

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1317 HHESS HB 17 - HB 30

Mr. Muller

(2)

January 5, 1981

A number of state programs exist which provide aid to segments of the elderly population. These range from financial aid to housing, nutrition, transportation, and help in the form of a homemaker in the home. The Pioneers' Home is the only program providing all these services including physical, mental, and social opportunities. Each applicant to the Homes is interviewed to determine if alternate services are available and can be utilized. More often, these alternate programs refer applicants to the Pioneers' Homes when they can no longer meet the needs of their elderly clients.

VLP/dm
C9/Z1

II. REVIEW OF EXISTING MAJOR STATE PROGRAMS

B. Department of Community and Regional Affairs

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

DIVISION OF LOCAL GOVERNMENT ASSISTANCE

POUCH B - JUNEAU 99811

January 6, 1980

Local Government Assistance Division
Senior Citizen Tax Relief
Benefit Residents Age 65 and Over
State General Fund

Homeowner's Property Tax Exemption - The original intent of the program, as is standard in over 40 states, was to extend property tax relief in order to avoid confiscatory property action against citizens experiencing disproportionate impact to limited income. The law provides that the permanent place of abode of a resident 65 years of age or older may be eligible for exemption from property tax levied by a municipality. State reimbursement through this program is provided to the municipality for revenue lost in operation of the program.

FY 80: About \$1.9 million paid for 3,393 households, an average payment = \$560. With spouses, about 5,500 seniors served.

Renters' Equivalency Rebate - This program may be viewed as a companion to the Homeowner's Property Tax Exemption. This program grants direct payments to eligible senior citizens who are renters to reimburse them for the amount of property tax which is included as part of the rent.

FY 80: About \$123,000 paid to 738 households, an average payment = \$167. With spouses, approximately 1,000 seniors served.

Special Water and Sewer Assessment - This program provides deferred payment of special assessment levied by municipalities for sewer or water systems installation. Properties owned and occupied by permanent residents of the State, 65 years of age or older, may be eligible. State reimbursement is provided by this program to the municipality for revenue lost in operation of the exemption. At the time of reimbursement, the municipal lien is satisfied and a lien in favor of the State is recorded in the amount of assessment

levied upon the property. The lien becomes due and payable upon sale or transfer of the property except to spouse, widow, widower or minor heir. Qualification criteria must be verified each year by March 15, in order to retain the deferment.

FY 80: About \$134,000 paid for 44 households, an average payment = \$3,055. In four years operation, 39 liens have been paid back and about \$30,000 returned to the general fund.

Motor Vehicle Exemption - This program was enacted by the Tenth Legislature to exempt residents 65 years of age or older from tax for one motor vehicle subject to State registration. This program reimburses boroughs and cities for the amount of registration tax for each senior citizen, regardless of whether an exemption has been granted.

FY 80: About \$50,000 paid to 21 municipalities for approximately 2,700 affidavits. The average affidavit is for just under \$19.

Housing Assistance Division
Senior Citizen Housing
Benefit Seniors Age 60 and Over
State General Fund

It is the objective of this Department to use financial resources from the Senior Citizens Housing Development Program as a lever for extending the already existing federal, local, and private non-profit corporate funding sources to that segment of the elderly population that cannot now gain access to them. The proceeds from the local, and private sector mix in various formulas to provide the housing need by the elderly. Typically, the State participates with a federal agency in the financing of a project.

State CETA Division
Service for Senior Citizens
Federal Funding

The State CETA Division operates programs funded through the Federal Comprehensive Employment and Training Act. The programs are designed to train and place in jobs, Alaskans who are unemployed and have low incomes. These programs include classroom training in vocational skills and paid work experience with private and public employers. CETA Division counselors assist each participant in drawing up a career development plan. The State CETA Division operates programs throughout Alaska, except in Anchorage, where the Municipality runs its own programs. In FY 80, the State CETA Division served 83 persons aged 55 and over.

The State Manpower Services Council, an advisory group appointed by Governor Jay S. Hammond, recently identified older workers as people who should be specially targeted for CETA services. As a result, the State CETA Division is giving special weight (2 points) to each older worker when his/her application is processed through the computer.

II. REVIEW OF EXISTING MAJOR STATE PROGRAMS

C. Department of Health and Social Services

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Department of Health and Social Services administers a number of programs directed specifically towards meeting the problems created as a result of the aging process. In addition most of the programs operated by the Department for the general population have a high usage rate by the aged population. There are an estimated 20,000 individuals age 60 and over in Alaska.

The programs operated specifically for the aged population are:

Old Age Assistance	Division of Public Assistance
Transportation	Division of Adult & Aging Services
Information and Referral	Division of Adult & Aging Services
Escort Services	Division of Adult & Aging Services
Congregate Meals	Division of Adult & Aging Services
Home Delivered Meals	Division of Adult & Aging Services
Legal Services	Division of Adult & Aging Services
Personal Advocacy & Long-term Care Ombudsman	Division of Adult & Aging Services
Employment Services	Division of Adult & Aging Services
Senior Citizen Centers	Division of Adult & Aging Services
Recreation Activities	Division of Adult & Aging Services
Shopping Assistance	Division of Adult & Aging Services
Telephone Reassurance	Division of Adult & Aging Services
Companionship/Visitation	Division of Adult & Aging Services
Outreach	Division of Adult & Aging Services
Chore Services	Division of Adult & Aging Services

The programs operated for the general population with high usage by the aged population:

Homemaker	Division of Adult & Aging Services
Home Health Aide	Division of Adult & Aging Services
Home Health	Division of Public Health
Residential Care	Division of Public Assistance
Residential Care	Division of Adult & Aging Services
Adult Foster Care	Division of Adult & Aging Services
Individual & Family Counseling	Division of Adult & Aging Services
Protective Services	Division of Adult & Aging Services
Residential Care Licensing	Division of Family & Youth Services
Immunizations	Division of Public Health
Medicaid	Division of Public Assistance
General Relief Medical	Division of Public Assistance
Energy Assistance	Division of Public Assistance

The programs operated for the general population with some usage by the aged population:

Community Mental Health	Division of Mental Health
Alaska Psychiatric Institution	Division of Mental Health
Harborview	Division of Mental Health
Community D.D. Residential Care	Division of Mental Health
Community D.D. Family Support	Division of Mental Health

Alcoholism & Drug Abuse Treatment
Emergency Medical Services
General Relief Assistance
Food Stamps

Office of Alcoholism & Drug Abuse
Division of Public Health
Division of Public Assistance
Division of Public Assistance

CONTINUUM OF CARE

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Alaska Department of Health and Social Services (DHSS) has a primary goal to improve or maintain the physical, emotional, social and economic well being of Alaskans so that each citizen may be self-sufficient. DHSS is the State agency primarily responsible for the provision of health care, social services and correctional activities to eligible populations. Its programs and activities are designed to complement programs and activities available through other sources.

Health programs and services are viewed as being part of a continuum, ranging from preventive and health promotional programs in hospital care. The Department's emphasis is placed on assisting individuals to function independently in their own homes; when an individual's needs can no longer be met in his own home, placement in the most appropriate residential or medical care setting will occur. In addition to the programs and services listed in the following description, there are a variety of ambulatory programs such as mental health clinics and alcoholism counseling services made available through the Department. An individual may simultaneously receive several services in the continuum, e.g., home health care as well as homemaker support.

The following section includes descriptions of the services and programs which comprise the continuum of care, including a definition of the service and/or program, examples of individuals for whom the service would be appropriate, funding sources and availability.

Although these services and programs are available for all adults, the majority of the recipients of in-home services, i.e., homemaker, home health aide and home health care services are elderly. Sixty-seven percent of the clients receiving homemaker support and 80% of the individuals receiving home health care are 60 and over.

The descriptions which follow primarily address those services and programs which enable an elderly adult to remain in his own home or when out-of-home care is necessary the various options available. There are numerous other supportive services available to the elderly which are not included in the descriptions. Specific services and programs available for the elderly include mental health, nutrition, transportation and employment services.

Although the continuum of services addressed in this paper is comprised of available services and/or programs (or those for which funding is available), it is important to acknowledge the gaps in services to adults including the elderly. These gaps include preventive health services, day care, respite care, attendant care and prosthetics, including dental care.

ADULT FOSTER HOME AND RESIDENTIAL CARE

FOSTER CARE

DEFINITION: Adult foster care refers to the care of an adult in a family home setting licensed by the Department. Adult foster care is designed to serve Adult Protective Service clients who, because of physical, mental, or emotional limitations, are unable to live in their own home even with supportive services and have no relatives willing and able to care for them. Adult foster care is appropriate for adults who do not need a medical level of care, but who require supervision, personal and social care, and who would benefit from the support and security of family living. This program is currently under development and should be operational in early 1981.

FUNDING: Adult Foster care will be purchased on an individual client basis for eligible adult protective service clients. Funds are budgeted for FY 81.

AVAILABILITY: Availability of adult foster care is dependent upon the availability of licensed foster homes. This service is not currently available.

LEVEL I RESIDENTIAL CARE

DEFINITION: Level I Residential Care refers to the level of care offered by adult residential care facilities licensed to provide care for adults who have been certified in a physician's report as ambulatory and who are able to perform basic activities of daily living with minimal supervision. Adult residential care provides protective oversight to Adult Protective Service clients who cannot manage to live independently, but who do not need a medical level of care. Adult residential care encourages independent functioning to the extent possible for each resident.

FUNDING: Level I residential care is purchased on an individual client basis for eligible Adult Protective Service clients.

AVAILABILITY: Currently Level I residential care is only available in Anchorage

LEVEL II RESIDENTIAL CARE

DEFINITION: Level II Residential Care refers to the level of care offered by adult residential care facilities licensed to provide care for adults who are not ambulatory without physical assistance but who are not bedridden and who do not need continuous nursing supervision or skilled nursing care. Level II residential care is for Adult Protective Service clients who require substantial support and protective care. There are currently no Level II facilities operating.

FUNDING: Level II residential care will be purchased on an individual client basis for eligible Adult Protective Service clients. Funds are budgeted for FY 81.

AVAILABILITY: Availability is dependent upon licensure of Level II adult residential. This service is not currently available.

RESIDENTIAL FACILITIES WITH SKILLED NURSING CARE

PIONEER HOMES

DEFINITION: The Pioneer Home concept was established in territorial days to provide homes to older Alaskans who had fifteen uninterrupted years of residence in the state. Pioneer Homes have been established in Fairbanks, Palmer, Anchorage and Sitka, and a home is under construction in Ketchikan. Skilled nursing care is available in Pioneer Homes to permit continuous care to the residents.

FUNDING: Residents pay only a monthly rate of \$225 for their residence and only \$275 per month for skilled nursing care; the State of Alaska underwrites all other costs. In addition to the monthly rates, residents pay for their own prescriptions and other individual costs, when able. Eligibles who cannot afford the monthly rate can still be accepted.

