ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672
6268 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES

672

under which up to 10 municipalities or rural government entities providing health care services in a health service area may be awarded one grant each of up to $60,000 and provided technical assistance to help the municipality or rural governmental entity to

(1) establish a community or rural health service area health care review board;

(2) conduct a comprehensive analysis of the local health care delivery system, which may include health care delivery in areas not within the boundaries of a municipality;

(3) develop an areawide or municipal health services planning process; and

(4) define a strategy for implementation of the health services plan developed by the municipality or rural governmental entity.

(b) The department, in consultation with the Health Association of Alaska, the Alaska State Medical Association, the Department of Community and Regional Affairs, and the University of Alaska, shall develop guidelines for implementing the grant program, including application procedures and the terms and conditions under which grants will be awarded. The department may not award a grant to a municipality or rural governmental entity that does not have a

(1) method of ensuring broad community participation in the development and implementation of the health service plan; and

(2) demonstrated commitment to the development and implementation of the health services plan through an agreement to provide cash and in-kind contributions to the planning process during the term of the grant totaling in value an amount that equals or exceeds 33 percent of total grant funds received during the term of the grant.

(c) The department shall, upon submission of appropriate applications, award five grants under this section in state fiscal year 1991 and

five in state fiscal year 1992.

(d) The department may contract for technical services necessary for implementing this grant program.

(e) The department shall make available to grantees a list of resources available to provide consultation services on health planning.

(f) In this section "department" means the Department of Health and Social Services.

* Sec. 3. This Act is repealed July 1, 1992.

* Sec. 4. This Act takes effect July 1, 1990.

Original sponsor(s): SEN. JONES

IN THE SENATE BY THE HESS COMMITTEE

CS FOR SENATE BILL NO. 326 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SIXTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to grants for community health planning; and providing for an effective date."

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

* Section 1. LEGISLATIVE INTENT. (a) The purpose of the grant program established under this Act is to encourage community planning for health services and to promote coordinated planning in those instances where communities may share resources. Grant funding will be available to purchase professional expertise in completing needs assessments, market surveys, management and financial studies, and other community and area analyses that will assist community health leaders to develop planning strategies for improved health services.

(b) Although there will be only one grant for each community, the department is encouraged to assist communities to engage in cooperative planning. Cooperative planning among communities will allow efficient use of consultant services purchased with grant funds, avoid unnecessary duplication of health services that could be shared by communities, and provide increased accessibility and affordability of health care services.

(c) To the extent that it is reasonable, the format for community health planning supported by the grants made under this Act should be consistent among grantees so that the community health service data and other information will be useful for regional and statewide health planning purposes.

* Sec. 2. GRANT PROGRAM FOR COMMUNITY HEALTH PLANNING. (a) The Department of Health and Social Services shall establish a grant program

under which up to 10 municipalities or rural government entities providing health care services in a health service area may be awarded one grant each of up to $60,000 and provided technical assistance to help the municipality or rural governmental entity to

(1) establish a community or rural health service area health care review board;

(2) conduct a comprehensive analysis of the local health care delivery system, which may include health care delivery in areas not within the boundaries of a municipality;

(3) develop an areawide or municipal health services planning process; and

(4) define a strategy for implementation of the health services plan developed by the municipality or rural governmental entity.

(b) The department, in consultation with the Health Association of Alaska, the Alaska State Medical Association, the Department of Community and Regional Affairs, and the University of Alaska, shall develop guidelines for implementing the grant program, including application procedures and the terms and conditions under which grants will be awarded. The department may not award a grant to a municipality or rural governmental entity that does not have a

(1) method of ensuring broad community participation in the development and implementation of the health service plan; and

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five in state fiscal year 1992.

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* Sec. 3. This Act is repealed July 1, 1992.

* Sec. 4. This Act takes effect July 1, 1990.

PUBLISH DATE: _____

FISCAL NOTE

REQUEST:

Revision Date: May 6, 1989
Title: An Act relating to grants for community health planning
Sponsor: Senator Jones
Requestor: _____

Agency Affected: Health & Soc. Svcs.
BRU: Administrative Services
Components: Planning

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY90	FY91	FY92	FY93	FY94	FY95
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
CONTRACTUAL	-0-	37.1	26.0	-0-	-0-	-0-
SUPPLIES	-0-	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS	-0-	300.0	300.0	-0-	-0-	-0-
MISCELLANEOUS	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL OPERATING	-0-	337.1	326.0	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-

REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	337.1	326.0	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	337.1	326.0	-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-

ANALYSIS: (Attach a separate page if necessary)

See attached analysis.

Prepared by: Dave W. Williams
Division: Administrative Services, DHSS
Phone: 465-3015
Date: 1-4-90

Approved by Commissioner: Mike M Nunnan
Agency: Dept. of Health & Social Services
Date: 1-9-90

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

According to the Dept. of Health and Social Services as of 1/23/90 (1630) this fiscal note applies to CSSB 326 (HESS).

David C Mose
Senate HESS. Committee

FISCAL NOTE Analysis (continued)

Senate Bill No. 326a BY JONES
5/6/89

"An Act relating to grants for community health planning; and providing for an effective date."

Contractual funding is based upon the following assumptions:

PURPOSE	FY 1991	FY 1992
Grant administrator	$21,000	$21,000
Advertising of RFP	600	
Printing	500	
Technical assistance work sessions	15,000	5,000
	37,100	26,000

It is estimated that a half-time grant administrator will be needed to organize and administer the grant program. Funding for this purpose is shown in the contractual line to facilitate a reimbursable services agreement for use of an existing position if such an arrangement proves feasible and efficient. Two year funding of the half-time position reflects the spread of grants over two fiscal years.

Advertizing cost is for notices in major newspapers and by mail.

Printing costs are estimated for publishing a Request for Proposal and for application forms.

Technical assistance work sessions would be held in 5 regional locations to assist with initial application completion. Additional on-site assistance, grant administration, monitoring and evaluation would occur as funding allows.

Grant funding assumes five communities funded in FY 91 at $60,000 per community and five communities funded in FY 92 at $60,000 per community.

OUR LADY OF COMPASSION CARE CENTER
4900 EAGLE STREET
ANCHORAGE, ALASKA 99503-7446
PHONE: (907) 562-2281

SISTERS OF PROVIDENCE
SERVING IN THE WEST SINCE 1856

DATE: 4/10/90

TRANSMITTING TO:

Name: SENATOR PAUL FISCHER
Company: CHAIRMAN, SENATE HESS COMMITTEE
Department: SENATE
Fax Number: 465-3883
Of Pages To Follow: 1

SENT BY:

Name: SHIRLEY COURSEY
Department: PHARMACY/HEALTH CARE COALITION
Fax Number: (907) 561-6087

COMMENTS: IN ORDER TO EXPEDITE MY MESSAGE TO YOU, I AM FAXING MY LETTER AS WELL AS MAILING IT. THE HEALTH CARE COALITION IS VERY INTERESTED IN THIS PIECE OF LEGISLATION AND WOULD ASSIST IN PROVIDING INFORMATION RELATED TO IT.

Thank you
SHIRLEY COURSEY

119.004F 12/89

V-IV a:fax

HEALTH CARE COALITION OF ALASKA

March 31, 1990

Honorable Paul Fischer
Chairman
Health, Education and Social Services Committee
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

Dear Senator Fischer,

On behalf of the Health Care Coalition I would like to offer our endorsement and support of Senate Bill 326 which creates a grant program for community health planning. It is our opinion that such a program will allow for a comprehensive and efficient means of determining a health care needs assessment as well as to provide a basis for planning solutions towards increasing accessibility and affordability of health care in Alaska.

Due to the broad health care representation of the Health Care Coalition (Alaska Academy of Physician's Assistants, Alaska Pharmaceutical Association, Alaska Public Health Association, Alaska State Medical Association, Health Association of Alaska, Alaska Native Health Board, Alaska Nurses Association, and the Alaska Dental Society), we would like you to consider amending page 2, lines 14 and 15, to reflect the Health Care Coalition of Alaska rather than single out two of our individual entities. It is our opinion that by doing so you will have provided for a far more comprehensive resource group for the development of community health grant guidelines.

The Health Care Coalition supports your efforts in addressing the complex issues related to health care planning.

Sincerely,

Shirley Coursey

Shirley Coursey

ALASKA ACADEMY OF PHYSICIANS ASSISTANTS • ALASKA PHARMACEUTICAL ASSOCIATION • ALASKA PUBLIC HEALTH ASSOCIATION
ALASKA STATE MEDICAL ASSOCIATION • HEALTH ASSOCIATION OF ALASKA • ALASKA NATIVE HEALTH BOARD • ALASKA NURSES ASSOCIATION • ALASKA DENTAL SOCIETY

working together . . . caring together

4107 Laurel Street Anchorage, AK 99508 (907) 562-2662 Fax 561-2063

ALASKA STATE LEGISLATURE

While in Ketchikan
352 Front Street
Ketchikan, AK 99901
907-225-9675

While in Juneau
P.O. Box V
Juneau, AK 99811
907-465-3743

Senator Lloyd Jones

January 9, 1990

MEMORANDUM

To: Senator Paul Fischer, Chair
Senate HESS committee

From: Senator Lloyd Jones

Subj: SB 326 - Community Health Planning Grant

This is to request a Senate HESS Committee hearing on SB 326 as soon as your calendar permits.

SB 326 establishes a grant program in the Department of Health and Social Services for community health care planning. The bill is based on a model grant program established by Dr. Bruce Amundson of the University of Washington. Dr. Amundson was also instrumental in establishing a health planning grant for the City of Seward. Attached is a position paper written by Dr. Amundson, which gives background on the model program. cc Lambertson

Amy Hagopian and Peter House of the University of Washington School of Medicine, Office of Rural Health will be available via telephone to testify to the bill and answer any questions the committee may have regarding the model program. Please let me know when you will schedule the bill and my office will notify Ms. Hagopian and Mr. House of the meeting date and time.

As state revenues dwindle, so will state support for much needed health care facilities and programs. The bill would allow communities to determine the future of their own health care programs and facilities. Your consideration in hearing SB 326 is greatly appreciated.

ljgmc
Attachment

Hyder • Saxman • burg • Kupreanof

Cover Letter

SB 326 - Grants for Community Health Planning

Introduction

Through the work of the Governor's Interim Commission on Health Care, certain principles were developed and commended to the Governor and legislature to guide the development of health policy. One principal focused on ensuring access to basic health care services for all Alaskans. Another principal emphasized community responsibility for health care and health promotion.

