protect the agency, not the child. It is the cause of much animosity and distrust toward the agency. If we teach the child that open communication is ok to practice they will internalize less of the pain and shame associated with family dysfunction and abuse. The peers of foster children already know they do not live at home. School time becomes more difficult for these children who are learning by our actions not to talk about these problems. This increases the inner turmoil for the child and leads to more disfunction. Sharing information retained by the agency should be done with parental permission only. (Possible insert) FFP advocates for video taping of interviews with children to ensure the allegations are correct and the interviews are unbiased (not leading [ref Wenatchee]). They should be admissible in a courtroom, if needed, when a transcript can not adequately convey the child's emotional state.

IV. Other areas of concern, FFP advocates for:

- 1) A placement matching system so that children are placed in foster environments that are not a shock to their system. (Include Example) Foster parents need to have more support as well as better training to prepare them for possible loss of a child they may become attached to and difficulties in keeping kids as well as the benefit of keeping those who can not go home. Placements for adoption and the proceedings after termination of parental rights must be more efficient and expedient.
- 2) Repairing damage to reputations when allegations of abuse are false. We repeatedly see parents accused of crimes that are not true. Instead of closure, allegations continue to be used in many cases, rather than those using the allegations admitting they were incorrect. Once allegations are proven false they should then become liable slander for which the agency and caseworker are accountable. This will cut down on an agency's

repetitious use of wrongful allegations. It will also cut down the time spent in malicious court battles. When a parent is finally cleared of wrongdoing, there is no way to wipe the record clean. There is no compensation for the financial and emotional ruin that the family has undergone. This further weakens families and creates the substantial possibility of future intervention on behalf of the agency. We must address these grievances with positive measures through pro-intervention. 3) Grievance procedures need to be made readily available to families unconditionally. They should not be hard to get as they are currently. Their proper use should be adequately conveyed to families. 4) Mental health counseling is a large concern that desperately needs immediate attention. The conflict of using only DFYS appointed counselors has become a serious cause for concern with many of our affiliate groups and families. Some of the allegations include preparing children for adoption prior (before) to termination of parental rights. Since these are employees or contractors of DFYS, then whatever the agencies perception is usually is concurred with by the provider. If not, then the high probability of the findings being influenced is definitely a factor. FFP advocates for all providers/counselors to be licensed in the private sector and believes that using only selected ones is discriminatory towards others. It also questions the integrity of those not used who are equally licensed by the state. In some cases, we have seen families refused the right to choose their own counselors, even ones that they had an on going history with. Does this cost the state unnecessary money? Yes, because the state has negotiated payment rates with the "selected providers." Not all providers are willing to be paid at a "reduced rate." Thus that is why you find the state's providers are not always that great, perhaps they are more desperate for work (but not always the case), therefore they agree to be paid at the state's negotiated rate. This increases the likelihood of agreement based on job security. It also costs the state unnecessary money because information sought could be obtained through the previously engaged counselor, and in less time. This would cut down on time wasted waiting for some reports by new counselors who have no knowledge of things already addressed. I believe it would also be easier to get a true sense of the person in counseling if they felt secure in the fact that DFYS input was not influencing the Mental Health Professionals judgment. Making this a protected choice through legislation would protect the agency against claims of wrongful interference and corruption. It is beneficial to both sides. A listing of legally licensed providers should be made available for them to choose from. After the professional makes a diagnosis then the findings would be available with consent to the GAL and attorneys, but not for open revision or interpretation by DFYS. The agency must justify any input they provide to licensed counselors and document it in writing with a carbon copy going to the parent (guardian). This is another way to open communication and cut down on errors or misperceptions by the mental health provider, caseworker or involved party. (Possible solution) 5) A mandatory requirement on behalf of the agency to inform family members of their rights to children who become wards of the state should be secured by legislation. This legislation should include clear steps within the mandatory case plan to get them placed with relatives within two weeks of removal. This does not mean home studies should not be done, just that they should be quicker. Extended periods in foster care in these situations are unnecessary and harmful to the child. (It can result in confused bonding, displacement and attachment disorders and distrust towards parents they may return to or the agency children must rely on for help.)