AVAILABILITY: The four Pioneer Homes are shown on Figure 1.

LONG TERM CARE FACILITIES

INTERMEDIATE CARE FACILITIES

DEFINITION: A facility which provides health related care to individuals whose physical or mental conditions require care and service above the level of room and board but less than skilled nursing care.

FUNDING: Payment for skilled nursing facility care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Intermediate care is often offered in conjunction with skilled nursing care; both may be offered in conjunction with an acute care hospital. Alaska has five facilities which offer only intermediate care and an additional 16 facilities which offer skilled and intermediate care (this does not include any skilled nursing care provided in the four Pioneer Homes which have a total of 175 skilled nursing beds). Figure 1 shows the distribution of long-term care facilities in Alaska.

SKILLED NURSING FACILITIES

DEFINITION: A skilled nursing facility offers medical and nursing services on a 24-hour per day basis to individuals who do not require hospitalization for acute conditions but who, because of illness, disease or physical or mental infirmity, require constant medical and nursing services. Persons disabled by strokes or those who have disabling paralytic conditions could be admitted to skilled nursing facilities, for example.

FUNDING: Payment for skilled nursing facility care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Intermediate care is often offered in conjunction with skilled nursing care; both may be offered in conjunction with an acute care hospital. Alaska has five facilities which offer only intermediate care and an additional 16 facilities which offer skilled and intermediate care (this does not include any skilled nursing care provided in the four Pioneer Homes which have a total of 175 skilled nursing beds). Figure 1 shows the distribution of long term care facilities in Alaska.

ACUTE CARE HOSPITALS

HOSPITAL

DEFINITION: A hospital is any public or private institution which provides facilities to the general public over a continuous period of 24 hours each day for the bedside treatment and care for conditions requiring medical and/or surgical services. Individuals would be admitted by a physician to a hospital for medical emergencies, for diagnosis and treatment of illnesses, and for surgeries, for example.

FUNDING: Payment for hospital care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Alaska has 17 public hospitals, 7 U. S. Public Health Service Hospitals and 3 military hospitals located throughout the state (see Figure 2). These hospitals range in size from 6 beds at Faith Hospital in Glennallen to 250 beds at Providence Hospital in Anchorage.

The major problems with respect to health care for the elderly are listed below:

1. Lack of coverage for dental care;
2. Lack of coverage under Medicare for costs of drugs and medications. This can be a pretty substantial cost in a course of a year for an individual on a fixed income;
3. a tendency on the part of people with marginal incomes to delay seeking of health care to the point that when they finally do, they wind up with truly tremendous bills. This is accounted for by the fact that even individuals with Medicare coverage do have substantial out-of-pocket payments to make; and
4. the lack of alternatives to institutionalization. Alternatives include attendant care, day care, respite care, residential care; which would tend to keep a person at home or at least in a less restrictive setting.

The problems with Medicare are numerous. Medicare does not cover dental care, hearing aids, pharmaceuticals or routine refractions or eye glasses in most cases. Medicare also requires that the beneficiary pay a deductible (currently \$16 .00 in a given year) plus a co-insurance amount for physician costs which is currently 20% of the reasonable cost. In ambulatory care the failure of Medicare to cover costs of medications is a particularly glaring gap.

Also in Medicare there is the problem of "assignment". A participating physician can, on an individual basis, accept assignment which means that he accepts Medicare payments plus a 20% co-insurance collected from the patient as the total reimbursement due. If he does not accept assignment he receives whatever Medicare will pay and then is free to attempt to collect from the individual patient up to the physician's usual and customary fee.

Neither Medicare or GR Med covers routine dental work. They do cover pharmaceutical costs for out-patient care.

Financing of long-term institutional care at the skilled nursing or intermediate levels is very difficult to obtain under Medicare. Quoted recent study in-state which showed that only about 2% of individuals who are admitted to nursing homes with the anticipation that they would be covered by Medicare actually wound up covered by Medicare. In other words there was a 98% denial rate. Current rates for nursing care in the state are about \$3,200 per month at a skilled nursing facility and about \$3,000 per month in an intermediate care facility.

The current income level for Medicaid in the state is \$714.00. For General Relief Assistance, the level is \$752.00 per month. Both of these figures are arrived at after juggling the patient's income, assets, etc., in a rather complicated manner. However, it is worth noting that there is relatively little

difference between Medicaid and GR Med levels so that GR Med covers only a relatively small proportion of the population whose income is \$38.00 a month higher than an individual eligible for Medicaid.

Recommendations for addressing the cost and accessibility of health related services for the elderly are briefly described below:

1. Expansion of the Catastrophic Illness Program or the addition of special provisions for the elderly;
2. development of a State funded comprehensive health insurance program (at the present time this is being addressed by the Medical Management Information System Study and the Health Care and Financing Study);
3. establishment of financial eligibility criteria for existing services which are provided free of charge without regard to income, e.g., homemaker and home health aide services;
4. establishment of sliding fee scales for various ambulatory and in-home service programs which are provided free of charge without regard to income; and

5. development of reimbursement mechanisms for health promotion and prevention programs as a means of avoiding costly hospital and long-term care.

This outline of health care services and programs is not intended to be comprehensive. Additional information on any program or service is available from:

Commissioner
Department of Health and
Social Services
Pouch H-01
Juneau, Alaska 99801
(907) 465-3030

LONG TERM CARE FACILITIES IN ALASKA

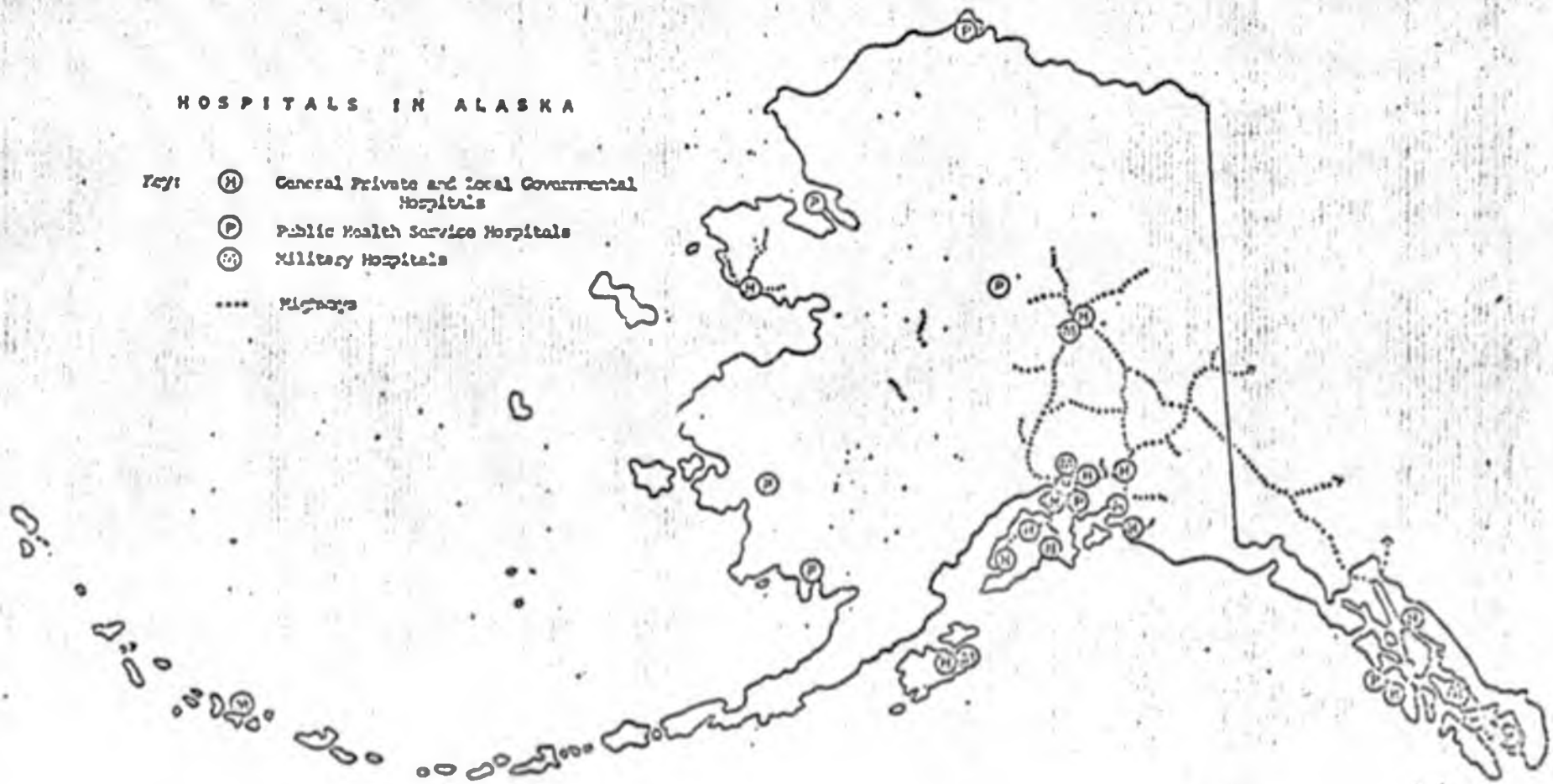
- Keys
- Ⓜ Long Term Care Facilities Within General Hospitals
 - Ⓛ Long Term Care Facilities Free-Standing
 - Ⓐ Alaska State Operated Pioneer Home
 - Highways



Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1980 Annual Hospital Survey.