Senate bill 326 focuses directly on both community responsibility and ensured access for rural Alaskans. The bill makes it possible for communities to set up a community health services plan.

Background

Changes in the cost of health services, in reimbursement policies for public and private purchasers, in the economic and demographic conditions in rural areas, in the availability of health care providers, and other trends, threaten the availability of health care services in many rural communities.

In addition, many factors inhibit necessary changes in the delivery of health services to rural areas, including inappropriate and outdated regulatory laws, aging and inefficient health care facilities, the absence of local planning and coordination of rural health services, the lack of community understanding of the costs and benefits of supporting rural hospitals and providers, the lack of state or regional assistance to assure access to care that cannot be provided in every community, and lack of clarity of state health policy objectives.

The Program

This program is designed to utilize a method for strengthening health services in Alaska by working directly with communities. The model program, developed by the University of Washington School of Medicine Rural Health Office, includes four phases:

Community selection: Any community desiring to participate in this program may initiate a request to the administrator of the program, designated by the State.

Community analysis: A thorough and intensive study will be made of the health services system in each participating community. This will include a management and financial study of the community hospital and/or nursing home; a market survey; a needs assessment; and other community analysis that may be deemed important.

Strategic planning: A strategic plan will be developed for the community, involving all elements of the health services delivery system.

Implementation of the plan: Problems indentified in the planning process and changes in service configuration will be implemented.

Bill Summary

Each community will develop its own spectrum of health services. In addition, the administrator of the program will develop a list of appropriate resources and consultants to assist each community. It will be the community's responsibility to involve all major health care providers, business leaders, public officials and other community leaders, to develop the project design, oversee and implement the program. Communities will also participate in the financial support of the program.

Appropriation

In this act, the state of Alaska will appropriate $337,100 in FY91 to support the program in 5 communities, $326,000 in FY92 to support 5 more communities. Participating communities will be granted up to $60,000 each. Other costs include funding a half-time grant administrator, advertising of the RFP, printing and technical assistance work sessions. Communities will be expected to contribute 33-percent of the total grant appropriation in cash or in-kind contributions.

Administration

The Department of Health and Social Services shall establish the Alaska Rural Health Systems Project. The Department may contract with a third party to carry out the implementation of the legislation where this makes most effective use of available expertise, avoids duplication of efforts and promotes economy of resources.

December 1989
Bruce Amundson, M.D.
Associate Director
Community Health Systems

The Community Health Services Development (CHSD) strategy for assisting rural communities is a product of the University of Washington Rural Hospital Project (RHP). This four-year demonstration project was designed to develop approaches to stabilize and improve health services in a sample of six rural communities in the states of Washington, Alaska, Montana and Idaho (WAMI). The RHP emerged out of a recognition that the stability of rural health systems in the WAMI states was being threatened and one symptom was the increasingly tenuous status of rural hospitals that exist in the majority of rural communities in the four-state region. The basic premise of the RHP was that the hospital could be used as a point of entry into the community, a way to engage community leadership in a fundamental attack on the issues threatening health services in that rural community.

Although the community hospital is often the focal point for community agreement ("contract") to work with University of Washington/AHEC staff, the CHSD strategy includes strengthening all elements of the community health care system. The Community Health Services Development cycle has been completed in all six initial communities, and a formal evaluation of outcomes is currently underway. The CHSD

approach has been used in an additional 14 communities in the WAMI region.

Seward, Alaska was one of the original six RHP communities. A discussion of why Seward applied to participate, the issues the community was facing and a review of its accomplishments can serve to demonstrate the potential for this community-oriented approach.

Why Seward applied as a Rural Hospital Project Demonstration Community:

All participating communities were rural with hospitals under 50 beds. The hospital had to be experiencing financial distress in order to be selected.

In 1984, at the time communities were polled for their interest in partnering with the University of Washington School of Medicine, Seward faced the following problems:

- The small population base in Seward created severe limits on the range of health services and financial resources available to support those services; in addition, there was substantial out-migration by the service area population for hospital, physician, dental and other health services.

- The hospitals long-term financial viability was a major concern. The loss from operations for FY's 1982 and 1983 totalled $650,000.

- The hospital facility had significant structural deficiencies in building, equipment and safety, with no capital reserve to modernize.

- Physician recruitment and retention had been a problem for many years. The number of physicians the small population could support was so small that physician stress and burnout was a recurring problem.

- The hospital board of trustees had not conducted a strategic planning process and was generally feeling overwhelmed by the responsibilities for stabilizing hospital and health services for the community.

- Public satisfaction surveys of health care in the community revealed major problems with confidence and quality. This clearly contributed to patient out-flow to other communities for services.

- A lack of cooperation and coordination among the

major health care providers in the community was noted.

- Various hospital financial practices and policies and practices are inadequate, including a very high accounts receivable.

- There was a high level of dissatisfaction with pharmacy services in the community.

- There was substantial dissatisfaction with alcoholism and mental health services, with massive out-migration to Anchorage for these services.

- The scope of medical services provided at the hospital was smaller than many hospitals of similar size. No surgery was being performed at that time, and a large portion of obstetrical patients were leaving the community for care.

In summary, approximately 40 significant problems, including those listed above, were documented by the Rural Hospital Project team when health services in Seward were analyzed carefully. Not surprisingly, the small cadre of health care leaders in the community was experiencing immense

frustration and was feeling overwhelmed by the problems they faced as they attempted to sustain health services for community residents.

The University of Washington team recognized that the number and range of problems facing a typical community such as Seward, in today's threatening environment, could only be addressed successfully if a more comprehensive strategy was developed. The underlying tenet of the Community Health Services Development strategy is that substantial change in failing rural health services can only be accomplished by mobilizing broad community health leadership and public support for these changes.

Four objectives of the Community Health Services Development strategy are:

1. To design a community health system to meet the individual community's needs.

   A major proposition of the CHSD strategy is that the community rural health system should be constructed to meet the needs of the population it serves, including the large segments of rural communities that lack access to basic health care services because of financial, cultural and geographic barriers. In order

to accomplish this objective, we work with the community to determine the health needs of the local population and to develop a mix of services to meet those needs. This often means expanding the range of services available, since they have often atrophied for unnecessary and idiosyncratic reasons.

2. To improve the financial stability of local health institutions.

A major intervention is to provide thorough financial and managerial review of rural hospitals, nursing homes and clinics, and make specific recommendations on how to improve financial management and general administrative leadership.

3. To increase community utilization of and satisfaction with local health services.

A common problem in many rural communities is that the population is ambivalent about the quality of services provided locally. Local services are often perceived as unavailable or inferior, and a substantial portion of the population seeks health care outside the local area. This has the perverse effect of becoming a self-fulfilling prophecy when a shrinking market share and

falling utilization undermine the ability of health care personnel and institutions to sustain services that are in place.

4. To enhance local community leadership and effectiveness.

A common denominator in many rural communities is inadequate or dysfunctional community leadership. Too often communities have no mechanism for identifying, energizing and engaging local health and community leaders an effort to improve local health care capacity and quality. Rural hospital boards are often weak, and unaware of their need to serve as a conduit for community participation in shaping local health care systems. Many important components of rural communities are uninvolved or disaffected, and communication and teamwork among community leaders, hospital leadership, local physicians and other health providers is often more fractious than functional.

The Community Health Services Development Process:

Once a community agrees to participate in the CHSD process, there are three major phases:

1. Community Analysis:

The issues discussed above regarding Seward were identified through an extensive and careful analysis of the community health services. This analysis includes: a community market survey, mailed to each household in the service area to document satisfaction and utilization by local citizens; an exhaustive analysis of the financial, management, and organizational systems of institutions (hospital, nursing home, etc.); a needs assessment documenting health care strengths and weaknesses from interviewing 30 to 40 leaders in each community; and a demographic profile of each community.

From this thorough and objective study, the primary strengths and problems in the community health care system are clearly identified. This includes not only financial, personnel, and market share problems but also quality, performance, teamwork and leadership issues. In most communities, this is the first time these issues have been both comprehensively and honestly documented and described.

2. Hospital and community-wide health services planning: The above information becomes the raw material for a strategic planning process which usually involves both the

hospital (first) and the entire spectrum of community health services. This planning process necessitates broad community participation. The plan should reflect the optimal menu of health services that the community needs, and the steps to address the problems that have been identified.

It is instructive here to illustrate some of the major goals that were part of Seward's initial strategic plan. They included:

- To achieve a financial position for the community hospital that will insure long-term stability and enable the hospital to meet the challenges of a dynamic health care environment.

- To maintain and improve the market position of Seward General Hospital throughout the east Kenai peninsula.

- To demonstrate leadership, through the hospital trustees and administration, to provide, integrate, and coordinate human services in the east Kenai peninsula.

- To maintain an environment in which individual

employees and others associated with Seward General Hospital can achieve maximum equality.

- To develop maximum integration and collaboration among the major health care providers in the community including the physicians, hospital, nursing home and mental health services.

- To develop a community health insurance plan to retain maximum health care dollars and patient services within the community.

- To improve the quality of pharmacy and mental health services.

These goals included many sub-tasks to effectively address the problems outlined earlier in this document.

3. Implementation:

Every effort is made by health care and community leaders, in collaboration with University of Washington/AHEC staff, to aggressively implement the changes reflected in the strategic plan. This requires clear delineation of responsibilities, diffusion of responsibility to a wider range of community participants and leaders, clearly

delineated timelines, and commitment to an ongoing planning cycle each year for both the hospital and other community health services.

Major outcomes of the CHSD strategy:

A rigorous two-year evaluation of the six initial communities, including Seward, is currently underway. This evaluation involves repeating most parts of the community analysis. Quantitative information regarding changes in market share, public satisfaction levels, etc. is not yet available.

However, in hospital financial status, a number of changes have already been documented as a result of the CHSD model. The more important outcomes include:

1. A commitment by hospital board and administration, as well as all community providers, to a rigorous, goal-oriented, problem-solving strategic planning process, to be re-examined annually. This is a major accomplishment for hospitals and communities that have never before accepted the need to plan in order to insure efficient use of scare resources and to direct aggressive attention to threats and problems.

2. An improvement in the financial "bottom line" for Seward General Hospital.

3. The development of a community problem-solving organization, the "expanded core group", which includes representation from every element of health and human services in Seward. This group has developed more effective problem-solving approaches by providers in the community, improved teamwork, and is insuring better cooperation among the health care providers.