Conclusion: FFP wants to offer solutions, not add to the growing complaints. Among many suggestions to improve agency efficiency is to start neutral mediation between parents and caseworkers so that everyone knows their responsibility and has a better understanding and can work toward reunification. We are actively seeking a grant to take on such mediation, the family justice center, and problem solving committees to assist DFYS and CSED (and others) in meeting the needs of families in pre-intervention and post-intervention needs. In doing this we will open communication facilitation between children, agencies and families in the community. Many families look upon DFYS as "legal kidnappers of children," this is not how FFP wants this agency viewed. FFP recognizes the need for the protection of abused children. The more information given to the public through community service programs, the more secure families will be with their state agency. This will allow the agencies of DFYS and CSED to be more efficient and positive. FFP knows that many of these issues were addressed in HB375. We are not seeing them properly implemented and feel more needs to be done. An independent agency is desperately needed to mediate and help resolve conflict. Adequate monitoring of such agencies can not be done effectively internally or by connected state agencies, it just leaves too much room for special interest, favoritism and corruption.

Solutions:

Let nonprofit groups (such as FFP and others) campaign for the job (every two years on the ballot perhaps) to be the checks and balance system for such agencies. Require all non

profit agencies desiring this position to submit for public review a budget proposal which includes wage caps on all employees (of say 12 hourly), and declaration of independence from special interest, as well as a policies and procedures manual available to all. Implement legislation to supply a checks and balance grant not to exceed 100,000. I believe you will find many volunteers who will promote this effort. Those interested in the family rights preservation (I.e. the employees) will actively encourage volunteers to support their work and help them meet the needs of their budget restraints and job requirements.

Visitation areas: Should not be in the building where children were taken after removal, too traumatic. Rooms should be set up like living rooms, comfortable and appropriately stocked with toys and positive interaction materials. Supervisors or observers should be in another room watching through one way glass as so not to inhibit natural child actions (and parental actions). After such visitation a parent/observer meeting should occur while child visits in the same room with on site counselor. The observer would then offer positive input to the parent to help decrease negative parenting. This should not be done in a degrading manner or by the caseworker, but by a neutral person. It would be similar to the mentor system tried about 15 years ago. Of course this is not to say that children will be left alone with alleged sexual offenders. In those cases there will be available staff in the room to intervene should the need arise. By reducing time wasted by such state agencies and helping them meet the needs of the communities more efficiently we strengthen our families. This will allow for better distribution of funds intended for children. We will be able to use money saved, by limiting waste, on helping children become safer and healthier. The best part is that we will be able to offer families more opportunities to learn positive roles.

Question? When CSED takes money interest is charged if payments are delinquent, What is done with that interest? I hope it goes to the children, as CSED already has a budget. And when money is wrongfully taken, it sometimes takes months even years to be returned by CSED. Where is the parents interest on that money? Speaking from experience, I received no interest when my pay was attached and my dividend taken even though I was not behind. If the state can be compensated for late payments why are not the families?

MORE SOLUTIONS EXIST AND WILL SOON BE AVAILABLE IN DETAIL TO EVERYONE!!
 please forward all comments and suggestions to skyler@alaska.net and please view our web page www.families-1st.org Sorry web page currently down working on it... hey we are funded by donation what can I say?

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 21, 1999

The meeting was called to order at 11:03 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Calder, Caswell, Clarke, Foutz, Hagevig, Lorenz, Majewske, Maltman, Moss, Short, Villamides, Vitale, Tanoury, Buhite, and Rep. Fred Dyson. See attached detail list of subcommittee membership.

This was the fourth meeting of this subcommittee. This meeting consisted of reviews of the DFYS and Juvenile Justice divisions by Tanoury and Buhite, respectively. Information background packets were provided to the subcommittee.

Questions/comments during this session included

1. DFYS - Lots of discussion about who gets looked at and the screening process. Are there wasted efforts? The more problems DFYS finds, the bigger their budget. Independent review/arbitrator needed. Social justice ideas may drive DFYS into more spending.
2. DFYS - Committee had many examples of overreaching DFYS. Actually breaking up families, and increasing costs.
3. DFYS - There was no support for the way DFYS currently runs, but no ideas were forthcoming on ways to fix it.
4. JJ - How many in JJ system have had prior contact with DFYS? Answer, about 60%.
5. JJ - How are meds used? Answer, only upon doctor prescription.
6. JJ - How are grants and contracts given out? how are grantees chosen?
7. Dyson - Consider what to privatize, using any kind of provider, profit or nonprofit or other government.