HOSPITALS IN ALASKA

- Key:
- ⊙ General Private and Local Governmental Hospitals
 - ⊙ Public Health Service Hospitals
 - ⊙ Military Hospitals
 - Highways



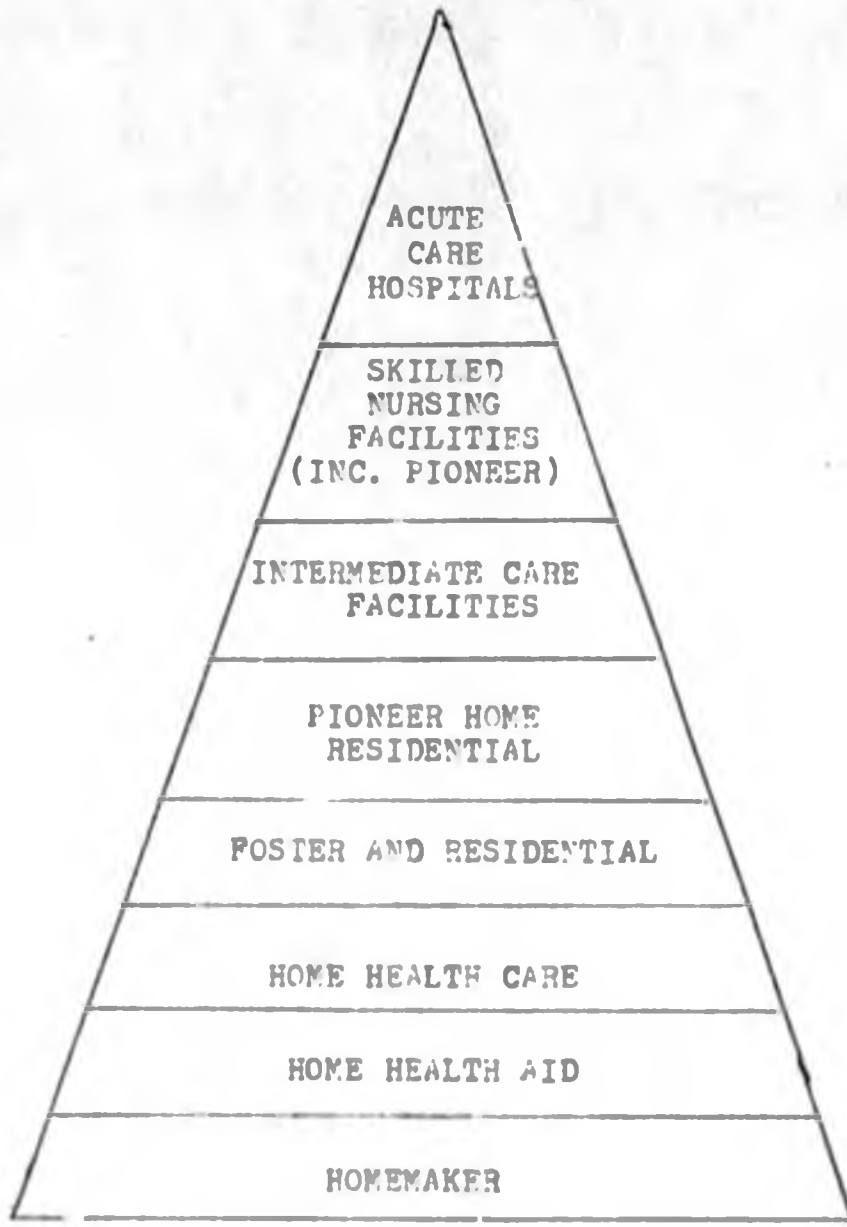
Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1920 Annual Hospital Questionnaire.

FIGURE 2

III. NEW AND EXPANDED PROGRAM CONCEPTS

A. Health Needs of the Elderly

CONTINUUM OF CARE



IN-HOME CARE

HOMEMAKER

DEFINITION: Homemaker support is available to assist adults who are at risk and who are capable of independent living with homemaker assistance on a limited basis to maintain a level of care that will promote physical and emotional well-being and allow the adult to safely remain in his home. Homemaker tasks include assistance in home management, household chores, meal planning, purchasing and preparation, and non-health related personal care tasks.

FUNDING: Homemaker support is provided to Adult Protective Services clients without regard to income through a contract with the Easter Seal Society on an individual client basis depending on availability of units of service. Homemaker support may also be purchased directly from a provider by an individual.

AVAILABILITY: Statewide

HOME HEALTH AIDE

DEFINITION: Home Health Aide Support is available to adults who are at risk and who are in need of health related personal care services to remain in their own homes. It is provided to Adult Protective Service clients whose overall medical plan indicates that this service is appropriate to meet the adult's health care needs. Home health aide tasks include personal care, toileting, transfers, exercise, and other duties. The home health aides are supervised by licensed registered nurses.

FUNDING: Home Health Aide Support is provided to Adult Protective Service clients without regard to income through a contract with Easter Seal Society. Home health aide support may also be purchased directly from a provider by an individual.

AVAILABILITY: Anchorage, Fairbanks, Juneau, Bethel, Nome, and Ketchikan. In 1981, services will be expanded to include other communities, depending upon the availability of nursing supervision of home health aides. It is also available in Anchorage as a part of the Anchorage Municipality's Home Health program.

HOME HEALTH

DEFINITION: Home Health care is the provision of part-time skilled nursing care and other therapeutic services to individuals and families in their place of residence. The services are applicable to persons suffering from diseases and disabilities of all kinds. They apply to the acutely ill, convalescent and chronic long-term illnesses. Home care may be used instead of institutional care or may be an intermediate step to enable the person to move from hospital dependency to relative independence in their place of residence. The service may be designed to assist a person to achieve optional adjustment to chronic illness or permanent disability.

FUNDING AND AVAILABILITY: The service is provided by Division of Public Health staff in Fairbanks, Juneau, and Ketchikan without regard to income. In Anchorage home health care is available through the Anchorage Municipality's Home Health Program and payment is made under Medicaid, private pay and health insurance.

Discussion Paper:

HEALTH NEEDS OF THE ELDERLY

Introduction

The number of Alaskans over the age of 60 is estimated to be about 20,000 but, pending the results of the decennial census, these figures should be regarded with some skepticism. If correct, older Alaskans would account for about 4.8 percent of the total population in contrast to approximately 3.9 percent in the 1960 and 1970 censuses.

Health Status of the Elderly

In considering health programs for the elderly, prevalence and severity of disability should be taken into account. Unfortunately, data on disability are unavailable for the state but perhaps national figures can be used to indicate some probable magnitude of health problems in this population segment.

Older people, of course, suffer from many of the same acute illnesses and injuries to which the general population is subject. Recovery from such illnesses may perhaps take longer in the older person and thus contribute to greater period of relative disability. However, chronic conditions occur more frequently in the older age groups. National figures indicate a prevalence of 20 percent or greater for arthritis, vision and hearing impairments, heart conditions and hypertension. Dental problems are common. Estimates in 1971 indicated that about half

the people over age 65 had no natural teeth. Of these, six percent had no false teeth and 28 percent reported that their dentures needed refitting or replacement.

The proportion of elderly people whose activity is limited due to illness differs with demographic variables, particularly age. Only about 42 percent of people aged 65-74 report limitations in activity in contrast to 56 percent of those 75 years or older. Since the number of individuals in this latter population group is growing relatively rapidly with increases in life expectancy, at least on the national scene, the proportion of older individuals with some degree of disability can be expected to increase during the decade.

Utilization of nursing homes increases rapidly with age. In 1974, nationally, the utilization rate for persons aged 65-74 was only 12 per 1,000 population in that age group. At ages 75-84 there were 59 residents per 1,000 persons. Among persons who had reached their 85th birthday, 237 per 1,000 (nearly a quarter) were in nursing homes.

Health Care Financing

Health status can reasonably be expected to be affected by costs and accessibility of health care. Since prevalence of chronic conditions and disability increases with advancing age, costs of preventive, curative and rehabilitative services can also be expected to rise. These high health care costs occur at a time when many older people are least

able to afford them since incomes tend to be fixed or to decline in later years.

For some individuals, attainment of age 65 brings eligibility for medicare coverage. However, coverage is not universal and some Alaskans, although eligible, have failed to enroll. In 1976, the number of Alaskans age 65 and older who were enrolled in medicare hospital insurance was reported to be 8,585. An even smaller number (7,174) was enrolled in the supplemental medical insurance coverage (Part B) of the medicare programs..

These figures seem suspiciously low. However, even if all older individuals were enrolled, it should be borne in mind that benefits are limited. There are deductibles for hospital insurance (currently \$160 per year) and co-insurance costs for supplemental medical coverage (currently 20 percent of reasonable charges) which must be paid by the individual. In long term illnesses, there are limits to the total period of coverage. Moreover, some common conditions are not covered at all including routine refractions, purchase of eyeglasses or hearing aids and the cost of prescribed medications.

In order to be eligible for medicaid coverage, an older person must also be eligible for one of the categorical assistance programs such as Old Age Assistance, Aid to the Blind or Aid to the Disabled. Currently there are about 2,200 Alaskans enrolled in OAA while Aid to the Blind and Aid to the Disabled cover 63 and 2,000 individuals respectively and

these numbers include persons of all ages. Older persons may also be eligible for the General Relief and Catastrophic Illness programs.

Approximately four percent of the Native population is over age 65.

These individuals are eligible for health care through the Alaska Native Health Service. Under P.L. 94-437, ANHS health facilities may receive 100 percent federal reimbursement for care given to the medicaid eligible Indians and Alaska Natives.

Current Service Programs

The elderly may participate in any of the programs offered by the State. In recent years, a number of programs have been developed which are intended to provide a continuum of care in the most independent environment possible to all Alaskans needing some form of assistance. Many of these programs are used primarily by the older age groups. The continuum ranges from services designed to help an individual remain in his own home through foster and residential care programs to various levels of institutional care. The programs are described in the paper entitled "Continuum of Care". Health care is a part of the continuum.

It should be pointed out that there are some services which are unavailable, particularly in alternatives to institutional care. At present, there are few organized preventive health programs designed specifically for the elderly. An exception is the nutrition program. There is no adult day care program and attendant care and respite care programs do .

not exist. In the minds of the elderly even some existing programs such as homemaker and home health programs carry with them a certain stigma of "welfare" because of their categorization as adult protective services.

Comments

State policy governing development of health programs and services for the elderly has largely been predicated on the idea that it is preferable to maintain the older person in his or her home because of the value of maximum independence and because aggregate costs to the individual and the state are thought to be less. Through other programs in the state such as the Pioneer Home System and various income maintenance schemes, state policy seems to recognize a positive value for the individual, the family and society in enabling older Alaskans to remain in the state rather than forcing out-migration due to high costs of continued residence. In general, however, there has been little deliberate examination of policy.

In the relatively short term, some actions can be suggested to address some of the more obvious problems. These include:

1. A greater emphasis on preventive health services to avoid or minimize disability. Such programs could focus on the probable prevalent conditions affecting the elderly and could include, for example, general nutritional education and counseling, maintenance of mobility, weight control, hypertension detection and control and

... the use and abuse of prescription medication. The possibility of grants to community groups to design and implement such programs should be investigated.

2. Pilot projects could be considered in order to obtain experience with costs and service delivery problems in providing services such as dental care and vision and hearing services for the elderly in both urban and rural locations.
3. The Health Care Financing Study, now underway, should be encouraged to take a specific look at the needs of the elderly, particularly at those problem areas which impede care in early stages of illness or disability and at the adequacy of coverage in cases of catastrophic illness.
4. A projection should be made of probable requirements for nursing home and other long term care institutions by location. State policy needs to address the roles of the private sector and of the state in the direct operation of such facilities.

In the longer term, some difficult decisions will have to be made regarding policy. The interaction of physical and emotional needs, service demands, abilities to pay and rights to services based on age or residence will have to be addressed. Overall philosophical views will have to be balanced against probable costs. The upcoming White House Conference on Aging and its antecedent statewide conference plus the results of the 1980 census may help provide guidance in this regard.