4. Hospital governance (by board and administration) is markedly improved. Changes have included a commitment by the board to a planning process, dramatically increased board confidence and competence, a board recruitment and development program, streamlined decision making and meetings, annual planning retreats, and the enlistment of new community members for specific expertise. As in other communities, this has been one of the most dramatic outcomes of enhanced community health leadership.

5. A hospital marketing plan has been developed to aggressively address the reasons many residents were leaving the community for health services. Prenatal and obstetrical services have been expanded, anesthesia

coverage has been improved and limited surgical services are now provided at the hospital. The image of the community hospital has improved through attention to the buildings, equipment, and their appearance. Programs to improve the interpersonal skills, personal appearance, sensitivity, and nurturing attitudes of personnel have been carried out. The importance of these efforts cannot be overemphasized when the reasons for citizen out-migration are understood.

6. New community technology including ultrasound and fetal monitoring equipment has been purchased.

7. A new hospital management information system has been instituted, and numerous management and financial systems changes have been implemented.

8. A more coordinated and functional physician recruitment strategy has been developed by the community, with excellent cooperation between the medical staff and the hospital.

9. An expanded range of physician specialists is now coming to the community to provide services locally.

10. Improved cooperation between the hospital and nursing home has been achieved, and an effective nursing home administrator recruited.

11. The community is exploring the development of a community health insurance plan to maximize the use of local dollars and develop incentives for local utilization of health services.

The above accomplishments are impressive. They represent constructive changes across the entire spectrum of community health services, and they also reflect a rate of change that certainly exceeds that which existed before the CHSD strategy was implemented.

In summary, general outcomes from the CHSD strategy in all participating communities include the following:

a. A systematic, comprehensive approach to strengthening health care which includes system-wide planning, change on multiple fronts, more openness to outside facilitation and assistance, and greater peer group accountability.

b. Improved system performance including enhanced community and health care leadership, improved teamwork, improved morale and optimism, and an

expansion of the scope of health services available locally.

c. A structure for the future which insures continuing planning and problem-solving, a future-oriented attitude, and a willingness to continue to use outside resources to augment community skills and leadership.

In summary, Seward's experience has mirrored our experience in approximately 20 communities to date. Although some health care problems in rural communities will continue to be vexing due to the small population size and limited resources, the overall perspective of the CHSD strategy is that only with a community-driven approach involving broad health care and community leadership can many communities hope to sustain, let alone expand, the health services available to their residents. We believe at this time, even without the data from the Rural Hospital Project evaluation, that this process is far more effective than the crisis oriented, fragmented responsess that many rural communities have historically utilized.

The partnering of community leaders with outside facilitators and consultants has proved to be a powerful team to address the complex issues facing rural communities. At a very modest cost per community (considering the overall

expenditure of health care dollars annually in a community), we believe that our experience with the CHSD strategy has shown that rural communities themselves are the most effective resources to stablilize their health services, rather than rely primarily on external saviors and solutions.

1219ch.doc

TONACKET
Case
Study

Case Study

TONASKET, WASHINGTON
A CASE STUDY

Demographic Profile

Population - Community	1,000
Population - Service Area	9,000
Hospital Size	22 Beds
Providers	4 M.D.s 2 Mid-Levels
Distance to Nearest Hospital	23 Miles
Economic Base	Agriculture Timber

CASE STUDY OF A RURAL WAMI COMMUNITY

HEALTH CARE PROBLEMS	INTERVENTIONS AND RESULTS
Persistent primary care physician shortage.	Successful recruitment of two additional family physicians.
Fragile hospital financial status (including $650,000 in warrants).	Dramatic change in hospital financial status.
	Establishment of hospital district and tax levy.
	Construction of new 70-bed nursing home.
Weak hospital board.	Restructured, educated, effective board.
Substantial outmigration for most health services	Increased utilization data (i.e., hospital occupancy).
	Additional medical specialty consultants coming to community.
	Addition of new technology (US and shared CT).
	Marketing program targeted at weakest utilizers.
Substantial weaknesses in hospital management & financial systems (i.e., massive AR, no management information system).	New computer-based MIS.
	Contract for financial expertise.
	Revamped billing and collection policies.
Lack of community awareness of fragility of hospital and health system.	Creation of a community health care foundation.
	Weekly series of article on health issues in local newspaper.
Lack of teamwork among major providers.	Explicit help with conflict resolution and development of consensual goals.
Highest percentages of uncompensated care of any state hospital.	
Timber-dependent, economically depressed environment.	

NORTH VALLEY HOSPITAL

Financial Status Before and After
Rural Hospital Project

	1983	1986	1987	1988
Income From Operations[1]	(210,004)	6,711	414,165	35,743
Net Gain/Loss[2]	(169,774) (plus 650,000 in short-term debt)	238,538	555,253	113,995

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[1] Income (loss) from operations

[2] Operating Margin plus non-operating revenue

THE TWO COMPONENTS TO DEVELOP A DURABLE COMMUNITY-BASED HEALTH PLAN:

COMMUNITY PREPARATION & ORGANIZATION	+	HEALTH PLAN DEVELOPMENT

STAGE I: COMMUNITY PREPARATION

FACILITATOR: COMMUNITY CONSULTANT (UNIV. OF WA/ALASKA)

- o IDENTIFY AND CONVENE HEALTH AND COMMUNITY STAKEHOLDERS
- o DISCUSS CONCEPT, BENEFITS TO COMMUNITY AND ORGANIZATION
- o PERFORM SURVEY OF EMPLOYERS (# EMPLOYEES, INSURANCE COVERAGE, LEVEL OF INTEREST)
- o CONDUCT ANALYSIS OF HEALTH SERVICES IF DATA NEEDED (I.E., MARKET SURVEY; NEEDS ASSESSMENT)

STAGE II: COMMUNITY BODY - COMMUNITY CONSULTANT/ LEGAL COUNSEL

- o ESTABLISH A COMMUNITY CORPORATION AND BOARD (EMPLOYERS, HOSPITAL, PHYSICIANS, OTHER PROVIDER GROUPS, ETC.)

STAGE III: HEALTH PLAN DEVELOPMENT

FACILITATOR: COMMUNITY CONSULTANT/ BOARD/HEALTH CARRIER

- o ESTABLISH AND CLARIFY CONTRACTING AUTHORITY OF CORPORATION TO:
  - MANAGE PLAN
  - CONTRACT WITH PRIVATE AND PUBLIC EMPLOYERS
  - BEAR RISK
- o OBTAIN LEGAL AND REGULATORY APPROVAL
- o DEVELOP BENEFIT PLAN(S)

STAGE IV: MANAGE THE HEALTH PLAN OVER TIME

FACILITATOR: BOARD/CONSULTANT/ HEALTH CARRIER

- o MARKET THE PLAN
- o CLAIMS TRANSACTIONS
- o MANAGEMENT INFORMATION TO BOARD FOR UR AND QA
- o MANAGEMENT DECISION
  - BENEFITS
  - UTILIZATION

The Department of Health and Social Services is authorized to contract with an appropriate agency, educational institution or organization to carry out the purpose of this legislation. An appropriate contracting entity would be one with experience and demonstrated success in community health services development, in rural Alaska. This entity would have responsibility for community selection and allocating monies to carry out the work program.

University of Washington Correspondence

INTERDEPARTMENTAL

SCHOOL OF MEDICINE
OFFICE OF THE DEAN
REGIONAL AFFAIRS, XF-01

April 18, 1989

TO: Attendees, House Health, Education and Social Services Committee Conference on Financing Health Care for Alaska's Uninsured and Underinsured

FROM: Bruce Amundson, M.D.
AHEC Associate Director for Community Health Systems

SUBJECT: A PROGRAM TO MAINTAIN RURAL HEALTH CARE DOLLARS IN COMMUNITIES THROUGH THE DEVELOPMENT OF COMMUNITY-BASED HEALTH PLANS

A large proportion of rural communities in the United States are experiencing threatened or actual deterioration of their health services. The rural hospital, traditionally the core of the rural health care system, is currently the weakest link in the elements that comprise that system in many communities. However, a broad and vexing array of other problems are simultaneously confronting communities. These issues have been carefully documented by recent studies and community-based intervention efforts at the School of Medicine at the University of Washington.

The belief is widely held among state and national policy makers and some rural leaders that many or most rural communities cannot afford to sustain any but the most rudimentary health services. Our research, however, does not support this pessimistic assumption. Through studying a sample of communities we have demonstrated for the first time that more money is already being spent for health services in each community than is required to support the entire existing health care system. The following 1985 data illustrates this finding:

	Community A	Community B	Community C
Money expended for health care by or on behalf of all service area residents (i.e. private insurance, Medicare, Medicaid, etc.)	$18,715,268	$8,906,050	$8,130,605
Revenue needed to support basic health services (i.e. hospital, home health, mental health budgets, gross M.D. revenue)	$ 9,791,327	$4,635,539	$5,268,737
Available "surplus"	$ 8,923,941	$4,270,511	$2,861,868

The conclusion is obvious: rural communities appear to have more than enough money to sustain their services if that money can be kept in the communities. Community insurance plans (i.e., PPOs) can provide incentives and organizational frameworks to keep care local and manage patients that leave to obtain services not provided in the community.

The Situation in Alaska

Current developments in Alaska regarding health care costs have created special concern. While health care costs are spiraling across the country, the increase in insurance rates in Alaska has been particularly high, forcing insurers to increase premiums as much as 40% or decrease benefits. It appears that unless we are able to control health care costs, health insurance and health care will become unaffordable for many more people in the state.

Experience with Community PPOs in our Region

Substantial interest has developed in the northwest region in the idea of community-based insurance plans. First, they are a way to keep insurance premium expenditures and out-of-pocket payments in the community, supporting the very important primary care system. Second, the development of community boards with broad representation including hospitals, physicians, community leaders, and major employers, provides a structure wherein the predominant goal of maintaining and strengthening community health services can be supported by all interested parties. Third, this community non-profit corporate structure provides an unprecedented vehicle for communities to regain control and ownership of their health system, including the dollars. Fourth, there is preliminary, but fascinating, evidence that utilization

may be more effectively controlled from within the community (because people know each other and this network can be effectively utilized for utilization, monitoring and review), than any other utilization process to date.

At least four community-based health plans are operational in the WAMI region. With the assistance of the Rural Hospital Project at the University of Washington and Blue Cross of Washington and Alaska, the Seward community is currently developing such a plan.