Clarke went over procedure for suspending an employee

Chairman asked for areas of interest by committee members. Please get areas of interest to Marco's office.

For next week, we will have a summary of administration.

Meeting adjourned at 12:58 PM
September 21, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, September 14, 1999

The meeting was called to order at 11:00 AM. Present in person or by teleconference were Chair Taurianan, Andrews, Calder, Clarke, Derr, Eldridge, Foutz, Hagevig, Kibby, Lorenz, Majewske, Maltman, O'Neil, Pignalberi, Short, Vitale, DiMatteo, L. Jones, Abel, Burns, and Nakamura. See attached detail list of subcommittee membership.

This was the third meeting of this subcommittee. This meeting consisted of reviews of the Public Health, DMHDD and Alcohol & drug Abuse divisions by Nakamura, Abel and Jones, respectively. Three information background packets were provided to the subcommittee.

Questions/comments during this session included

1. Public Health - What Federal funding duplicates State funding and how much is it?

2. Public Health - What # is covered under Denali Kids at 200% of poverty level?
Answer is 11,000. 200% of poverty level is \$44,000.

3. Public Health - What are interagency receipts? Primarily medicaid receipts.

4. DMHDD - Any savings from Harborview closing?

5. DMHDD - What is savings from 79 to 54 beds at API? Community cost is estimated at \$3MM when implemented.

6. Alcohol - Why is AMHT involved in policy at all? Per laws, copy to come.

7. Alcohol - Any mechanism to prevent AMHT "replacement" of general funds?
Answer is no.

8. What are Federal dollars to health corps? No answer.

9. Chairman reiterated need for an inventory of community resources to deal with the needs DHSS addresses. Maybe a listing of agencies and services provided.

For next week, we will have a summary of juvenile justice and DFYS.

Meeting adjourned at 1:25 PM
September 14, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 7, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Kibby, Lindstrom, Lorenz, Majewske, Moss, Pignalberi, Vitale, Labbe, and Nordlund. See attached detail list of subcommittee membership.

This was the second meeting of this subcommittee. This meeting consisted of reviews of the Medical Assistance and Public Assistance divisions by Labbe and Nordlund, respectively. Five information background packets were provided to the subcommittee. Clarke reviewed the two overall statistical packets.

Questions/comments during this session included

1. Provide number of employees by BRU and detail component.
2. How many of the 90,000 medicaid participants are in state custody?
3. Give the committee a shell-in draft of outline reports for the committee covering points I to X, leaving out subjective comments on points VI and X.
4. List and identify private charity/nonprofit activities and resources - what they do and what is available.
5. Again, for requests for information, they should go through Pignalberi to Lindstrom. ✓
6. Continue working and reading. Let Pignalberi's office know of any specific areas of interest.
7. New public assistance regs just signed by the Lt. Governor will be provided to the committee.

For next week, we will have a summary of mental health, alcohol, and public health by DHSS, with other divisions to follow subsequently.

Meeting adjourned at 1:10 PM
September 7, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neill, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, September 14, 1999

The meeting was called to order at 11:00 AM. Present in person or by teleconference were Chair Taurianan, Andrews, Calder, Clarke, Derr, Eldridge, Foutz, Hagevig, Kibby, Lorenz, Majewske, Maltman, O'Neil, Pignalberi, Short, Vitale, DiMatteo, L. Jones, Abel, Burns, and Nakamura. See attached detail list of subcommittee membership.

This was the third meeting of this subcommittee. This meeting consisted of reviews of the Public Health, DMHDD and Alcohol & drug Abuse divisions by Nakamura, Abel and Jones, respectively. Three information background packets were provided to the subcommittee.

Questions/comments during this session included

1. Public Health - What Federal funding duplicates State funding and how much is it?
2. Public Health - What # is covered under Denali Kids at 200% of poverty level?
Answer is 11,000. 200% of poverty level is \$44,000.
3. Public Health - What are interagency receipts? Primarily medicaid receipts.
4. DMHDD - Any savings from Harborview closing?
5. DMHDD - What is savings from 79 to 54 beds at API? Community cost is estimated at \$3MM when implemented.
6. Alcohol - Why is AMHT involved in policy at all? Per laws, copy to come.
7. Alcohol - Any mechanism to prevent AMHT "replacement" of general funds?
Answer is no.
8. What are Federal dollars to health corps? No answer.
9. Chairman reiterated need for an inventory of community resources to deal with the needs DHSS addresses. Maybe a listing of agencies and services provided.