III. NEW AND EXPANDED PROGRAM CONCEPTS

B. Catastrophic Health Insurance Program

Benefit Services / Consulting Actuaries
December 10, 1980

Mr. Fred Muller
Deputy Commissioner
Department of Administration
State of Alaska
Post Office Box C
Juneau, Alaska 99811



Catastrophic Health Program
For All Alaska Residents

Dear Fred:

This is a follow-up to conversations you have had with Bob Richardson and Art Weatherford of our offices, regarding the possibility of providing a Catastrophic Health Program for all Alaska residents.

To our knowledge, this type of program has never been done before. Therefore, we would be breaking new ground.

Our thoughts regarding establishing this type of program are as follows:

- The design would encompass some type of Catastrophic wrap-around Health Care Program for all Alaska residents. It would probably have a front end deductible of \$5,000, \$10,000 or \$15,000 with specific benefits paid after the deductible is satisfied.
- The benefit plan, after satisfaction of the front end deductible, would probably pay 80% of all covered charges. The plan design would cover a broad base of medical benefits.
- The design of the plan and the administration would be very important. We would have to differentiate between those Alaska residents that now have a group employee benefits program (such as the State of Alaska employees) and residents that are not covered by a group program. The residents that are covered by a group program would have coordination of benefits among their employer's underlying group plan and the Catastrophic Health Program.
- There would probably need to be specific legislation set up to offer this plan unless the State of Alaska was in a position to act as the "employer". In this case, the State of Alaska would be signator to the contract and would make all the decisions regarding funding, benefits, eligibility, etc.

Mr. Fred Muller
December 10, 1980
Page Two

- After the benefit program had been designed, we would then need to bid the program to the eligible health carriers licensed to do business in the State of Alaska. Based upon the responses received, we would provide you with our analysis and recommendations regarding the selection of the carrier to underwrite this new program.

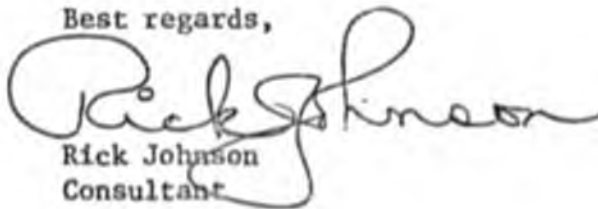
Since this would be a new program, I feel it would take approximately two months to design the system. This would include, but not be limited to, discussions with you and Paul Arnoldt, designing the benefits and administrative procedures of the plan, designing the bid specifications, and deciding whether or not specific legislation is needed.

We are ready to begin this project immediately.

I would be pleased to discuss this with you further, at your convenience.

Thank you.

Best regards,



Rick Johnson
Consultant

RJ/cmw

cc: Paul Arnoldt
Bob Richardson

III. NEW AND EXPANDED PROGRAM CONCEPTS

C. Congregate Housing for the Frail Elderly

THE FRAIL ELDERLY

A PROPOSAL FOR CONGREGATE HOUSING WITH RESIDENTIAL ENVIRONMENT AND A HOLISTIC APPROACH

Rapid increase in the aging population in the United States has led to a sharp change in the traditional methods of care of the aging. These changes are made in the light of new knowledge. The present figure of 25,000,000 citizens age 65 and over will double in the next fifty years. Simultaneously, controlled population is decreasing the number of younger persons who chiefly assume part or full upkeep of the aging through personal resources and government programs.

Older people are being encouraged to keep mentally and physically fit, provide a maximum of self-care and enjoy independence or semi-independence as long as possible. Throughout the United States, gerontologists, as Dr. Robert Butler, Director of the National Institute on Aging, are serious advocates of home health, or in-home care which is less traumatic for the aging and less expensive for the government.

WHO ARE THE FRAIL ELDERLY?

Recently Dr. Butler stated that 25% of the aging, because of lack of suitable facilities, suitable services, careful planning and screening, are placed in nursing homes. These are the frail elderly. My friends who become frail through strokes, heart attacks or decreasing physical strength, need an alternative to the nursing home. They are still ambulatory and semi-independent - two strengths to build around. As soon as a wheel chair is slipped under them, they cease walking and doing the things for themselves that they can do. An institution is operated for the convenience of the staff, not to encourage self help. HEW is just now beginning to see and change the fact that persons in institutions have no civil rights. They have no control over their own lives. They are victims of routine and staff efficiency. Frail elderly persons need, first of all, a patient-focused evaluation for service that will enhance their ability for self care. In a nursing home, they are deprived of the right to retain personal property. They suffer the loss of a familiar environment, the loss of self determination and involvement in their services and daily activities. Some begin to lose their sense of reality; and so they drift into a haze.

If they exhibit disturbance, chemical restraints may be used.

Often the frail elderly live in a nursing home which includes severely mentally deficient and retarded persons of varying ages. Physical and visual nearness to these persons is depressing and hastens the deterioration of the frail elderly. They are victims

of the vestigial remnants of the Old Elizabethan Poor Law which our ancestors brought with them from Europe. Their special needs cannot be met in this kind of care.

HOW CAN WE MEET THEIR NEEDS?

Alaska can meet their needs by careful planning and utilization of local, state and federal resources. Alaska now has these resources including qualified personnel.

Connecticut, a faraway neighbor, enacted a statute that requires the Commissioner of Community Affairs and the Commissioner of Aging to be responsible together for designing, implementing, operating and monitoring a program of congregate housing that includes a residential environment. Vermont and Ohio are moving toward this plan.

HOME HEALTH CARE in the home or in congregate housing is rapidly becoming an international policy as in Sweden and Great Britain. Institutionalization is reserved only for three to five percent of the elderly citizens who require skilled nursing care.

The ideal location for congregate housing is within walking distance of a shopping center or on a bus line. Only state funds should be used to insure use of the facility for the frail elderly - not as housing for mixed groups.

A residential environment will be achieved by architectural designs that are supportive and suited to the home health services. Rail guards, grab bars in bath rooms, lowered cabinets and windows, stoves with front (not back) switches, and an alarm system in case of emergency are a few of the supportive features.

Two special rooms will be constructed; one for the services of the nurse, health aide and physical therapist - for check-ups and exercise. This room will be designed with parallel bars, bicycles, and weight lifting equipment. Another room will be designed for arts and crafts and occupational therapy. A potter's wheel can be included. Provisions will be made for programs in nutrition, stress management and self responsibility.

Each living unit will include a kitchen; however, a congregate kitchen will provide one nutritious meal daily, and equipment for preparation of meals on wheels and, as in Juneau, meals for each of the four senior centers. A greenhouse will furnish incentives to grow flowers and vegetables.

As a multi-service facility, a general recreation room will provide social entertainment and group meetings. Housemaker - home health aide service will be available, as needed, by the tenants.

ADD TO THIS PLAN: A holistic approach to health through comprehensive interdisciplinary teamwork and assessment of the tenant's medical, physical and psycho-social needs including involvement of all health professionals as dietitians, physicians, nurses, social

RESULT: A supportive housing facility for the frail elderly who will be helped to live their own lives in a healthy environment removed from sickness and disability.

This plan is presented to concerned commissioners for discussion, and consideration as an alternate plan of care for the frail elderly.

Proposed by:



Mrs. Dove M. Kull, M.S.W., A.C.S.W.
Chairperson, Senior Citizens Advisory Board to
the Mayor and Assembly of Juneau
October 27, 1980

INPUT

For four years I have been gathering information to develop this plan. As Chairperson of the Senior Citizens' Advisory Board for the Mayor and Assembly of Juneau (the Board of five is drawn from the membership of the Juneau Chapter of AARP) I have had individual and group cooperation. As a member of the State Committee of Services for the Elderly 1970 - 1980, I participated in seven hearings throughout Alaska. I listened to the elderly's wishes about how to live their frail years. As a member of Senator Rodey's Committee, I received the plans for the aging of other states and talked long distance with some of the personnel involved.

This concept, the Board and I presented to groups of older persons including the tenants of Mt. View Apartments, who approved enthusiastically. They asked that two special rooms with covered runway be added to Mt. View.

Resources for this plan include the National Council on Aging, ASHA and HUD. Community and Regional Affairs has granted a sum of money for planning for a 20-unit facility to be constructed 1/3 mile from Douglas. The plan will provide money for a consultant with expertise in architectural designing for congregate housing with residential environment. Two informative forums will be held; one in Juneau soon, and one in Anchorage in March, 1981 at the State Planning Meeting for the White House Conference on Aging.

ASHA is ready to let the contract for 20 units in Juneau. The Chief of Nurses and the Director of Holistic Health have expressed their interest in this concept and a desire to participate in planning and providing services.

Dove M. Kull

Dove M. Kull

October 27, 1980

H B

26

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

yes

30

HOUSE BILL NO. 26

"An Act relating to displaced homemakers; and providing for an effective date."

This Bill would establish a program for displaced homemakers to be administered by the Department of Community and Regional Affairs. The Bill also authorizes the development of multipurpose service centers for displaced homemakers to provide job counseling, training and placement; health counseling; financial management; education; legal counseling and referral; and information services.

There has been growing concern for displaced homemakers, persons who must change their roles from that of homemaker to that of wage earner as a result of a change in circumstances such as divorce, separation, desertion, or death of a spouse. Among this group of individuals would also be those persons who have been on a fixed income which now, due to inflation, must be supplemented by a job for which they are not prepared. Otherwise they may be forced onto the welfare rolls.

The Department recognizes the need for programs for displaced homemakers to assist them through their role transition. The Department does currently provide services aimed at this population. Those displaced homemakers residing in the Anchorage, Fairbanks and Juneau areas who are eligible for Aid to Families with Dependent Children (AFDC) may receive a wide variety of employment oriented social services through the Work Incentive (WIN) program. In addition, during Fiscal Year 1981 the Department has contracted for the following: \$159,000 for the Alaska Women's Resource Center in Anchorage for a counseling center and a displaced homemaker program; and, \$137,804 for Adult Learning Programs of Alaska Inc. in Fairbanks for a displaced homemaker program.

The directors of the shelters for battered women with which the Department has contracted have noted a great need for job training for women served by their programs. Women who have been forced out of their homes due to violence toward them may face a need for immediate employment in order to support themselves and their children. The majority of these women either have not worked for years or have never worked and are competing in an ever tightening job market.

The Department also contracts with Women's Resource Centers in Kenai, Kodiak, Sitka and Juneau which provide services to displaced homemakers as do shelter programs statewide. At the present time there is no central source to coordinate services for displaced homemakers, although Division of Adult and Aging Services social workers do provide information, referral and counseling. There is a definite need to have a centralized information and referral system, as well as a need to coordinate services which are already available.

POSITION PAPER

HOUSE BILL NO. 26

Page 2

On the surface it appears that there may be some possible overlap between the services to be provided by the multipurpose service centers and those currently provided by various existing programs. In the Department's view, however, any seeming potential for duplication and overlap would be reduced by coordinating existing State operated and funded programs, as well as community resources.