BA:dm
0110BADR

SB 330

Senator Johne Binkley

Senate Finance Committee
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985

Finance Committee
Co-Chairman

MEMORANDUM

January 25, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Johne Binkley

RE: SB 330 - Relating to substance abuse services under the state medical assistance program; and reordering the priorities for elminating coverage under Medicaid.

Senate Bill 330 would add substance abuse treatment to Medicaid options. It would bring millions of federal dollars into the state for programs that are now being paid for by general fund dollars. The bill was introduced at the end of last session, and the Department of Health and Social Services has been working on technical aspects of the legislation.

I would very much appreciate you scheduling a hearing on this bill in the near future. Thank you for your consideration.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
SENATE BILL NO. 330

For an Act entitled: "An Act relating to substance abuse services under the state medical assistance program; and reordering the priorities for eliminating coverage under Medicaid."

Senate Bill No. 330 would amend AS 47.07.030 by adding rehabilitation services for substance abuse to Alaska's Medicaid program, thus providing 50% federal funding for some of the services provided to Medicaid-eligible patients by programs approved by the Division of Alcoholism and Drug Abuse (formerly the Office on Alcoholism and Drug Abuse). Senate Bill No. 330 would also amend AS 47.07.035 to place this optional service tenth in priority among all of Alaska's optional Medicaid services, to be deleted only after a funding shortfall had necessitated eliminating the nine services which precede it.

Medicaid already covers some of the services needed by substance abusers, such as detoxification in a hospital setting and institutionalization in a psychiatric facility for those under 22 and over 64. However, no Medicaid funds currently go to non-hospital programs for providing services which Medicaid federal rules allow the program to reimburse. Senate Bill No. 330 would allow providers to bill the Division of Medical Assistance and receive Medicaid payments for providing two of the services they currently offer: Case management, often called "after care", and outpatient rehabilitation services, which primarily consist of group and individual counseling offered to clients living independently or in residential care settings.

There is a growing national consensus that substance abuse treatment is most effective, and also least expensive, if it is offered outside of an institutional setting, within or close to the patient's own community and in as normal an environment as is possible. SB No. 330 is consistent with the Department's policy of promoting the least intrusive, most cost-effective health care options. When patients are properly assessed and triaged, outpatient services for substance abusers can be at least as effective as more intense treatment.

Federal Medicaid rules do not allow the program to pay for any types of community-based care which are not medical or rehabilitative in nature. For example, Medicaid cannot pay the cost of room and board in a residential care facility.

There are also some strict limitations on the circumstances in which covered services can be provided when patients live in a residential care facility. However, a program in which Federal requirements are carefully followed would allow substantial federal Medicaid matching funds to reach approved programs, substituting for and supplementing existing state-only funds.

In its Fiscal Note, the Department proposes that only the state matching funds be transferred in FY91 and FY92 from the Grants budget of the Division of Alcoholism and Drug Abuse. The Federal Medicaid matching funds that this will generate will increase total funds available to approved alcohol and drug abuse programs.

This Medicaid option is particularly appealing right now because of three major new federal mandates:

1. Expansion of Medicaid coverage for pregnant women, effective 4/1/90, up to a family income qualifying limit of 133% of the Alaska Federal Poverty Level. There is a great need to expand services to pregnant women who have substance abuse problems, and this expansion of the number of women who will have Medicaid eligibility significantly increases the number of pregnant women for whom Medicaid reimbursement can be made.

2. Addition of the Unemployed Parent Coverage to the Aid to Families with Dependent Children program, effective 10/1/90. The majority of patients currently served by grantees are males under 40, who usually cannot qualify for Medicaid without being severely disabled. This grant will add over six hundred male parents per month to Medicaid just during FY91, significantly expanding the programs' ability to claim Medicaid for more individuals they already serve.

3. Addition of services for Medicaid recipients under 21. Beginning in July, 1990, all states must offer all Medicaid children who have a mental or physical need that is diagnosed in an EPSDT (Early Periodic Screening, Diagnosis and Treatment) screening any Medicaid service that is necessary to meet that need, even if the state has not chosen to include that service in its own Medicaid program. The Department has submitted an amend-

ment to its FY91 budget request for the costs of adding the new mandatory services of outpatient rehabilitation and targeted case management for Medicaid recipients under 21.

This mandate makes it logical to offer a broader range of substance abuse services under SB 330, since substance abuse problems do not magically cease upon a 21st birthday. Further, SB No. 330, were it to be amended as we suggest below, could offer the Department a framework in which to claim and to expend federal funds that is easier to manage than the adoption of administrative regulations which would be based solely on the federal mandate to offer these services to children.

Recommendation

Because case management and counseling services are difficult to define and monitor, it is very easy for providers of case management services and outpatient rehabilitation services to offer services which may not be acceptable under Federal Medicaid rules. While the Division of Medical Assistance must and will regulate service conditions and reimbursement rates, it lacks the staff and expertise to totally ensure that these services are actually being provided appropriately and effectively under the conditions imposed by federal program authorities. The Division of Alcohol and Drug Abuse has this expertise, and regularly conducts thorough on-site program reviews of each of its grantees.

Also, the term "rehabilitation services" is not well defined in federal law and regulation, and service definitions that are highly subject to interpretation have a high probability of expanding to include services that were not originally intended.

Therefore, we respectfully suggest that SB No. 330 be amended to add a Section 3, amending AS 47.07.900 by adding the following definition:

(11)"Rehabilitation services for substance abuse" means targeted case management and substance abuse outpatient services rendered by providers approved by the Department of Health and Social Services.

With or without this specificity, the Department would include these service definitions in regulation, and it would

also require that participating programs be approved by both the Division of Alcoholism and Drug Abuse and the Division of Medical Assistance.

However, the Department would be much better able to manage growth and utilization if the statutes themselves precisely limit and define these services. We feel this addition would also minimize any confusion on the part of providers as to which services are allowable for Medicaid reimbursement.

Position

We believe that, with careful implementation, regulation, and monitoring, the changes proposed by SB No. 330 will benefit both the providers and the recipients of services. The introduction of Medicaid federal matching funds into the state's treatment system for drug and alcohol victims offers a long-term opportunity to expand and improve the availability of that treatment. This funding would also add stability to the support of a system that is presently totally reliant on state general funded grants.

The Department supports the passage of SB No. 330.

RECOMMENDED: Sandy Q for
Kim Busch, Director
Division of Medical Assistance

DATE: 3/28/90

RECOMMENDED: Matt Felix
Matt Felix, Director
Division of Alcohol & Drug Abuse

DATE: 3/28/90

APPROVED: Myra M Munson
Myra M. Munson, Commissioner
Dept. of Health & Social Services

DATE: 3/29/90

DRAFT

STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: SB No. 330
PUBLISH DATE: 5/7/89

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act Relating to Substance Abuse Services...
Sponsor: Binkley
Requestor: _____

Agency Affected: Health and Social Services
BRU: Various-See Analysis
Components: Various--See Analysis

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	50.8	52.8	54.9	57.1	59.4	61.8
TRAVEL	10.0	10.0	10.0	10.0	10.0	10.0
CONTRACTUAL	188.9	157.6	163.5	169.6	176.0	182.7
SUPPLIES	1.0	1.0	1.0	1.0	1.0	1.0
EQUIPMENT	5.0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	338.0	934.2	1,241.8	1,608.1	2,044.4	2,564.0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	593.7	1,155.6	1,471.2	1,845.8	2,290.8	2,819.5
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	82.7	184.4	340.2	525.4	745.8	1,007.9
FEDERAL FUNDS	442.2	905.4	1,063.1	1,250.3	1,472.6	1,736.8
OTHER	68.8	65.8	67.9	70.1	72.4	74.8
TOTAL	593.7	1,155.6	1,471.2	1,845.8	2,290.8	2,819.5

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

No FY90 impact. Analysis attached.

Prepared by: Kim Rusch
Division: Division of Medical Assistance
Phone: 465-3355
Date: 3-20-90

Approved by Commissioner: _____ Date: _____
Agency: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget

Senate Bill No. 330
Fiscal Note Attachment
Cost Analysis for Rehabilitation Services

As written, SB No. 330 has no effective date. Considerable time is required in order to design coverage and reimbursement limitations, make the necessary data system changes necessary to adjudicate and pay bills, and enroll and train new providers. A start date of January 1, 1991 is assumed. Therefore, FY91 costs are for development and for six months of actual program operation.

I. Contractual Costs

a. The Alaska Medical Payments System will require modification to pay providers of these new services. The contractual costs include the following: provider manuals, a new claims form, tables included in the system for each type of service, computer programming, computer reports, the addition of collocation codes, the provision of notice to providers, on-site training of providers by the contractor's staff, provider relations, and a computer system test. This is a one-time FY91 cost of 75.0 (37.5 Federal, 37.5 SGFM).

b. The Division of Medical Assistance must pay the claims processing contractor $6.23 for each claim processed. Estimated claims volume for FY91 is 6,919 assuming a January 1, 1991 start date. Funding for Claims Processing is 75% FED, 25% SGFM. FY91 processing costs = 43.1 (32.3 FED, 10.8 SGFM). For FY92 and forward, claims volume is expected to increase by 4.2% per year, but the $6.23 cost per claim is fixed by contract and will not increase.

II. Grants/Claims Costs

The costs of providing outpatient rehabilitation and case management services to Medicaid eligible persons under 21 are included as an amendment to the Department's FY91 budget request. Coverage of abuse services for recipients under 21 is now required by federal law (Omnibus Reconciliation Act of 1989). This fiscal note reflects only the costs of providing services to adults.

FY91 costs are derived from actual FY90 data of those Medicaid adult clients currently served by grantees of the Division of Alcoholism and Drug Abuse, and the costs of services they receive. No increase in numbers served or in costs of services are assumed for FY91.

FY91 Outpatient Rehabilitation Services:	
586 Adults x $853.24 =	$500,000
FY91 Case Management Services:	
375 Adults x $469.33 =	176,000

For FY92 and subsequent years, Grants costs are projected from this FY91 base, increased annually by 19.1%, which is a composite of the following factors: (a) an annual price increase of 4.5%; (b) an annual increase of 4.2% in the numbers of adult Medicaid Eligible clients served by approved providers; and (c) an annual increase of 10.4% in the rate at which existing services are utilized by recipients.

All Grants costs are 50% FED, 50% SGFM. General Fund Match is provided by a transfer of appropriated funds from the Alcohol Abuse Grants component of the Alcohol and Drug Abuse Services BRU to the Medicaid Non-Facility component of the Medical Assistance BRU.