For next week, we will have a summary of juvenile justice and DFYS.

Meeting adjourned at 1:25 PM
September 14, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, September 7, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Calder, Caswell, Clarke, Derr, Eldridge, Foutz, Keller, Kibby, Lindstrom, Lorenz, Majewske, Moss, Pignalberi, Vitale, Labbe, and Nordlund. See attached detail list of subcommittee membership.

This was the second meeting of this subcommittee. This meeting consisted of reviews of the Medical Assistance and Public Assistance divisions by Labbe and Nordlund, respectively. Five information background packets were provided to the subcommittee. Clarke reviewed the two overall statistical packets.

Questions/comments during this session included

1. Provide number of employees by BRU and detail component.
2. How many of the 90,000 medicaid participants are in state custody?
3. Give the committee a shell-in draft of outline reports for the committee covering points I to X, leaving out subjective comments on points VI and X.
4. List and identify private charity/nonprofit activities and resources - what they do and what is available.
5. Again, for requests for information, they should go through Pignalberi to Lindstrom.
6. Continue working and reading. Let Pignalberi's office know of any specific areas of interest.
7. New public assistance regs just signed by the Lt. Governor will be provided to the committee.

For next week, we will have a summary of mental health, alcohol, and public health by DHSS, with other divisions to follow subsequently.

Meeting adjourned at 1:10 PM
September 7, 1999

commission on privatization

**SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES**

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neil, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM
August 31, 1999

commission on privatization

SUBCOMMITTEE ON HEALTH
& SOCIAL SERVICES

Meeting minutes, August 31, 1999

The meeting was called to order at 11:05 AM. Present in person or by teleconference were Chair Taurianan, Co-Chair Andress, Andrews, Brown, Caswell, Clasby, Foutz, Keller, Lindstrom, Majewske, O'Neil, Moss, Clarke, Calder, Eldridge, Pignalberi, and Higgins. See attached detail list of subcommittee membership.

This was the initial meeting of this subcommittee. Member name and address sheets were filled out. This information should be sent to Pignalberi. Our legislative staff support will be Marco Pignalberi, Debbie Higgins and R. Moss. DHSS staff support will be Elmer Lindstrom (primary) and Janet Clarke. Contact phone numbers and communication information was exchanged.

A large amount of background information was given out or made available to committee members. This included the purpose of our committee, enabling legislation, details of the DHSS organization. Clarke led the committee through a discussion of DHSS operations.

Questions/comments during this session included

1. Which programs have Federal match and how much is it?
2. How many employees are there in each division/function?
3. Give the committee a one or two page 'committee resource index' for the next meeting.
4. Need to look at definitions as we go, as well as policy issues.
5. For requests for information, they should go through Pignalberi to Lindstrom.
6. No expenses are allowed for committee members.

For next week, we will have a summary of Medical Assistance and Public Assistance by DHSS, with other divisions to follow subsequently.

An updated committee membership information listing will be sent out.