The addition of the words "including prescription drugs" on page 3, line 28 of the bill is recommended since many women suffer from such addiction. Should this enhanced program for displaced homemakers be established by statute, the Department of Health and Social Services will coordinate with the Department of Community and Regional Affairs to avoid duplication and will provide any technical assistance requested to ensure the development of a quality program.

RECOMMENDED BY: Elizabeth Muktarian DATE: 2/5/81
Elizabeth Muktarian, Director
Division of Adult & Aging Services

APPROVED BY: Helen D. Beirne DATE: 2/13/81
Helen D. Beirne, Commissioner
Department of Health and Social Services

POSITION PAPER / Department of Health & Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 26

Title "An act relating to displaced homemakers; and providing for an effective date."

Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Division of Adult and Aging Services

BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

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

This Bill has no fiscal impact on the Department of Health and Social Services

IV. DATE

2/5/81

PREPARED BY

Sorathy Wall

AGENCY Adult & Aging Services

PHONE 465-3250

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

Bill Approval

Date

Bill No. House Bill No. 26

Date February 18, 1981

Title An Act relating to displaced homemakers;
and providing for an effective date.

Contact: Judy Knight 465-2700
Doris Simon 465-2712

House Bill No. 26 "An Act relating to displaced homemakers; and providing for an effective date" is proposed to establish multipurpose service centers to provide services for Alaskan displaced homemakers.

Although the conceptual emphasis of the bill is supported, we have three primary concerns in relation to its implementation. First, the bill proposes to provide multipurpose services to a segment of the population, primarily through referral to service providers. A wide range of Alaska's special need groups could be served by consolidated referral centers acting as a focus point for a variety of service agencies. A second concern is the current existence of federal funds available for displaced homemaker services. In order to maximize the effectiveness of these federal funds, any special needs of Alaska that existing federal programs are not meeting should be identified. Then Alaska's unique needs can be met by supplementing these programs with state funds, closely coordinated to avoid costly duplication of services.

Lastly, the proposed legislation does duplicate the current efforts of providing employment, counseling and necessary referral services for eligible displaced homemakers by Job Service and the Alaska Work Incentive program. It would appear that since Job Service and the Work Incentive program are currently operational, they should be utilized as the primary administrative and service provider vehicles for the proposed displaced homemaker legislation. This is especially pertinent when it is recognized that the population to be served by this legislation are or will be eligible for existing agencies' services and that the proposed multipurpose centers will function as primarily a referring organization.

POSITION PAPER/Department of Labor

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

February 19, 1981

The Honorable Donald Clocksin
House of Representatives
Chairman, House Health, Education and Social
Services Committee
Pouch V
Juneau, Alaska 99811

Dear Representative Clocksin:

The Department of Community and Regional Affairs supports House Bill 26 which relates to displaced homemakers. We believe that special attention should be focused on displaced homemakers in order to assist these individuals in achieving economic independence.

The creation of multipurpose service centers as outlined in section 47.90.020 of this bill is an excellent method to provide much-needed services. We would also like to take this opportunity to note that the multipurpose service center concept should be extended to include all groups of the population experiencing difficulties in finding employment. Such centers could be partially staffed by outstationed employees of various state and local agencies working in the field of social services. Additional staffing could represent the special needs of such groups as displaced homemakers. The primary purpose of the centers would be to provide comprehensive assessment, counseling, and referral services.

During the summer of 1979 the CETA Division, through the Southeast Regional Resource Center, conducted three workshops involving 35 women from Southeast Alaska in a Displaced Homemakers Program. These women ranged in age from 22 to 57, with an average age of 34. These workshops provided counseling and training referrals for participants. This program documented the need for stable, long term service centers for assisting individuals such as displaced homemakers in re-entering the labor market.

In Fairbanks a Displaced Homemakers program has provided coordinated services for several years. The original pilot program was operated with Vocational Education funds from the CETA Governor's Grant, administered by the State CETA Division in the Department of Community and Regional Affairs and the Department of Education. The program proved successful in serving unemployed single parents, and for the second and third years it is being partially supported with CETA Title II funds.

Honorable Donald Clocksin

Page Two

February 19, 1981

The CETA funding does restrict individuals for whom services may be provided to those who meet strict income criteria (i.e., For a one person family, income may be no more than \$4,670 and for a family of four, no more than \$12,940 over the past twelve months. Or the person must be eligible for public assistance). Many individuals in need of assistance do not qualify under these strict guidelines. Future funding of CETA programs by Congress is also uncertain, therefore, the existing Displaced Homemaker program may be jeopardized.

The Fairbanks program serves both men and women, providing job counseling and vocational training to single parents and adults entering the labor market for the first time or after an extended absence. This Displaced Homemakers program works closely with a private nonprofit agency called the Regional Adult Learning Center which provides services such as employment counseling, General Education Development (GED), English-as-a-second language and one-to-one tutoring in any subject. Networking with other Fairbanks agencies has also helped the participants tremendously.

Aside from the Department's limited involvement with these two programs, our concerns with the proposed legislation include the following:

- (1) Page 4, line 19, section 47.90.040. We fully support coordination with other State agencies and centers so as avoid duplication, especially at the community level.
- (2) Page 5, line 14, section 47.90.80. To make the definition consistent with the intent of the legislation, it should include the requirement that the displaced homemaker has been dependent on the income of a family member and has lost that income.

Thank you for giving us this opportunity to comment on this bill.

Sincerely,


Mario Matsuno
Deputy Commissioner
Dept. of Community & Regional Affairs

cc: Keith Spueking

cc: Doris Simon, Dept. of Labor, ESD
Rutsey McQuire, H&SS

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

HB 26: Section-by-section Analysis

Section 1: Findings and intent.

Section 2: Establishes a new chapter to Title 47 (Welfare, Social Services and Institutions) of state law, Chapter 90 -- Displaced Homemakers.

Sec. 47.90.010. Program Established. Allows the Department of Community & Regional Affairs to contract with non-profits or public agencies to provide multiple service centers for displaced homemakers. Also allows C&RA to assist existing programs. C&RA is required to promulgate regulations for these purposes and to provide for competitive bidding on all contracts.

Sec. 47.90.020. Multipurpose Service Centers. Centers may provide the following services: (1) job counselling specifically for displaced homemakers; (2) job opportunity counselling, especially related to the skills and experiences of a homemaker; (3) job training and placement, particularly: (a) short term training that expands homemaking skills and volunteer experience of a displaced homemaker, (b) develop liason with potential employers, (c) assist in finding vocational, educational and apprenticeship training, and (d) help identify community needs and creation of new jobs, including "non-traditional" jobs in the public and private sectors; (4) health care counseling emphasizing preventive care, choice of doctor, insurance policy or health maintenance organization; (5) mental health counselling, family health and nutrition, alcohol and drug abuse counselling; (6) financial management assistance on insurance, taxes, wills, mortgages, loans, etc.; (7) educational counselling about credit courses, bilingual education, financial assistance, and other educational information of use to displaced homemakers; (8) legal assistance referral; and (9) government employment opportunities and information about other government services of benefit to displaced homemakers.

Sec. 47.90.030. Employment of Displaced Homemakers. All staff of centers, where possible, should be displaced homemakers. This includes supervisory, technical and administrative positions as well as clerical positions.

Sec. 47.90.040. Consultation and Coordination. C&RA should cooperate with the Departments of Health and Social Services, Education, Labor and the University and Alaska and other colleges in the state in the implementation of the chapter.

Sec. 47.90.050. Certification of Displaced Homemakers. C&RA shall promulgate regulations to certify displaced homemakers for assistance.

Sec. 47.90.060. State Employment Assistance. Centers shall, to the maximum extent possible, help displaced homemakers get on state employment registers.

Sec. 47.90.070. Regulations. The Commissioner may adopt regulations to implement the chapter.

Sec. 47.90.080. Definitions. A displaced homemaker is defined as a homemaker dependent on income of a family member for at least six years who has encountered difficulty in finding employment.

Section 3: Effective date: 7/1/81

STATISTICS FOR DISTRESSED HOMEWORKER

<u>SERVICES OFFERED</u>	<u>FY 80 STAT.</u>	<u>4th QTR FY 80</u>
CLIENTS	297	76
POSITIVE JOB PLACEMENT	82	5
POSITIVE TERMINATIONS	208	12
PERSONAL COUNSELING	297	76
EDUCATIONAL FUNDING	100	18

<u>EDUCATIONAL REFERRAL</u>	188	39
ABE	5	1
TVCC	109	20
GED	50	10
REC'VD GED'S	9	0
FINANCIAL AID (STATE)	19	2
VOCATIONAL EDUCATION	5	1
VETERANS ADMINISTRATION	3	1
OTHER	97	8

<u>SOCIAL SERVICE REFERRAL</u>	178	35
PUBLIC ASSISTANCE (AFDC, FOOD STAMPS, ETC.)	77	17
SOCIAL SECURITY	2	0
HOUSING	42	7
DAY CARE ASSISTANCE (BOROUGH)	57	13
LEGAL AID	35	5
OVR	7	0
OTHER	43	5

VOCATIONAL EXPLORATION	218	66

EMPLOYMENT ASSESSMENT	209	60

<u>LABOR MARKET ORIENTATION</u>	201	46
CETA	91	4
JOB SERVICE	119	32
OTHER	79	20

SERVICES OFFERED

FY 00 STAT.

4th QTR FY 00

JOB SEARCH SKILLS

85

21

SKILLS ASSESSMENT

56

13

JOB APPLICATION

19

0

RESUME'

39

5

INTERVIEWING TECHNIQUES

10

0

WORKSHOP PARTICIPATION

181

58

DISCUSSION GROUP PARTICIPATION

139

83

2-22-81

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PRELIMINARY COST ANALYSIS FOR DISPLACED HOMEMAKERS, FAIRBANKS

Displaced Homemakers of Fairbanks has been in existence since June of 1979. Since that time the agency has served 406 clients. Of these clients, 186 have either been placed in jobs or gone on to further education. *50%*

The following figures are an initial cost effective analysis of the program. These are general statistics as there was not time prior to this presentation to prepare detailed statistics.

The national average size of a family receiving Aid for Dependent Children is one adult with two children. This is also the average Displaced Homemaker client family.

This family receives per month:	\$ 514.00
	x
	12
Cost per year:	<u>\$6,168.00</u>

Food Stamps for above: (maximum allowable is \$283.00 per month)	\$ 200.00
	x
	12
Cost per year:	<u>\$2,400.00</u>

Medicaid payments for above: (average per AFDC claim for last year)	\$ 172.50
	x
	12
Cost per year:	<u>\$2,069.00</u>

<u>Total amount paid per year for average AFDC family of three:</u>	<u>\$10,637.00</u>
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Number of Clients who obtained employment to date with the assistance of Displaced Homemakers: 106

Monies that would have been paid for clients no longer receiving public assistance:	\$ 10,637.00
	x
	106
	<u>\$1,127,522.00</u>

At the current rate of processing clients to employment, we anticipate obtaining employment for an additional 34 people prior to expiration of the Displaced Homemaker contract on June 30th.