III. Personal Services (RSA)

SB No. 330 will require the addition of one position in the Division of Alcoholism and Drug Abuse. This range 18 position will be dedicated to Medicaid services, so that salary and support costs will qualify for 50% FED, 50% SGFM Medicaid funding. Funding will be through an RSA with the Division of Medical Assistance.

This position will travel regularly to each approved program, training and conducting quality assurance reviews related to assuring that each Medicaid claim is adequately documented a federally-approvable service provided to a Medicaid-eligible person, and that the services provided were also necessary and in compliance with the requirements of any state grant agreement. This position bears the primary responsibility for insuring that federal Medicaid program and fiscal audits of providers will not result in fiscal audits sanctions or penalties.

For FY91, the position is expected to begin 7/1/90, in order to assist grantees in preparing individual implementation plans to insure that each grantee's transition from grant funding to partial Medicaid revenue does not result in cash flow problems that would impact service delivery.

FY91 Costs:	Personal Services	50.8
	Travel	10.0
	Contractual	2.0
	Supplies	1.0
	Equipment	5.0*
	TOTAL	68.8

For FY92 and following, the FY91 Personal Services cost is increased by 4% annually; other costs remain unchanged.

* (Personal Computer-FY91 one-time cost)

IV. FY91 FUNDING SYNOPSIS

	MEDICAID NON-FACILITY	CLAIMS PROCESSING	SOADA ADMINISTRATION	ALCOHOL ABUSE GRANTS	TOTAL
Personal Services			50.8		50.8
Travel			10.0		10.0
Contractual		68.8 (RSA)			
		118.1	2.0		188.9
Supplies			1.0		1.0
Equipment			5.0		5.0
Grants	676.0			(338.0)	338.0
TOTAL	676.0	186.9	68.8	(338.0)	593.7
Funding					
General Fund	338.0	82.7(1)		(338.0)	82.7
Federal Funds	338.0	104.2			442.2(2)
Other (IA)			68.8		68.8
				TOTAL	593.7

(1) New SGFM = 82.7

(2) New Federal Match = 442.2

For FY92 and each subsequent year, reduction/transfer from alcohol abuse grants is 676.0.

STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: SB No. 330
PUBLISH DATE: 5/7/89

FISCAL NOTE

REQUEST:

Revision Date:
Title: An Act Relating to Substance Abuse Services...
Sponsor: Binkley
Requestor:

Agency Affected: Health and Social Services
BRU: Various-See Analysis
Components: Various-See Analysis

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	50.8	52.8	54.9	57.1	59.4	61.8
TRAVEL	10.0	10.0	10.0	10.0	10.0	10.0
CONTRACTUAL	188.9	157.6	163.5	169.6	176.0	182.7
SUPPLIES	1.0	1.0	1.0	1.0	1.0	1.0
EQUIPMENT	5.0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	338.0	934.2	1,241.8	1,608.1	2,044.4	2,564.0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	593.7	1,155.6	1,471.2	1,845.8	2,290.8	2,819.5
CAPITAL	0	0	0	.0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	66.7	186.5	342.3	527.5	747.9	1,010.0
FEDERAL FUNDS	458.2	903.3	1,061.0	1,248.2	1,470.5	1,734.7
OTHER	68.8	65.8	67.9	70.1	72.4	74.8
TOTAL	593.7	1,155.6	1,471.2	1,845.8	2,290.8	2,819.5

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

No FY90 impact. Analysis attached.

Prepared by: Kimberly A. Burch
Phone: 465-3355
Division: Division of Medical Assistance
Date: 3-27-90

Approved by Commissioner: Myra M. Munson
Date: 3/27/90
Agency:

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

Senate Bill No. 330
Fiscal Note Attachment
Cost Analysis for Rehabilitation Services

As written, SB No. 330 has no effective date. Considerable time is required in order to design coverage and reimbursement limitations, make the necessary data system changes necessary to adjudicate and pay bills, and enroll and train new providers. A start date of January 1, 1991 is assumed. Therefore, FY91 costs are for development and for six months of actual program operation.

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b. The Division of Medical Assistance must pay the claims processing contractor $6.23 for each claim processed. Estimated claims volume for FY91 is 6,919 assuming a January 1, 1991 start date. Funding for Claims Processing is 75% FED, 25% SGFM except for the 9.1% for profit and overhead which is funded at 50% FED and 50% SGFM. FY91 processing costs = 43.1 (31.3 FED, 11.8 SGFM). For FY92 and forward, claims volume is expected to increase by 4.2% per year, but the $6.23 cost per claim is fixed by contract and will not increase.

II. Grants/Claims Costs

The costs of providing outpatient rehabilitation and case management services to Medicaid eligible persons under 21 are included as an amendment to the Department's FY91 budget request. Coverage of abuse services for recipients under 21 is now required by federal law (Omnibus Reconciliation Act of 1989). This fiscal note reflects only the costs of providing services to adults.

FY91 costs are derived from actual FY90 data of those Medicaid adult clients currently served by grantees of the Division of Alcoholism and Drug Abuse, and the costs of services they receive. No increase in numbers served or in costs of services are assumed for FY91.

FY91 Outpatient Rehabilitation Services:
586 Adults x $853.24 = $500,000
FY91 Case Management Services:

375 Adults x $469.33 =	176,000
FY91 Total	$676,000

For FY92 and subsequent years, Grants costs are projected from this FY91 base, increased annually by 19.1%, which is a composite of the following factors: (a) an annual price increase of 4.5%; (b) an annual increase of 4.2% in the numbers of adult Medicaid Eligible clients served by approved providers; and (c) an annual increase of 10.4% in the rate at which existing services are utilized by recipients.

All Grants costs are 50% FED, 50% SGFM. General Fund Match is provided by a transfer of appropriated funds from the Alcohol Abuse Grants component of the Alcohol and Drug Abuse Services BRU to the Medicaid Non-Facility component of the Medical Assistance BRU.

III. Personal Services (RSA)

SB No. 330 will require the addition of one position in the Division of Alcoholism and Drug Abuse. This range 18 position will be dedicated to Medicaid services, so that salary and support costs will qualify for 50% FED, 50% SGFM Medicaid funding. Funding will be through an RSA with the Division of Medical Assistance.

This position will travel regularly to each approved program, training and conducting quality assurance reviews related to assuring that each Medicaid claim is adequately documented a federally-approvable service provided to a Medicaid-eligible person, and that the services provided were also necessary and in compliance with the requirements of any state grant agreement. This position bears the primary responsibility for insuring that federal Medicaid program and fiscal audits of providers will not result in fiscal audits sanctions or penalties.

For FY91, the position is expected to begin 7/1/90, in order to assist grantees in preparing individual implementation plans to insure that each grantee's transition from grant funding to partial Medicaid revenue does not result in cash flow problems that would impact service delivery.

FY91 Costs:	Personal Services	50.8
	Travel	10.0
	Contractual	2.0
	Supplies	1.0
	Equipment	5.0*
	TOTAL	68.8

For FY92 and following, the FY91 Personal Services cost is increased by 4% annually; other costs remain unchanged.

* (Personal Computer-FY91 one-time cost)

IV.

FY91 FUNDING SYNOPSIS

	MEDICAID NON-FACILITY	CLAIMS PROCESSING	SOADA ADMINISTRATION	ALCOHOL ABUSE GRANTS	TOTAL
Personal Services			50.8		50.8
Travel			10.0		10.0
Contractual		68.8 (RSA)			
		118.1	2.0		188.9
Supplies			1.0		1.0
Equipment			5.0		5.0
Grants	676.0			(338.0)	338.0
TOTAL	676.0	186.9	68.8	(338.0)	593.7
Funding					
General Fund	338.0	66.7(1)		(338.0)	66.7
Federal Funds	338.0	120.2			458.2
Other (IA)			68.8		68.8
				TOTAL	593.7

(1) New SCFM = 66.7
(2) New Federal Match = 458.2

FY92 FUNDING SYNOPSIS

	MEDICAID NON-FACILITY	CLAIMS PROCESSING	SOADA ADMINISTRATION	ALCOHOL ABUSE GRANTS	TOTAL
Personal Services			52.8		52.8
Travel			10.0		10.0
Contractual		65.8 (RSA)			
		89.8	2.0		157.6
Supplies			1.0		1.0
Equipment			0		0
Grants	1,610.2		0	(676.0)	934.2
TOTAL	1,610.2	155.6	65.8	(676.0)	1,155.6
Funding					
General Fund	805.1	57.4		(676.0)	186.5
Federal Funds	805.1	98.2			903.3
Other (IA)			65.8		65.8
				TOTAL	1,155.6

FY92 is the final year of reduction/transfer from alcohol abuse grants to Medical Assistance; at that point one full year funding of the program will be in the Medical Assistance base. In future years Medical Assistance will budget for Medicaid eligible using this service.

SB

332

~ STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: CSSB 332
PUBLISH DATE:

FISCAL NOTE

REQUEST:

Revision Date:
Title: Relating to records of missing children

Agency Affected: Health & Social Services
BRU:

Sponsor: Senator Uehling
Requestor:

Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY92	FY93	FY94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

FY90 Fiscal Impact is "0".

Prepared by: Katherine Kelley, Director
Division: Public Health
Phone: 465-3090
Date: 2/27/90

Approved by Commissioner: Myra M. Munson
Agency: Department of Health and Social Services
Date:

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

Original sponsor(s): SEN. UEHLING, Kelly, Halford, Duncan, Jones, Coghill, Faiks, Sturgulewski, Rodey

IN THE SENATE

CS FOR SENATE BILL NO. 332 ( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

SIXTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to records of missing children; and to records of certain children transferred as students."

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

* Section 1. AS 14.30 is amended by adding new sections to read:

ARTICLE 9. RECORDS OF CERTAIN MISSING OR TRANSFERRED CHILDREN.

Sec. 14.30.700. RECORDS OF MISSING CHILDREN. Upon notification by the Department of Public Safety of a child's disappearance, a school in which the child is currently or was previously enrolled shall flag the school record of that child in a manner that, when a copy or information regarding the record is requested, the school shall be alerted to the fact that the record is that of a missing child. The school shall immediately report to the Department of Public Safety a request regarding flagged records, including any knowledge as to the whereabouts of the child. Upon notification by the Department of Public Safety that the person who was listed as a missing child has been found, the school shall remove the flag from the person's record.

Sec. 14.30.710. REQUIRED RECORDS UPON TRANSFER. Within 14 days after enrolling a child as a transfer student from this or another state in an elementary or secondary school, the school shall request directly from the child's previous school a certified copy of the child's record. An elementary or secondary school in this state requested to forward a copy of a transferring child's record to

another school shall comply with the request within 10 days after receiving the request unless the record has been flagged under AS 14.-30.700. A school may not forward a copy of a flagged record and shall notify the Department of Public Safety of the request.