Meeting adjourned at 1:25 PM
August 31, 1999

Department of Health & Social Services Subcommittee Membership						
Address	Kathy	283-9003	283-8118		Bio Cycle Alaska	comfzone@ptialaska.net
Taurianan	Mike	262-4624	262-5777	262-4489	Northern Test Lab	mtocentl@alaska.net
Andrews	Mark	452-8251 x3177	459-3953	474-8063	Tanana Chiefs	mandrews@tananachiefs.org
Brown	Kelly	452-2300	452-2307	452-5870	ASEA /AFSCME. Local 52	kelly@asea.fbx.mxmail.com
Caswell	Lynn	276-5590	258-1091	688-4284	Catholic Social Services	lcaswell@css.ak.org
Clarke	Janet	465-1630	465-2499	789-3741	Dept Health & Social - Dept Contact	Janet_Clarke@health.state.ak.us
Derr	Laraine	586-1790	463-3573		AK Hospital & Nursing Home Assoc.	
Eldridge	Barry	283-7152	283-7152	398-7811	Barry Management	lridgebb@ptialaska.net
Foutz	Paul	272-1196	272-4850	561-0048	O'Connor & CO., P.C.	
Franz	Charlie	235-8101	235-0253		Homer Hospital	
Gillean	Jerri	276-2131	276-0946		Muscular Distrophy Assn., Director	j_gillean@hotmail.com
Grasse	Don	786-0218	786-0270		General Mgr., K&L Distributors	dgrasse@ptialaska.net
Hagevig	Rosemary	463-6151	586-9018		Catholic Community Services, Exec Director	rosemaryhagevig@ccsluno.com
Keller	Wes	694-6683	694-1015	376-6115	Representative Dysons Office - SOA	
Kibby, Esq.	Richard	563-0373	563-5083			
Lindstrom	Elmer	465-1613	465-3068		Dept Health & Social - Dept Contact	
Lorenz	Clyde	457-7106	456-8245	457-7106	Families First	Rvnnieva_Moss@legis.state.ak.us
Majewske	Marie	333-0717	N/A		North East Community Center	nonoinak@aol.com
Maltman	David	269-8991	269-8995		HESS	david_maltman@health.state.ak.us
Moss	Rvnnieva	456-5081	456-8245	488-6583	Rep Coghill	Rvnnieva_Moss@legis.state.ak.us
O'Neil	Gloria	265-5917	265-5996	230-0346	CEO, Cook Inlet Tribal Council	goneill@citci.com
Sandvik	Helvi	265-4149	265-4123		NANA Development	helvi.sandvik@nana-dev.com
Short	Sarah	561-5976	562-8630		Families First	skvier@alaska.net
Trafford Calder	Scott	474-0174	456-8245	474-0174	Safe Families Inc.	Rvnnieva_Moss@legis.state.ak.us
Villamides	Sylvia	258-6538	258-6526		Anchorage Neighborhood Health	silviav@anhc.org
Vitale	Vincent	276-7576	258-7030		Attorney At Law	fiatlux@sinbad.net

Report for the Privatization Task Force
September 20, 1999

- I. Department of Health and Social Services**
- II. List of BRU / Component – Appendix A.**
- III. FY2000 Authorized Budget by Funding Sources**

Federal Receipts	481,750.5
General Fund Match	159,114.2
General Fund	140,474.6
General Fund / Program Receipts	4,468.7
Interagency Receipts	53,021.5
Alcohol & Drug	2.0
General Fund / Mental Health	105,280.8
Title 20 (Federal)	4,474.5
PFD Fund	18,688.9
CIP Receipts	865.6
MHTAAR	4,156.7
Child Trust Earnings	345.7
Statutory Designated Receipts	4,531.1
Tobacco Settlement Fund	29,337.5
Total Funding	1,006,512.3

- V. Constitution and Statutory**
- Constitutional - Public Welfare, Public Health**
- Statutory Authority**

Program	Statute	Description
Medicaid	AS 47.07.010-080	It is declared as a matter of public concern that the needy persons of this state receive uniform and high quality medical care, regardless of race, age, national origin, or economic standing. Accordingly, this chapter authorizes the Department of Health and Social Services to apply for participation in the national medical assistance program as provided for under 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act).