Cetera pariter...

Additional cost savings of above:	\$ 361,658.00
Total savings resulting from employment of AFDC recipients:	\$1,489,180.00
Displaced Homemakers contract:	340,000.00
Total savings to the government by funding activities of Displaced Homemakers:	\$1,149,180.00

There are other savings when individuals obtain employment and are removed from the welfare rolls. There is a reduction of individuals processed through the criminal justice system:

1. Decrease in number of child abuse cases
2. Reduction in rate of various criminal charges
3. Decrease in police calls for "family disturbance"

Among other Social Service savings, there is less use of:

1. Legal Services
2. Mental health facilities
3. Child protection agencies
4. Drug/Alcohol abuse treatment facilities

Other positive benefits include:

1. Clients become tax payers
2. The "welfare chain syndrome" is broken in the family
3. Encouragement of education/training allows individuals to contribute to society to a higher degree through working in skilled positions
4. Self worth is enhanced

DIVORCED, WIDOWED, SEPARATED, ALONE ?

Where do I go from here?
Need a new start?

Let us help.

Finding a job is hard work.

Let us help.

Need a hand with a problem?

Let us help.

Training Sessions

Personal Effectiveness
Career Development
Skill & Interest Assessment
And More.

Who is eligible?

Divorced, Widowed,
Separated, Single Parent,
Mate of a Disabled Spouse.

Some Income Limitations.



Call:

Displaced Homemakers
529 Fifth Ave., Suite 6
Fairbanks, Ak. 99701
(907) 452-1834



**Displaced
Homemakers**

Who is a Displaced Homemaker?

A person who has worked in the home providing unsalaried services for the family and who faces the loss of family income through divorce, death, separation or disability.

What are Some of the Problems Faced?

Feelings of isolation, anger, fear, frustration, guilt

Diminished income

Lack of skills and recent job experience

Age, sex and racial discrimination

What is the Displaced Homemakers Program?

A service designed to develop and increase the economic and personal independence of the displaced homemaker.

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How to Apply:

For eligibility and information call or come by:

Displaced Homemakers
529 - 5th Avenue
Suite 6
Fairbanks, Alaska 99701

456-8428 or 452-1834

What Does the Displaced Homemakers Program Offer?

Career and skill assessment
Educational and vocational funding
Job referral and placement assistance
Transitional counseling
Support group
Social agency referral

Workshops and training
in personal development
and job readiness,
including resume preparation,
interviewing techniques
and job seeking skills

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THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. H.B. 26

Title An act relating to displaced homemakers; and providing and effective date

Requested by HESS

Date 2/17/81

II. FISCAL DETAIL

Agency Affected Department of Community and Regional Affairs

Program Category Affected Social Services

BRU, Program, or Subprogram(s) Affected C.E.T.A.

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0	95.0	102.6	110.8	119.7	129.3
200 TRAVEL	0	30.0	32.4	34.9	37.7	40.7
300 CONTRACTUAL	0	1472.0	1589.8	1717.0	1854.4	2002.8
400 COMMODITIES	0	3.2	3.5	3.8	4.1	4.4
500 EQUIPMENT	0	3.8	3.9	4.1	4.3	4.6
600 LAND & STRUCTURES	0	0				
700 GRANTS, CLAIMS, ETC.	0	0				
TOTAL	0	1604.0	1732.1	1870.6	2020.2	2181.8

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND	0	1604.0	1732.0	1870.6	2020.2	2181.8
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME	0	2	2	2	2	2
PART TIME	0	2	2	2	2	2
TEMPORARY	0	0	0	0	0	0

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

The Availability of funds for the Displaced Homemakers Program will be advertised statewide and contracts negotiated through a competitive procurement process.

Projected program costs are based on a displaced homemaker program currently funded by this Department in Fairbanks. The program offers the following services, directly or by referral; assessment; counseling; job development; basic education; vocational training; and life skills workshops. The annual costs of the program as funded by this Department is \$275,000. Approximately 375 individuals are scheduled to be served.

IV. DATE 2/19/81

PREPARED BY Lola A. Lind, Director

AGENCY CETA

PHONE 465-4890

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

Three basic assumptions have been utilized in the preparation of this analysis:

- 1) The Department will fund five (5) similar Multipurpose Service Centers on an annual basis through five separate contracts;
- 2) An eight (8) percent inflation rate will be experienced during each year for the five years of this analysis; and
- 3) Contracting for this service will prove more cost effective than the Department establishing and operating the Centers.

Total cost for H.B. 26 for FY'82:

\$1,604,000

This cost will be composed of contracts for the Centers,
each contract for \$290,000 (290,000 x 5)

\$1,450,000

Administrative costs required by the Department:

\$ 154,000

Personnel Services:

Grant Administrator R17(S):	\$30,060
Field Representative R15:	25,020
P.T. Clerk Typist III R8	8,358
P.T. Accounting Tech I R12:	10,566
Subtotal:	<u>\$74,604</u>
Benefits	20,396

Total Personnel Services: \$95,000

Travel:

30,000

For bidders conference, pre-award monitoring,
contract negotiation, program monitoring and
technical assistance.

Contractual:

Phones:	\$5,750
Rent:	5,200
Printing/Advertising:	8,000
Copier Service	750
Postage:	500
Word Processing Equip.	<u>2,750</u>
Total Contractual	22,000

Commodities: 3,200

Equipment: 3,800

Including office equipment for the two
full time position and two part-time
positions. This includes such items as
desks, chairs, file cabinet and bookcases.

Total Administrative Expense \$154,000

(Administration rate to program costs = 10.62%)

The Department staff, the Grants Administrator and the Field Representative will be responsible for negotiating and executing the contracts, monitoring, providing technical assistance and all statewide coordination.

(End Fiscal Note Analysis)

Original sponsor: Buchholdt

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 26 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to displaced homemakers; and provid-
7 ing for an effective date."

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

9 * Section 1. LEGISLATIVE FINDINGS AND INTENT. (a) The legislature
10 finds that there is an increasing number of persons in the state who, after
11 having fulfilled the role of homemaker for a number of years, find them-
12 selves "displaced" through the death of a spouse, divorce, separation,
13 desertion, or loss of family income. The legislature finds that displaced
14 homemakers are often without any source of income, face continuing discrimi-
15 nation in employment because they frequently have no recent work experience
16 and may be older than other applicants for employment, are subject to high
17 rates of unemployment and are ineligible for unemployment insurance because
18 they have been engaged in unpaid labor in the home, may be ineligible for
19 categorical welfare assistance, are ineligible for social security if they
20 have been divorced from the family wage earner, may have lost their rights
21 as beneficiaries under employers' pension and health plans through death of
22 a spouse or divorce despite the contribution of years to the well-being of
23 the family, and may be ineligible for Medicaid and unable to purchase pri-
24 vate health insurance because of age and lack of income. The legislature
25 further finds that homemakers are an unrecognized part of the work force of
26 the state who have made an invaluable contribution to the welfare of soci-
27 ety.

28 (b) It is the intent of this Act to

29 (1) provide the necessary counseling, aptitude testing, training,

1 employment placement opportunities, and other services for displaced home-
2 makers through contracts with public or private nonprofit organizations and
3 by using and expanding existing state programs;

4 (2) improve the health and welfare of this growing group of mem-
5 bers of the community; and

6 (3) assist displaced homemakers in achieving independence and
7 economic security vital to a productive life.

8 * Sec. 2. AS 47 is amended by adding a new chapter to read:

9 CHAPTER 90. DISPLACED HOMEMAKERS.

10 Sec. 47.90.010. PROGRAM ESTABLISHED. (a) The commissioner, in
11 consultation with state and local government agencies, community
12 groups, and groups concerned with displaced homemakers, may

13 (1) contract with public or private nonprofit organizations
14 for multipurpose service centers for displaced homemakers; and

15 (2) assist in the expansion of existing state programs
16 through reimbursable service agreements.

17 (b) The commissioner shall adopt regulations prescribing the
18 standards to be met by each multipurpose service center for displaced
19 homemakers in accordance with the policies established in this chapter.

20 (c) The commissioner shall establish a contract procurement pro-
21 cess that insures free and open competition for programs established in
22 this chapter. Public and private nonprofit organizations and state
23 agencies may provide the services listed in AS 47.90.020.

24 Sec. 47.90.020. MULTIPURPOSE SERVICE CENTERS. (a) A multipurpose
25 service center for displaced homemakers established under AS 47.90.010
26 may provide the following services:

27 (1) job counseling services which shall

28 (A) be specifically designed for displaced homemakers;

29 (B) counsel displaced homemakers regarding job oppor-

1 tunities; and

2 (C) consider and build on the skills and experience of
3 a homemaker and emphasize job readiness as well as skill develop-
4 ment;

5 (2) job training and job placement services which shall

6 (A) emphasize short-term training programs which expand
7 upon homemaking skills and volunteer experience and which lead to
8 gainful employment;

9 (B) develop through cooperation with state and local
10 government agencies and private employers training and placement
11 programs for jobs in the public and private sector;

12 (C) assist displaced homemakers in gaining admission to
13 existing public and private job-training programs and opportuni-
14 ties including vocational education, reentry into secondary and
15 postsecondary education and apprenticeship training programs; and

16 (D) assist in identifying community needs and creating
17 new jobs, including nontraditional occupations, for displaced
18 homemakers in the public and private sector;

19 (3) health counseling services including referral to exist-
20 ing health programs with respect to

21 (A) general principles of preventive health care;

22 (B) health care consumer education, particularly in the
23 selection of physicians and health care services including health
24 maintenance organizations and health insurance;

25 (C) mental health care and transitional counseling;

26 (D) family health care and nutrition;

27 (E) alcohol and drug abuse, including the abuse of pre-
28 scription drugs; and

29 (F) other related health care matters;

1 (4) financial management services which provide information
2 and assistance relating to insurance, taxes, estate and probate mat-
3 ters, mortgages, loans, and related financial matters;

4 (5) educational services including

5 (A) information relating to courses offering credit
6 through secondary or postsecondary education programs and reentry
7 programs, including bilingual programs if appropriate, and infor-
8 mation relating to the availability of financial assistance; and

9 (B) information about other programs of benefit to
10 displaced homemakers;

11 (6) legal counseling and referral services;

12 (7) information services with respect to federal and state
13 employment, education, health, public assistance, and unemployment
14 assistance programs which the commissioner determines to be of benefit
15 to displaced homemakers.

16 (b) A multipurpose center for displaced homemakers may provide
17 assistance in obtaining child care, temporary babysitting expenses, and
18 transportation when it will aid a displaced homemaker to receive ser-
19 vices under (a) of this section.