Sec. 14.30.720. DEFINITION. In AS 14.30.700 - 14.30.720, "child" means a person who is under 18 years of age.

* Sec. 2. AS 18.50 is amended by adding a new section to read:

Sec. 18.50.315. RECORDS OF MISSING CHILDREN. (a) Upon receiving notification by the Department of Public Safety or another law enforcement agency that a child born in this state is missing, the Bureau of Vital Statistics shall flag the birth certificate record of the missing child in a manner that alerts the bureau to the fact that the record is that of a missing child when a copy of that birth certificate or information regarding that birth certificate is requested. Upon notification by the department that the person who was listed as a missing child has been found, the bureau shall remove the flag from the person's birth certificate record.

(b) The bureau may not provide a copy of a birth certificate or information concerning the birth record of a person whose record is flagged under (a) of this section, except as provided in this section.

(c) When a copy of a flagged birth certificate is requested, the bureau shall immediately notify the Department of Public Safety. If a flagged record is requested in person, the bureau shall record the name, address, and telephone number of the person making the request. The bureau may only provide a copy of the requested birth certificate by mail.

(d) In this section, "child" means a person under 18 years of age.

* Sec. 3. AS 47.10.141 is amended by adding a new subsection to read:

(d) If the Department of Public Safety receives a report that a minor born in this state is missing and the department concludes that the minor is missing, the department shall notify the Bureau of Vital Statistics of the disappearance and shall provide the bureau with a description of the missing minor. The description of the missing minor must include the missing minor's full name, date and place of birth, parent's names, and mother's maiden name. If the Department of Public Safety has reason to believe that a missing minor, whether born in this state or not, has been enrolled in a specific school in the state, the department shall also notify the last known school attended by the missing minor of the disappearance. When a person who was listed as a missing minor is found, the Department of Public Safety shall notify the Bureau of Vital Statistics and any school previously informed of the person's disappearance.

Senator Rick Uehling

Downtown, Elmendorf, Northeast Anchorage

Memorandum

Co-Chairman, Senate Finance Committee
International Trade & Tourism Committee
State Affairs Committee

February 8, 1990

To: Senator Paul Fischer
Chairman, Senate Health, Education
and Social Services Committee

From: Senator Rick Uehling
Co-Chairman, Senate Finance Committee

Subject: SB 332, an act relating to records of missing children; and to records of certain children enrolled or transferred as students.

I would appreciate your assistance in scheduling SB 332, an act relating to records of missing children, and to records of certain children enrolled or transferred as students, before the Senate Health, Education and Social Services Committee at the earliest possible date.

This bill represents an effort to aid law enforcement agencies trying to locate missing children and reunite them with their families. The measures mandated by this bill are not costly and will generally assist public and private agencies looking for children that have been separated from their families.

SB 332 has been endorsed by two major national organizations working on the missing children problem, Child Find of America, Inc. and the National Center for Missing and Exploited Children.

I have included a copy of the bill, a sectional analysis and several letters of endorsement from the two national organizations as backup material.

Please do not hesitate to call on Mike Abbott of my staff if there is additional information that would be of assistance to you.

I appreciate your consideration of this legislation.

P.O. BOX V, JUNEAU, AK 99811 (907) 465-4821 • 3111 ST. #515, ANCHORAGE, AK 99503 (907) 561-7613

Backup materials for SB 332, Missing Kids

1) Sectional Analysis of SB 332

2) December 1, 1989 letter from Child Find of America, Inc endorsing SB 332

3) January 23, 1990 letter from National Center for Missing and Exploited Children endorsing SB 332

Senator Rick Uehling

Downtown, Elmendorf, Northeast Anchorage

Co-Chairman, Senate Finance Committee
International Trade & Tourism Committee
State Affairs Committee

AN ACT RELATING TO RECORDS OF MISSING CHILDREN; AND TO RECORDS OF CERTAIN CHILDREN ENROLLED OR TRANSFERRED AS STUDENTS

Sectional Analysis

Section 14.30.700. RECORDS OF MISSING CHILDREN.

When a child is declared missing, the Department of Public Safety will notify the school in which the child is currently or was previously enrolled to alert them of the child's disappearance. The school will then flag the child's record. If anyone requests a copy or information concerning the flagged record, the school will immediately report it to the Department of Public Safety. When a missing child has been found, the Department of Public Safety will notify the school(s) and the flag will be removed from the child's record.

Section 14.30.710. REQUIRED RECORDS UPON ENROLLMENT OR TRANSFER.

(a) When a child is enrolled for the first time in an elementary or secondary school in the state, the school will require a certified copy of the child's birth certificate as proof of identity which must be submitted to the school within 30 days after the child is enrolled. If the person enrolling a child fails to submit this documentation within the 30-day period, the school will notify the Department of Public Safety.

(b) When a child transfers to an elementary or secondary school the school will request directly from the child's previous school a certified copy of the child's record. The school shall request this documentation within 14 days after enrolling the child as a transfer student. An elementary or secondary school in this state requested to forward a copy of a transferring child's record to another school shall comply with the request within 10 days unles the child's record has been flagged under AS 14.30.700.• A school may not forward a copy of a flagged record and shall notify the Dept. of Public Safety of the request.

P.O. BOX V, JUNEAU, AK 99811 (907) 465-4821 • 3111 ST. #515, ANCHORAGE, AK 99503 (907) 561-7613

Section 14.30.720. DEFINITION.

A child is defined as a person under 18 years of age.

Section 18.50.315. RECORDS OF MISSING CHILDREN.

(a) When a child born in the state is declared missing, the Department of Public Safety will notify the Bureau of Vital Statistics. Vital Statistics will then flag the birth certificate record of the missing child. When a missing child has been found, the Department of Public Safety will notify Vital Statistics and the flag will be removed from the birth certificate record.

(b) Vital Statistics may not provide a copy of a flagged birth certificate or information regarding a flagged birth certificate, except as provided in this section.

(c) When a copy of a flagged birth certificate is requested, the Bureau of Vital Statistics shall immediately notify Public Safety. If the request for information is made in person, the bureau will record the person's names, address, telephone number, and social security number, and will photocopy that person's driver's license.

(d) For purposes of this section, a child is defined as a person under 18 years of age.

Sec. 3. Adds a new subsection (d) to AS 47.10.141.

(d) Requires the Department of Public Safety to notify the Bureau of Vital Statistics of the disappearance and provide a description of a missing child born in Alaska. If the Department of Public Safety has reason to believe that a missing child (whether born in Alaska or not) has been enrolled in a specific Alaskan school, the department will also notify the last known school attended by the missing child of the disappearance. When a missing child is found the Department of Public Safety will notify Vital Statistics and any school which was previously informed of the child's disappearance.

NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

2101 Wilson Boulevard • Suite 550 • Arlington, VA 22201
703/235-3900

The Honorable Rick Uehling
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

January 23, 1990

Dear Senator Uehling:

The National Center has recently received a copy of S.B. 332, entitled "An Act relating to records of missing children; and to records of certain children enrolled or transferred as students." This office was pleased to assist you in the development of this legislation. The National Center for Missing and Exploited C hildren strongly supports this type of legislation.

If we can be of any further assistance, please do not hesitate to call on us.

Sincerely,

Paulette L. Stevens

Paulette L. Stevens
Legislative Specialist

President and Chief Executive Officer
ERNEST E ALLEN

Board of Directors

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HON HOWARD CANNON
O Connor & Hannan (DC)

JOHN CLINKSCALES
Find-Me, Inc (GA)

HOWARD DAVIDSON
National Legal Resource Center for Child Advocacy and Protection (DC)

ROBERT DeLELLIS
CBS Fox Video (NY)

TRAVIS A FRITSCH
Attorney General's Office (KY)

VINCENT P GIULIANO
ADVO-System, Inc (CT)

JOHN T GREENING
D Arcy Masius Benton & Bowles (MI)

GEORGE W HALEY
Attorney (DC)

ANDY HEYWARD
DIC Enterprises, Inc (CA)

GEORGE H LAWRENCE
American Gas Association (VA)

BONNY LeVINE
Bill and Bonny LeVine Foundation (CA)

GREGORY A LOKEN
Covenant House (NY)

JEREMY D MARGOLIS
State Police (IL)

ELLIS E MEREDITH
Food Executives Int l Foundation (VA)

WAYNE NEWTON
Entertainer (NV)

J KERRY RICE
University of Louisville (KY)

KATHY ROSENTHAL
Children s Rights of America, Inc (FL)

RICHARD T RUFFINO
Commission on Missing Persons (NJ)

DAN SEXTON
Child Help, USA (CA)

NELL W STEWART
DowBrands (SC)

KENNETH J STROTTMAN
Strottman Marketing, Inc (CA)

JOHN E WALSH
Adam Walsh Child
Resource Center, Inc ( )

LESTER A WILSON
Wilson Printing and Premiums (GA)

CHILD FIND OF AMERICA INC.®
7 INNIS AVENUE / PO BOX 277 / NEW PALTZ, NY 12561-9277
914-255-1848 FAX 914-255-5706

DEC 15 1989

December 1, 1989

Senator Rick Uehling
PO Box V
Juneau, AK 99811

Dear Senator Uehling:

I am pleased to offer my support for your senate bill to provide for the flagging of school records of missing children.

Because most abducted children eventually are put in school, tracking the movement of school records is a proven tool in the search for missing children. Your bill requiring notification of the Department of Public Safety when the transfer of school records is requested would be an expeditious way to make even better use of this tool.

Thanks for your efforts on behalf of this important issue. If we can be of further assistance in support of your bill please do not hesitate to call on us.

Sincerely,

Carolyn Zogg

Carolyn Zogg
Executive Director

CZ/jrm

cc: State Senator Charles D. Cook, R-40
Assemblyman Maurice D. Hinchey, Jr., D-101

S B
334

ALASKA

State Legislative Committee

1990 FACTS & LEGISLATIVE PRIORITIES

AARP

American Association
of Retired Persons

ALASKA STATE LEGISLATIVE COMMITTEE

The AARP State Legislative Committee (SLC) decides and promotes the legislative objectives to be sought by the Association in each state legislative session. Composed of volunteers from the AARP membership across the state, the Committee works on behalf of not only AARP members, but all older persons and the state community.