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Chronic Acute Medical Assistance (CAMA)	AS 47.08.150	Under the provisions of this section, the Department of Health and Social Services may pay providers of medical care for services that are provided to needy persons suffering from a chronic or acute medical condition who qualify for assistance under AS 47.25.120 and are not eligible for the medical assistance program under AS 47.07.
Alaska Temporary Assistance Program (ATAP)	AS 47.27.005	The Temporary Assistance Program provides temporary financial assistance to eligible needy families when the parents or caretaker relatives are temporarily unemployed, currently underemployed, or facing significant barriers to gainful employment.
Child Care Services	AS 47.27.635	The Child Care Development Fund is a federal and state funded block grant which provides child care assistance on a sliding scale based on family size and income. This grant is available for families in welfare-to-work activities; families moving off of welfare due to increased earnings; and working families whose low income places them at risk of needing assistance.
Work Services	AS 47.27.005	The array of services intended to help recipients into the workforce is referred to as "Work Services". Recognizing that many welfare recipients must overcome substantial challenges in order to find employment, Alaska's welfare to work services include assistance in job readiness and job search, case management, job retention and advancement, basic education, training and transportation to work.
Adult Public Assistance (APA)	AS 47.25.430	Adult Public Assistance (APA) is a state funded program that provides cash assistance to needy aged, blind, and disabled persons who meet certain income and resource requirements.
Food Stamp Program	AS 47.25.975	The Food Stamp Program helps low-income households maintain adequate nutrition.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Energy Assistance Program (EAP)	AS 47.05.010	The Energy Assistance Program (EAP) is 100 percent federally funded by the Low-Income Home Energy Assistance Program (LIPEAP) Block Grant. The program provides seasonal help with home heating costs to low-income households.
General Relief Assistance (GRA)	AS 47.25.120	Alaska's General Relief Assistance (GRA) program provides for the most basic needs of many Alaskans who haven't the personal resources to meet an emergent need and who are not eligible for assistance through other assistance programs offered by the state.
Medicaid and DPA Service Delivery	AS 47.07.010	Medicaid, an entitlement program created by the federal government, is the primary public program financing basic health and long-term care services for low-income Alaskans. The Division of Public Assistance (DPA) is responsible for determining the eligibility of individuals and families in need of Medicaid benefits.
Licensure/Practice	AS 08.65-95	Provides standards for licensure and practice of various health-related occupations.
State Management of Programs	AS 44.29.020	Establishes the Department of Health and Social Services as the Administrator of Public Health and Social Services programs including Mental Health and Developmental Disabilities Programs.
Community Mental Health Centers Act	AS 47.30.520-620	Provides the granting authority and sets standards for Community Mental Health grantees.
Hospitalization of Clients	AS 47.30.655-915	Establishes the conditions under which persons may be voluntarily or involuntarily admitted to mental health inpatient facilities.
Use of Mental Health Trust Funds	AS 47.30.056	Defines mental health beneficiaries and the services to be provided to them through the use of Mental Health Trust Funds.
Persons with Handicaps	AS 47.80.010-900	Provides the granting authority and sets standards for Community Developmental Disabilities grantees.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Community Based Treatment Services	AS 47.30.475 AS 47.37	Community Based Treatment Services include emergency care, residential treatment services, outpatient services, and methadone treatment (Anchorage only).
Community Action Against Substance Abuse (CAASA) Prevention Grants	AS 47.37.045	CAASA grants provide funding for: youth assessment and referral programs for minors required to participate in alcoholism or drug education; programs and projects that the division determines are effective in preventing or treating substance abuse; and technical assistance for neighborhood based substance abuse prevention and treatment.
Medical Examiner	AS 12.65	Establishes the criteria for deaths to be investigated by the state and provides for medical examiners to perform these investigations.
Public Health	AS 18.05	Gives authority to the Department of Health and Social Services relating to the protection of the public's health.
Emergency Medical Services	AS 18.08	Provides for the establishment of an emergency medical services system.
Disease Control	AS 18.15	Provides for disease control.
Aid to Communities	AS 18.25	Provides for the state to assist non-profit hospitals and facilities in the purchase, construction, renovation or establishment of hospitals, health centers or clinics.
Vital Statistics Act	AS 18.50	Provides for the recording of the vital records for the residents and visitors of the state.
Radiological Health	AS 18.60.475-545	Provides for the monitoring of radiation sources.
Medical Care	AS 47.07	Provides for the health care of the needy.
Confidentiality	AS 09.25 AS 25.23	Establishes the confidentiality of adoption proceedings and records, and the circumstances under which such records can be made available to specified individuals.
Children in Need of Aid	AS 47.10	Subject to AS 47.10.019, the court may find a child to be a child in need of aid if it finds by a preponderance of the evidence.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Child Abuse and Neglect Reporting Law	AS 47.17	In order to protect children whose health and well-being may be adversely affected through the infliction, by other than accidental means, of harm through physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment, the legislature requires the reporting of these cases by practitioners of the healing arts and others to the department. Reports must be made when there is a reasonable cause to suspect child abuse or neglect in order to make state investigative and social services available in a wider range of cases at an earlier point in time, to make sure that investigations regarding child abuse and neglect are conducted by trained investigators, and to avoid subjecting a child to multiple interviews about the abuse or neglect.
Adoptions	AS 25.23 AS 18.50	Chapter 25 shall be liberally construed to the end that the best interests of adopted children are promoted. Due regard shall be given to the rights of all persons affected by a child's adoption.
Uniform Child Custody Jurisdiction Act	AS 25.30	Establishes the state's jurisdiction with regard to child custody proceedings.
Interstate Compact on the Placement of Children	AS 47.70	It is the purpose and policy of the states of the compact to cooperate with each other in the interstate placement of children.
Guardians of Minors	AS 13.26	The guardianship program provides permanent homes, through adoption and guardianship, for children in the custody of the Department who cannot return to their biological parents.
Youth Services - Field Probation and Youth Correctional Facilities	AS 47.12.010	Passed during the 1998 legislative session, the statute codifies the principles of restorative and balanced justice. This enabling statute recognizes that effective public safety is found in a vision where juvenile offenders have an immediate consequence, perform community service and, where possible, reconnect to their community.