20 Sec. 47.90.030. EMPLOYMENT OF DISPLACED HOMEMAKERS. The staff
21 positions of multipurpose centers established under AS 47.90.010, in-
22 cluding supervisory, technical and administrative positions, shall to
23 the maximum extent possible be filled by displaced homemakers.

24 Sec. 47.90.040. CONSULTATION AND COORDINATION. The commissioner
25 shall consult and cooperate with the Department of Health and Social
26 Services; the Department of Education, including the division of voca-
27 tional rehabilitation; the University of Alaska, community colleges and
28 other colleges as appropriate; the Department of Labor, including the
29 division of employment security; and other persons or agencies which

1 the commissioner considers appropriate in the implementation of this
2 chapter.

3 Sec. 47.90.050. CERTIFICATION OF DISPLACED HOMEMAKERS. The com-
4 missioner shall adopt regulations under which the commissioner may
5 certify individuals as displaced homemakers for the purposes of this
6 chapter.

7 Sec. 47.90.060. STATE EMPLOYMENT ASSISTANCE. Contractors operat-
8 ing programs under AS 47.90.010 shall, to the maximum extent possible,
9 provide displaced homemakers with assistance in qualifying on state
10 employment registers under regulations of the commissioner.

11 Sec. 47.90.070. REGULATIONS. The commissioner may adopt regula-
12 tions to implement this chapter.

13 Sec. 47.90.080. DEFINITIONS. In this chapter

14 (1) "agency" means a department or agency of the state or a
15 municipality of the state;

16 (2) "commissioner" means the commissioner of community and
17 regional affairs;

18 (3) "displaced homemaker" means a person who

19 (A) has worked as a homemaker providing unsalaried
20 services for the family;

21 (B) faces a significant reduction in family income (or
22 support) through divorce, death, separation, or disability; and

23 (C) has encountered difficulty in finding employment.

24 * Sec. 3. This Act takes effect July 1, 1981.

Introduced: 2/4/81
Referred: Health, Education &
Social Services and Finance

1 IN THE HOUSE

BY BUCHHOLDT

2 HOUSE BILL NO. 26

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to displaced homemakers, and provid-
7 ing for an effective date."

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

9 * Section 1. LEGISLATIVE FINDINGS AND INTENT. (a) The legislature
10 finds that there is an increasing number of persons in the state who, after
11 having fulfilled the role of homemaker for a number of years, find them-
12 selves "displaced" through the death of a spouse, divorce, separation,
13 desertion, or loss of family income. The legislature finds that displaced
14 homemakers are often without any source of income, face continuing discrimi-
15 nation in employment because they frequently have no recent work experience
16 and may be older than other applicants for employment, are subject to high
17 rates of unemployment and are ineligible for unemployment insurance because
18 they have been engaged in unpaid labor in the home, may be ineligible for
19 categorical welfare assistance, are ineligible for social security if they
20 have been divorced from the family wage earner, may have lost their rights
21 as beneficiaries under employers' pension and health plans through death of
22 a spouse or divorce despite the contribution of years to the well-being of
23 the family, and may be ineligible for Medicaid and unable to purchase pri-
24 vate health insurance because of age and lack of income. The legislature
25 further finds that homemakers are an unrecognized part of the work force of
26 the state who h. are an invaluable contribution to the welfare of soci-
27 ety.

28 (b) It is the intent of this Act to

29 (1) provide the necessary counseling, aptitude testing, training,

1 employment placement opportunities, and other services for displaced home-
2 makers through contracts with public or private nonprofit organizations and
3 by using and expanding existing state programs;

4 (2) improve the health and welfare of this growing group of mem-
5 bers of the community; and

6 (3) assist displaced homemakers in achieving independence and
7 economic security vital to a productive life.

8 * Sec. 2. AS 47 is amended by adding a new chapter to read:

9 CHAPTER 90. DISPLACED HOMEMAKERS.

10 Sec. 47.90.010. PROGRAM ESTABLISHED. (a) The commissioner, in
11 consultation with state and local government agencies, community
12 ps, and groups concerned with displaced homemakers, may

13 (1) contract with public or private nonprofit organizations
14 for multipurpose service centers for displaced homemakers; and

15 (2) assist in the expansion of existing state programs
16 through reimbursable service agreements.

17 (b) The commissioner shall adopt regulations prescribing the
18 standards to be met by each multipurpose service center for displaced
19 homemakers in accordance with the policies established in this chapter.

20 (c) The commissioner shall establish a contract procurement pro-
21 cess that insures free and open competition for programs established in
22 this chapter. Public and private nonprofit organizations and state
23 agencies may provide the services listed in AS 47.90.020.

24 Sec. 47.90.020. MULTIPURPOSE SERVICE CENTERS. A multipurpose
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1 tunities; and

2 (C) consider and build on the skills and experience of
3 a homemaker and emphasize job readiness as well as skill develop-
4 ment;

5 (2) job training and job placement services which shall

6 (A) emphasize short-term training programs which expand
7 upon homemaking skills and volunteer experience and which lead to
8 gainful employment;

9 (B) develop through cooperation with state and local
10 government agencies and private employers training and placement
11 programs for jobs in the public and private sector;

12 (C) assist displaced homemakers in gaining admission to
13 existing public and private job-training programs and opportuni-
14 ties including vocational education, reentry into secondary and
15 postsecondary education, and apprenticeship training programs; and

16 (D) assist in identifying community needs and creating
17 new jobs, including nontraditional occupations, for displaced
18 homemakers in the public and private sector;

19 (3) health counseling services including referral to exist-
20 ing health programs with respect to

21 (A) general principles of preventive health care;

22 (B) health care consumer education, particularly in the
23 selection of physicians and health care services including health
24 maintenance organizations and health insurance;

25 (C) mental health care and transitional counseling;

26 (D) family health care and nutrition;

27 (E) alcohol and drug abuse; and *prevention programs*;

28 (F) other related health care matters;

29 (4) financial management services which provide information

1 and assistance relating to insurance, taxes, estate and probate mat-
2 ters, mortgages, loans, and related financial matters;

3 (5) educational services including

4 (A) information relating to courses offering credit
5 through secondary or postsecondary education programs and reentry
6 programs, including bilingual programs if appropriate, and infor-
7 mation relating to the availability of financial assistance; and

8 (B) information about other programs of benefit to
9 displaced homemakers;

10 (6) legal counseling and referral services; and

11 (7) information services with respect to federal and state
12 employment, education, health, public assistance, and unemployment
13 assistance programs which the commissioner determines to be of benefit
14 to displaced homemakers.

15 Sec. ^{(8) child care - day care (9) Transportation} 47.90.030. EMPLOYMENT OF DISPLACED HOMEMAKERS. The staff
16 positions of multipurpose centers established under AS 47.90.010, in-
17 cluding supervisory, technical and administrative positions, shall to
18 the maximum extent possible be filled by displaced homemakers.

19 Sec. 47.90.040. CONSULTATION AND COORDINATION. The commissioner
20 shall consult and cooperate with the Department of Health and Social
21 Services; the Department of Education, including the division of voca-
22 tional rehabilitation; the University of Alaska, community colleges and
23 other colleges as appropriate; the Department of Labor, including the
24 division of employment security; and other persons or agencies which
25 the commissioner considers appropriate in the implementation of this
26 chapter.

27 Sec. 47.90.050. CERTIFICATION OF DISPLACED HOMEMAKERS. The com-
28 missioner shall adopt regulations under which the commissioner may
29 certify individuals as displaced homemakers for the purposes of this

1 chapter.

2 Sec. 47.90.060. STATE EMPLOYMENT ASSISTANCE. Contractors operat-
3 ing programs under AS 47.90.010 shall, to the maximum extent possible,
4 provide displaced homemakers with assistance in qualifying on state
5 employment registers under regulations of the commissioner.

6 Sec. 47.90.070. REGULATIONS. The commissioner may adopt regula-
7 tions to implement this chapter.

8 Sec. 47.90.080. DEFINITIONS. In this chapter

9 (1) "agency" means a department or agency of the state or a
10 municipality of the state;

11 (2) "commissioner" means the commissioner of community and
12 regional affairs;

13 (3) "displaced homemaker" means a person who
14 (A) has been a homemaker dependent on the income of a
15 family member for at least six years; and *has lost that income*
16 (B) has encountered difficulty in finding employment.

17 * Sec. 3. This Act takes effect July 1, 1981.
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23
24
25
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2/20/80 - HB 26

Deployed
Homemakers

- definition - males

- husband

Lois Lund Dir. of CETA of C-1111

Can use Ceta 2 for this (some) but not V,
i.e.

The Ann not well, 725

- 1 yr. about now.

- 3000 average

income eligibility

Betsy McGinnis - H 455

depts supports H 325

areas of duplication - some dup - cuts both ways

i.e. always overlap - can be very good.

Does original, D, L - description of employ. base,
year support

concerns re. duplication

WIN program in this is all state -

4000: 20 opening, 3000 + fixed

They job counseling is the focus not health

on the market

Vivian Dixon

Lois Lund - so not one via CETA

Paula ...

2/19/81

HRS

Overview

- Food stamps

Grants - Home violence - legality @ - needs Bill.

Comm. on Aging - look @ all elyts, not just HRS.

Currents:

24 families involved

950 miles @ 190 a truck state (small Kaptun)

Uniform Grant policy established 1980
changing trends toward contracting activities.

MAY 1981:

API -

"New Deal" -

"Handicapped" - phy. or mental

"Gated" -

D-POT:

AFDC - COLA rates, 1981/80, 60%

APR

HB 41 - Catastrophic

2-10-81 Overseas

New Cole - 10,000

local exemption ? possible

- b. 3 follow

= public report

no law needed, just 4.

Wendy's And -

11 BPS

11:0
CRA:

5 Div

1 ADN

2 Sup HR. (act)

3

4 Housing Division

5 West for. out

2/11/81 DOE

Form Lined

by board of - State Hall

Foundations Program

Method used to dist sit local sch dist.

983.44 average state wide

Cap. improvements - 100% P

op. costs - 100% P

65M raised locally for ed. state wide

2M + Sec Total costs

200

103

65

408 + op. only
+ Dept.

Dept. admin. cost about 6% (as per 2 year plan)
Dept would have that local sch dist would fund requests
Thru State Sch. Bd.

2/12/81

DR. BARTON
Land grant

Community College System (voc ed + com svcs)
he supports 1 system of U of A + CC (assoc).
"Institutes" - all research, but -
employees, ^{not} do some teaching @ U of A D of E.

34,000 enrollment 8% of population
29 average

Bacc. degrees most common degree issued.

ACC really only face ~~with~~ CC - all the rest are
really extensions although some are called CC.

Conflict or coordination bet. U of A + B of E

APU + UA

Alvord Research Report

Engineering program - one

H B
3 0

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

- National Issue/Federal Government.
 - White House Conference on Aging.
 - President Reagan
 - Alaska Senators and Representatives
 - Alaska Legislature
- State Issue/State Government.
- Local Issue/Take Back Home.