Each year, the State Legislative Committee in Alaska selects legislative priorities based on the needs of the state's residents, using guidelines developed by the AARP National Legislative Council. SLC members work with legislators to promote passage of legislation beneficial to Alaska's older population.

The Alaska SLC participates responsibly in the legislative process from discussion of concerns, to a bill's conception, to its signing into law and the translation of its intent into administrative procedures and regulations. The SLC volunteer "citizen lobbyists" are assisted by AARP legislative staff. Technical support for the state legislative program is provided by the AARP Public Policy Institute and by AARP program volunteers.

CHAIRMAN
Mr. R. W. Pavitt*
130 Seward Street
Apartment 205
Juneau, AK 99801
(907) 586-2066

VICE CHAIRMAN
Mrs. Marie C. MacKenzie
1620 Crescent
Anchorage, AK 99508
(907) 562-4895

SECRETARY
Miss Ann L. Walsh
924 Kellum
Apartment 201
Fairbanks, AK 99701
(907) 456-6737

MEMBERS

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P.O. Box 20304
Juneau, AK 99802
(907) 586-6680

Mr. Robert C. Kallenberg
P.O. Box 670307
Chugiak, AK 99567
(907) 688-2919

Mr. C. Keith Campbell
P.O. Box 722
Seward, AK 99664
(907) 224-5631

Mr. E. Arthur Patterson
81 C Street
Fairbanks, AK 99701
(907) 456-7476

* Member, Capital City Task Force

ALASKA CAPITAL CITY TASK FORCE

CCTF COORDINATOR
Mr. R. W. Pavitt*

MEMBERS

Mrs. Freda Borchick
P.O. Box 210143
Auke Bay, AK 99821
(907) 789-7426

Mrs. Maxine Race
1669 Evergreen Avenue
Juneau, AK 99801
(907) 586-1661

Ms. Harriet Roberts
230 S. Franklin Street
Apartment 601
Juneau, AK 99801
(907) 463-3234

Mr. Robert Thibodeau
1616 Glacier Avenue
Juneau, AK 99801
(907) 586-2138

Mr. Warren Wild
P.O. Box 32036
Juneau, AK 99803
(907) 789-7628

Most State Legislative Committees have recognized that they need additional volunteers to help promote the AARP legislative program to lawmakers, legislative staff, executive branch officials and other organizations. This need to strengthen the AARP presence in the state capital city has prompted many SLCs to create a Capital City Task Force (CCTF).

The primary role of the CCTF is to help the SLC promote and defend AARP legislative interests before the state legislature. The SLC may also rely on CCTF members to monitor and participate in the regulatory and rulemaking processes of the state. The duties of Task Force members range from testifying before legislative committees to preparing legislative updates to researching issues.

To ensure appropriate policy oversight of the CCTF's activities the SLC Chairman designates a SLC member to coordinate the group. Capital City Task Force members belong to AARP and reside close to the Capitol.

* Member, State Legislative Committee

AMERICAN ASSOCIATION OF RETIRED PERSONS

AARP was founded in 1958 as a voluntary nonprofit and nonpartisan organization to help improve the quality of life of not only its members, but all older people. It is dedicated to helping its members meet the challenges of pre-retirement and retirement living and achieve a dynamic maturity of independence and purpose.

In Alaska, more than 33,947 individuals belong to the American Association of Retired Persons. AARP volunteers serve their communities through a variety of programs, from free tax counseling to support for newly widowed persons. The Association also offers a variety of educational and advocacy programs for older workers, who make up one-fourth of AARP's total membership.

AARP, the largest membership organization of older Americans, totals more than 30 million nationwide. There are more than 3,500 local AARP chapters.

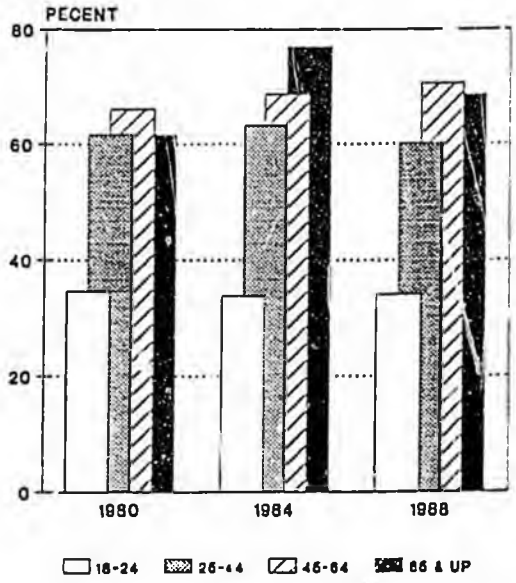
AARP initiatives marshal Association resources to address health care concerns, the status of minority elderly and issues concerning mid-life and older women. A new emphasis has been placed on helping mid-life and older Americans cope more effectively with managing their personal financial resources.

OLDER VOTERS

Older people are generally eager to participate in all facets of political life. Older persons are often involved in registering voters, assisting voters in traveling to polls, and actually conducting poll operations on election day. They believe in the Eisenhower adage, "Politics should be the part-time profession of every citizen."

The voter turnout graph illustrates the participation rate of four age groups of Alaska voters in elections held between 1980 and 1988.

VOTER TURNOUT GRAPH



Prepared for AARP by Election Data Services

1990 ALASKA LEGISLATIVE PROGRAM

PRIORITIES

- Strengthen programs that foster independence and dignity for older Alaskans
- Increase access to appropriate and affordable health care for all Alaskans

SUPPORT ITEMS

- Support development of housing options for older Alaskans
- Support legislation to help eliminate spousal impoverishment with respect to long-term care
- Support legislation to provide lifeline telephone service to low-income individuals
- Support continuation of the present longevity bonus program; or, if changed, support the annuity concept
- Support development of comprehensive state health policy
- Support legislation for a statutory post-retirement pension adjustment for the teachers' retirement system
- Support legislation and appropriations to develop a comprehensive and coordinated program of home-, community-, and institutionally-based services that would serve the unique needs of Alaskans

SL1003AK(1189)

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

DATE: January 8, 1990

FURTHER: Finance

Date of 5-Day Notice: 1/11/90
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 1/12/90

HESS Committee considered SENATE BILL NO. 334

"An Act directing the Department of Health and Social Services to seek permission to use options and receive waivers under the Medicaid program for the cost of home or community-based services for developmentally delayed children, developmentally disabled persons, disabled adults, and older Alaskans; directing other agencies to assist in that process; efd."

and recommended:

[ ] replace with _____ CS _____ [ ] same title [ ] new title

[ ] attached amendment(s)

[ ] _____ letter of intent adopted

[ ] do pass

[ ] do not pass

[ ] no recommendation

(X) individual recommendations

[ ] further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

(X) fiscal note(s) (3)
Health #55, Med Assist.
Health #55, Admin
Admin, OAC

[ ] zero fiscal note(s)

[ ] appropriation-no fiscal note

[ ] Governor's bill w/fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

Al Adams - No Rec

Paul Fischer Do Pass
Chair: Signature and Recommendation

STATE OF ALASKA
1990 LEGISLATIVE SESSION

Bill Version: SB 334
Publish Date:

FISCAL NOTE

REQUEST:

Revision Date:
Title: Directing DHSS to seek permission, options, waivers under Medicaid Program
Sponsor: Uehling, Fahrenkamp, and Duncan
Requestor: Uehling

Agency Affected: Administration
BRU: Older Alaskans Commission
Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	66.0	68.3	70.2	0	0	0
TRAVEL	24.8	11.8	7.2	0	0	0
CONTRACTUAL	46.1	16.5	13.5	0	0	0
SUPPLIES	1.5	1.5	1.5	0	0	0
EQUIPMENT	5.5	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	143.9	98.1	92.4	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	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 I/A (RSA)	143.9	98.1	92.4	0	0	0
TOTAL	143.9	98.1	92.4	0	0	0

POSITIONS:

FULL-TIME	1	1	1	0	0	0
PART-TIME	1	1	1	0	0	0
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) (Back-up Detail Attached)

The funding will come from a budgeted Reimbursable Services Agreement (RSA) from the Division of Medical Assistance, Department of Health and Social Services. The source of the RSA funds will be 50/50 State General Fund and federal funds.

Prepared by: James L. Fot for Connie J. Sipe
Phone: 465-3250
Division: Older Alaskans Commission
Date: 01/11/90

Approved by Commissioner: Frank S. Baxter
Date: 1/16/90
Agency: Department of Administration

Distribution (by preparer):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

4/15D1/011103-0

Rev: 11/89

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 91

OPERATING

100 Personal Services	
1 PFT Health Planner II (Range 19 C) 12 mos. Juneau	$ 58,027.
1 PPT Clerk IV (Range 9 C)--3 months Juneau	8,031.
Sub-Total	$ 66,058.
200 Travel	
OUTSIDE	
3 trips to other states with Medicaid Waivers x 2 people	9,300.
1 trip x 2 to Region X HCFA (Medicaid)-Seattle	1,480.
1 trip x 2 to Medicaid Waiver National conference	3,200.
ALASKA	
4 trips to Anchorage, 2 x 2, 2 x 1	3,264.
Fairbanks, one rural site 1 trip each	1,514.
TRAVEL TO ALASKA FOR CONSULTANTS	
3 trips, 3--5 days, x $ 2,000	6,000.
Sub-Total	$ 24,758.
300 Contractual	
Public Seminar/Conference on Home Care Options	12,000.
Teleconferences within Alaska & with consultants	4,800.
Telephone, toll charges	4,800.
Consultants Fees, 45 staff days x $ 300 day	13,500.
Word Processing Support (RSA)	3,000.
Postage, advertising, printing	8,000.
Sub-Total	$ 46,100.
400 Supplies	1,500.
500 Equipment	
1 computer, modem, printer, software	4,000.
Desk, chair, etc.	1,500.
Sub-Total	$ 5,500.
FY 91 OPERATING TOTAL:	$ 143,916.

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 92

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 D) 12 mos. Jnu	$ 60,034.
	1 PPT Clerk IV (Range 9 D) 3 mos. Juneau	8,249.
Sub-Total		$ 68,283.
200	Travel	
	OUTSIDE	
	1 trip x 2 to National Waiver Conference	3,400.
	1 trip x 2 to Seattle Region X HCFA	2,000.
	ALASKA	
	4 trips to Anchorage (2 x 2, 2 x 1)	3,200.
	1 trip to Fairbanks x 2 people	1,230.
	CONSULTANT TRAVEL	
	1 Consultant to work with 1992 Legislature	2,000.
Sub-Total		$ 11,830.
300	Contractual	
	Teleconferences within Alaska & with consultants	3,200.
	Telephone, toll charges	4,800.
	Consultants Fees, 10 days x $ 300 day	3,000.
	Word Processing Support	1,500.
	Postage, advertising, etc.	4,000.
Sub-Total		$ 16,500.
400	Supplies	1,500.
500	Equipment	0.
FY 92 OPERATING TOTAL		$ 98,113.