Report for the Privatization Task Force
September 20, 1999

Program	Statute	Description
Financial Management	AS 37.10	Statutory responsibilities include sound financial management and revenue collection of state, federal and other funds.
Budget Section	AS 37.07	Responsible for the preparation, coordination, analysis and enactment of a budget that is organized to focus on the services provided by state agencies and on the cost of those services and that provides for implementation of policies and plans, in the succeeding budget period.
Procurement Section	AS 36.30	Defines the requirements which government agencies must adhere to in procuring goods and services for the State of Alaska.
Capital Projects	AS 37.07.062	Responsible for preparation and submission of annual capital budget requests. Once funding is obtained, responsible for competent management of capital projects and funds.
Personnel and Payroll Section	AS 39.25	It is the purpose of this statute to manage and administer all personnel administration including payroll, labor relations, safety, and personnel actions.

Report for the Privatization Task Force
September 20, 1999

VI. Agency Mission Statement

The mission of the Department of Health and Social Services is to promote and protect the health and well-being of Alaska citizens with a focus on prevention and early intervention.

OFFICE OF THE COMMISSIONER

The mission of the Office of the Commissioner is to promote and protect the well-being of every Alaskan by investing in families and communities.

DIVISION OF PUBLIC ASSISTANCE

The mission of the Division of Public Assistance is to provide basic living expenses and self-sufficiency services to Alaskans in need.

DIVISION OF MEDICAL ASSISTANCE

The mission of the Division of Medical Assistance is to maintain access to quality health care for all Alaskans and to provide health coverage for Alaskans in need.

DIVISION OF FAMILY & YOUTH SERVICES

The mission of the Division of Family and Youth Services is to

- 1) Protect children who are abused and neglected or at risk of abuse and neglect;
- 2) Protect and restore communities and victims; and (*DJJ)
- 3) Rehabilitate juvenile offenders. (*DJJ)

DIVISION OF JUVENILE JUSTICE (* New Division effective 7/1/99)

The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

DIVISION OF PUBLIC HEALTH

The mission of the Division of Public Health is to preserve and promote the state's public health.

DIVISION OF ALCOHOL & DRUG ABUSE

The mission of the Division of Alcoholism and Drug Abuse is to promote the health and well-being of Alaskans by preventing and treating the abuse of alcohol, other drugs and inhalant.

Report for the Privatization Task Force
September 20, 1999

DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

The mission of the Division of Mental Health and Developmental Disabilities is to plan with and provide appropriate prevention, treatment, and support for consumers and their families affected by mental disorders or developmental disabilities, while maximizing their self-determination.

DIVISION OF ADMINISTRATIVE SERVICES

The mission of the Division of Administrative Services is to provide quality administrative services that supports the department's programs.

VII. Number of Employees

Privatization Task Force-Positions by Category

<i>Categories</i>	<i>Number of Positions</i>
Eligibility Technicians & Workforce Development	359
Social Workers	298
Youth Corrections (Counselors & Probation Officers)	274
Clerical	249
Nursing (Public Health & Psychiatric)	188
Health Professionals	161
Administrative Staff	160
Mental Health Specialists	143
Accounting & Budget Staff	111
Other	86
Analyst/Programmers	79
Facilities Maintenance	59
Medical Specialists	48
Research & Planning	28
Grants & Procurement	18
Total Number of Positions	2,261

FY2000 Authorized Budget-Position Count			
Full Time	Part Time	Non-Permanent	Total
2,192	57	12	2,261