Issue & Problem is: Earnings - Social Security. Many elderly, because of fixed income and inflation, find it necessary to work beyond the age of 65 and

WHEREAS, under present social security law, the earnings limit is \$5500, 1981 before individuals begin to lose benefits, and

WHEREAS, those receiving income from some sources other than employment are not penalized, and

WHEREAS, all retired persons should be treated equally under the law, now

Resolution & Solution is: THEREFORE BE IT RESOLVED, that

The Social Security law be amended to eliminate the earnings test so that the elderly may supplement their fixed incomes and be allowed to earn unlimited additional benefits.

Number Approving (50) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 01

Issue Group ECONOMIC SECURITY

Signature of Co-Chairmen _____

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

is Addressed to:

(X) National Issue/Federal Government.

(X) White House Conference on Aging.

(X) President Reagan

(X) Alaska Senators and Representatives

(X) Alaska Legislature

() State Issue/State Government.

() Local Issue/Take Back Home.

Problem is: WHEREAS: Many elderly live on a limited fixed income derived from public retirement systems without further assistance Security benefits, and

These pensions, designed to provide minimum economic security, are subject to Federal Income Tax, and such tax erodes the anticipated security at a rate faster than income adjustments, also subject to tax, can offset.

& Solution is: NOW BE IT RESOLVED: That a tax relief for recipients of public retirement income, including annuities and bonuses, be achieved by eliminating Federal income tax on the annual income from such public retirement, and/or annuities.

Approving (59) Number Opposing (0) Number Abstaining (0)

Priority Number 12

ECONOMIC SECURITY

of Co-Chairmen

RESOLUTION FORM

IC

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

- National Issue/Federal Government.
 - White House Conference on Aging.
 - President Reagan
 - Alaska Senators and Representatives
 - _____
- State Issue/State Government.
- Local Issue/Take Back Home.

Issue & Problem is: WHEREAS: Not all older persons have pensions and therefore must provide their own supplemental income, consideration must be given to protecting family assets which are income producing, and
WHEREAS: Forced liquidation of family assets to provide immediate funds for estate taxes not only destroys the planned supplemental income but creates a higher income from the sale at inflated prices, and
WHEREAS: Higher income is taxed in a higher bracket much of the revenue from the sale is lost to the survivor, and
WHEREAS: Income produced from a forced sale could cause loss of other benefits, and
WHEREAS: Sale of family assets under distress conditions often produces less than a fair market price

Resolution & Solution is: BE IT RESOLVED: that estate taxes on family assets be abolished.

Number Approving (50) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 03

Issue Group ECONOMIC SECURITY

Signature of Co-Chairmen _____

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

(X) National Issue/Federal Government.

(x) White House Conference on Aging.

(x) President Reagan

(x) Alaska Senators and Representatives

() _____

() State Issue/State Government.

() Local Issue/Take Back Home.

Issue & Problem is: WHEREAS: Senior Citizens are on limited income and most are unable to find means of maintaining their homes, replace home appliances or upkeep o. boats or cars, they may have for transportation, and

WHEREAS: Cost of living is so that all seniors must take advantage of all usable benefits to meet the high cost of maintaining good health and well being,

Resolution & Solution is: THEREFORE BE IT RESOLVED: that Social Security no longer be classified as income and, except for sizeable part-time wage earnings, Senior Citizens be eligible for Energy Programs, benefits for heating fuel and electricity.

Number Approving (50) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 04

Issue Group ECONOMIC SECURITY

Signature of Co-Chairmen _____

SOCIAL WELL-BEING
RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

11 A

Resolution is Addressed to:

National Issue/Federal Government.

White House Conference on Aging.

President Reagan

Alaska Senators and Representatives

State Issue/State Government.

Local Issue/Take Back Home.

Issue & Problem is: The social well-being of aging persons is foⁿstened
by their being able to remain in their own homes and familiar
environment.

Resolution & Solution is: Increased homemaker assistance be operated on
local level with funding and availability according to need.

Number Approving (18) Number Opposing (1) Number Abstaining (3)

Resolution Priority Number _____

Issue Group Social Well-Being

Signature of Co-Chairmen _____

SOCIAL WELL-BEING

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

II B

Resolution is Addressed to:

National Issue/Federal Government.

White House Conference on Aging.

President Reagan

Alaska Senators and Representatives

State Issue/State Government.

Local Issue/Take Back Home.

Issue & Problem is: To continue independence in elderly individuals
living alone or with their families and to promote the social &
physical and mental well-being of the elder.

Resolution & Solution is: We resolve to support the concept of Senior
Adult Day Care and to advocate the increase of funds and resources
to increase the number of centers available in urban, rural and
bush communities.

Number Approving (22) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number _____

Issue Group Social Well-Being

Signature of Co-Chairmen _____

SOCIAL WELL-BEING

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

II C

Resolution is Addressed to:

(X) National Issue/Federal Government.

(X) White House Conference on Aging.

() President Reagan

(X) Alaska Senators and Representatives

() _____

(X) State Issue/State Government.

(X) Local Issue/Take Back Home.

Issue & Problem is: Whereas senior citizens want/need to maintain personal feelings of dignity and self-worth (positive self-image) and whereas more employment opportunities available to elderly persons is viewed as a possible avenue for society achieving a more positive self-image in our work-ethic and whereas current eligibility requirements seem to preclude those individuals in need of and capable of employment by disqualification from those programs.

Resolution & Solution is: 1. That income limitations be raised so as not to penalize an individual who wants to and is capable of participating in employment. 2. And that either or both the State & Federal Government provide financial incentive for employers to have elderly workers.

Number Approving (23) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number _____

Issue Group Social Well-Being

Signature of Co-Chairmen _____

SOCIAL WELL-BEING
RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

110

Resolution is Addressed to:

- National Issue/Federal Government.
 - White House Conference on Aging.
 - President Reagan
 - Alaska Senators and Representatives
 - _____

State Issue/State Government.

Local Issue/Take Back Home.

Issue & Problem is: Fewer than 50% of eligible ^{senior citizens} are taking part in
programs, because of communication problems, and diverse agency
out puts. Therefore, let it be.

Resolution & Solution is: Resolved: That a referral network be initiated
on a regional or local level, that network be established to utilize
trained seniors and a program of preparing such seniors further, that
trained advocates be knowledgeable in paralegal and legislative matter.
^{NOT LIMITED TO SENIORS SHOULD}
~~Not limited to seniors.~~

Number Approving (12) Number Opposing (6) Number Abstaining (4)

Resolution Priority Number _____

Issue Group Social Well-Being

Signature of Co-Chairmen _____

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

(x) National Issue/Federal Government.

(x) White House Conference on Aging.

(x) President Reagan

(x) Alaska Senators and Representatives

() _____

(x) State Issue/State Government.

(x) Local Issue/Take Back Home.

Issue & Problem is: WHEREAS there is a need for the development of an
attitude that Older Americans are a productive segment of the population, and
WHEREAS the various categories of expertise need to be catalogued for quick
access, and

WHEREAS Older Americans need to have direct involvement in the creation of
realistic attitudes and offering their skills,

Resolution & Solution is: THEREFORE BE IT RESOLVED that special emphasis
be placed on the development of educational promotion for enhancing the attitude
of the general public about Older Americans, and
FURTHER BE IT RESOLVED that a national effort be put in place to encourage Older
Americans to be directly involved in this enhancement of attitudes through offering
their experience and skills in new and creative ways.

ALL

Number Approving () Number Opposing (0) Number Abstaining (D)

Resolution Priority Number 01

Issue Group A GROWING NATIONAL RESOURCE

Signature of Co-Chairmen _____

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

(X) National Issue/Federal Government.

(X) White House Conference on Aging.

(X) President Reagan

(X) Alaska Senators and Representatives

() _____

(X) State Issue/State Government.

(X) Local Issue/Take Back Home.

Issue & Problem is: WHEREAS, many senior citizens need assistance in resolving their social and economic problems, and

WHEREAS, there are several federal, state and local agencies whose purposes are to address these concerns, and

WHEREAS, these offices are usually staffed by younger persons who do not understand the problems of the elderly,

Resolution & Solution is: THEREFORE BE IT RESOLVED that Senior Citizens, themselves, be employed in positions at the local, state and federal levels which serve elderly citizens.

Number Approving (11) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 02

Issue Group A GROWING NATIONAL RESOURCE

Signature of Co-Chairmen

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

(X) National Issue/Federal Government.

(X) White House Conference on Aging.

(X) President Reagan

(X) Alaska Senators and Representatives

() _____

(x) State Issue/State Government.

() Local Issue/Take Back Home.

Issue & Problem is: WHEREAS, many Older Americans have skills, knowledge,
are physically able to hold jobs, and want to remain in the working force; and
WHEREAS, the federal government has enacted legislation which addresses this
problem to some degree; and

WHEREAS the federal government should take a leadership role in mandating that
all employers both in the public and private sectors eliminate mandatory retirement,

Resol. ion & Solution is: THEREFORE BE IT RESOLVED that mandatory retirement
be abolished in all sectors of employment and that employers be encouraged to
hire older peo, a, full-time, part-time, or flex-time.

Based upon age

Number Approving 114 Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 03

Issue Group A GROWING NATIONAL RESOURCE

Signature of Co-Chairmen _____

RESOLUTION FORM

1981 ALASKA WHITE HOUSE CONFERENCE ON AGING

Resolution is Addressed to:

(x) National issue/Federal Government.

(X) White House Conference on Aging.

(X) President Reagan

(X) Alaska Senators and Representatives

() _____

(X) State Issue/State Government.

(x) Local Issue/Take Back Home.

Issue & Problem is: WHEREAS, the elderly have significant contributions to make in society because of their years of experience, education, talents, and abilities; and

WHEREAS, many elderly because they have retired either by personal choice or employer pressure have left the mainstream of society; and

WHEREAS, this situation causes, in many cases, a loss of physical and social well-being, and

WHEREAS, this can be avoided to some degree by the development of methods to ensure that seniors remain in positions of decision-making; and

WHEREAS, there are many frauds and abuses in public benefit programs for the elderly and other groups in society,

Resolution & Solution is: THEREFORE BE IT RESOLVED that the older citizens

through their local governments, clubs, associations, etc. exert their right and remain involved in the decisions which affect them, and

FURTHER BE IT RESOLVED that the federal government through a grass-roots approach develop local task forces of seniors to review Social Security, Medicare, Medicaid, SSI, etc.-----and to recommend to appropriate agencies remedial methods for correcting waste, fraud, or abuse in those programs by the providers.

Number Approving (^{ALL}) Number Opposing (0) Number Abstaining (0)

Resolution Priority Number 04

Issue Group A GROWING NATIONAL RESOURCE

Signature of Co-Chairmen _____