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

02-576(2/77)

STATE OF ALASKA
1990 LEGISLATIVE SESSION

Bill Version: SB 334
Publish Date:

FISCAL NOTE

REQUEST:

Revision Date:
Title: Directing DHSS to seek permission, options, waivers under Medicaid Program
Sponsor: Uehling, Fahrenkamp, and Duncan
Requestor: Uehling

Agency Affected: Administration
BRU: Older Alaskans Commission
Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	66.0	68.3	70.2	0	0	0
TRAVEL	24.8	11.8	7.2	0	0	0
CONTRACTUAL	46.1	16.5	13.5	0	0	0
SUPPLIES	1.5	1.5	1.5	0	0	0
EQUIPMENT	5.5	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	143.9	98.1	92.4	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	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 I/A (RSA)	143.9	98.1	92.4	0	0	0
TOTAL	143.9	98.1	92.4	0	0	0

POSITIONS:

FULL-TIME	1	1	1	0	0	0
PART-TIME	1	1	1	0	0	0
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) (Back-up Detail Attached)

The funding will come from a budgeted Reimbursable Services Agreement (RSA) from the Division of Medical Assistance, Department of Health and Social Services. The source of the RSA funds will be 50/50 State General Fund and federal funds.

Prepared by: James A. Fot for Connie J. Sipe
Phone: 465-3250
Division: Older Alaskans Commission
Date: 01/11/90

Approved by Commissioner: Frank S. Baxter
Date: 1/16/90
Agency: Department of Administration

Distribution (by preparer):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

4/15D1/011103-0

Rev: 11/89

STATE OF ALASKA

ROUTE SLIP

TO: Mail Station	Department	Division
3100		
Attention: Sen (HESS)		

- ☐ Approval
- ☐ Signature
- ☐ Comment
- ☐ Contact Me
- ☐ Prepare Reply
- ☐ For Your File
- ☐ Note & Return
- ☐ Initial & Return
- ☐ Return as Requested
- ☐ Return for Approval
- ☐ Necessary Action
- ☐ For Your Information

Remarks:
This replaces the FN sent over earlier today. Please discard the other one.

FROM: Mail Station	Department	Division
	Admin	
By: Frank Baxter		Date: 1-16

02-002 (REV 3-84)

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 91

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 C) 12 mos. Juneau	$ 58,027.
	1 PPT Clerk IV (Range 9 C)--3 months Juneau	8,031.
Sub-Total		$ 66,058.
200	Travel	
	OUTSIDE	
	3 trips to other states with Medicaid Waivers x 2 people	9,300.
	1 trip x 2 to Region X HCFA (Medicaid)-Seattle	1,480.
	1 trip x 2 to Medicaid Waiver National conference	3,200.
	ALASKA	
	4 trips to Anchorage, 2 x 2, 2 x 1	3,264.
	Fairbanks, one rural site 1 trip each	1,514.
	TRAVEL TO ALASKA FOR CONSULTANTS	
	3 trips, 3--5 days, x $ 2,000	6,000.
Sub-Total		$ 24,758.
300	Contractual	
	Public Seminar/Conference on Home Care Options	12,000.
	Teleconferences within Alaska & with consultants	4,800.
	Telephone, toll charges	4,800.
	Consultants Fees, 45 staff days x $ 300 day	13,500.
	Word Processing Support (RSA)	3,000.
	Postage, advertising, printing	8,000.
Sub-Total		$ 46,100.
400	Supplies	1,500.
500	Equipment	
	1 computer, modem, printer, software	4,000.
	Desk, chair, etc.	1,500.
Sub-Total		$ 5,500.
FY 91 OPERATING TOTAL:		$ 143,916.

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 92

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 D) 12 mos. Jnu	$ 60,034.
	1 PPT Clerk IV (Range 9 D) 3 mos. Juneau	8,249.
Sub-Total		$ 68,283.
200	Travel	
	OUTSIDE	
	1 trip x 2 to National Waiver Conference	3,400.
	1 trip x 2 to Seattle Region X HCFA	2,000.
	ALASKA	
	4 trips to Anchorage (2 x 2, 2 x 1)	3,200.
	1 trip to Fairbanks x 2 people	1,230.
	CONSULTANT TRAVEL	
	1 Consultant to work with 1992 Legislature	2,000.
Sub-Total		$ 11,830.
300	Contractual	
	Teleconferences within Alaska & with consultants	3,200.
	Telephone, toll charges	4,800.
	Consultants Fees, 10 days x $ 300 day	3,000.
	Word Processing Support	1,500.
	Postage, advertising, etc.	4,000.
Sub-Total		$ 16,500.
400	Supplies	1,500.
500	Equipment	0.
FY 92 OPERATING TOTAL		$ 98,113.

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 93

OPERATING

100 Personal Services	
1 PFT Health Planner II (Range 19 E) 12 mos. Jnu	$61,742.
1 PPT Clerk IV (Range 9 E) 3 mos. Juneau	8,481.
Sub-Total	$70,223.
200 Travel	
OUTSIDE	
1 trip to National Waiver Conference	1,800.
1 trip to Seattle Region X HCFA	1,000.
ALASKA	
4 trips to Anchorage (2 x 2, 2 x 1)	3,200.
1 trip to Fairbanks x 2 people	1,230.
Sub-Total	$ 7,230.
300 Contractual	
Teleconferencing within Alaska & with consultants	3,200.
Telephone, toll charges	4,800.
Word Processing Support	1,500.
Postage, advertising, etc.	4,000.
Sub-Total	$13,500.
400 Supplies	1,500.
500 Equipment	0.
FY 93 OPERATING TOTAL	$92,453

JAN 16 1990

STATE OF ALASKA
1990 LEGISLATIVE SESSION

Bill Version: SB 334
Publish Date:

FISCAL NOTE

REQUEST:

Revision Date:
Title: Directing DHSS to seek permission, options, waivers *
Sponsor: Uehling, Fahrenkamp, and Duncan
Requestor: Uehling

Agency Affected: Administration
BRU: Older Alaskans Commission
Components:

* under Medicaid Program....

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	66.0	68.3	70.2	0	0	0
TRAVEL	24.8	11.8	9.2	0	0	0
CONTRACTUAL	46.1	16.5	16.0	0	0	0
SUPPLIES	1.5	1.5	1.5	0	0	0
EQUIPMENT	5.5	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	143.9	98.1	96.9	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	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 I/A (RSA)	143.9	98.1	96.9	0	0	0
TOTAL	143.9	98.1	96.9	0	0	0

POSITIONS:

FULL-TIME	1	1	1	0	0	0
PART-TIME	1	1	1	0	0	0
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) (Back-up Detail Attached)

The funding will come from a budgeted Reimbursable Services Agreement (RSA) from the Division of Medical Assistance, Department of Health and Social Services. The source of the RSA funds will be 50/50 State General Fund and federal funds.

Prepared by: Connie I. Sipe
Division: Older Alaskans Commission
Phone: 465-3250
Date: 01/11/90

Approved by Commissioner: Frank S. Baxter
Agency: Department of Administration
Date: 1/16/90

Distribution (by preparer):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

4/15D1/011103-0

Rev: 11/89

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 91

OPERATING

100	Personal Services	
	1 FFT Health Planner II (Range 19 C) 12 mos. Juneau	$ 58,027.
	1 PPT Clerk IV (Range 9 C)--3 months Juneau	8,031.
Sub-Total		$ 66,058.
200	Travel	
	OUTSIDE	
	3 trips to other states with Medicaid Waivers x 2 people	9,300.
	1 trip x 2 to Region X HCFA (Medicaid)-Seattle	1,480.
	1 trip x 2 to Medicaid Waiver National conference	3,200.
	ALASKA	
	4 trips to Anchorage, 2 x 2, 2 x 1	3,264.
	Fairbanks, one rural site 1 trip each	1,514.
	TRAVEL TO ALASKA FOR CONSULTANTS	
	3 trips, 3--5 days, x $ 2,000	6,000.
Sub-Total		$ 24,758.
300	Contractual	
	Public Seminar/Conference on Home Care Options	12,000.
	Teleconferences within Alaska & with consultants	4,800.
	Telephone, toll charges	4,800.
	Consultants Fees, 45 staff days x $ 300 day	13,500.
	Word Processing Support (RSA)	3,000.
	Postage, advertising, printing	8,000.
Sub-Total		$ 46,100.
400	Supplies	1,500.
500	Equipment	
	1 computer, modem, printer, software	4,000.
	Desk, chair, etc.	1,500.
Sub-Total		$ 5,500.

FY 91 OPERATING TOTAL: $ 143,916.

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 92

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 D) 12 mos. Jnu	$ 60,034.
	1 PPT Clerk IV (Range 9 D) 3 mos. Juneau	8,249.
Sub-Total		$ 68,283.
200	Travel	
	OUTSIDE	
	1 trip x 2 to National Waiver Conference	3,400.
	1 trip x 2 to Seattle Region X HCFA	2,000.
	ALASKA	
	4 trips to Anchorage (2 x 2, 2 x 1)	3,200.
	1 trip to Fairbanks x 2 people	1,230.
	CONSULTANT TRAVEL	
	1 Consultant to work with 1992 Legislature	2,000.
Sub-Total		$ 11,830.
300	Contractual	
	Teleconferences within Alaska & with consultants	3,200.
	Telephone, toll charges	4,800.
	Consultants Fees, 10 days x $ 300 day	3,000.
	Word Processing Support	1,500.
	Postage, advertising, etc.	4,000.
Sub-Total		$ 16,500.
400	Supplies	1,500.
500	Equipment	0.
FY 92 OPERATING TOTAL		$ 98,113.

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 93

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 E) 12 mos. Jnu	$ 61,742.
	1 PPT Clerk IV (Range 9 E) 3 mos. Juneau	8,481.
Sub-Total		$ 70,223.
200	Travel	
	OUTSIDE	
	1 trip to National Waiver Conference	1,800.
	1 trip to Seattle Region X HCFA	1,000.
	ALASKA	
	4 trips to Anchorage (2 x 2, 2 x 1)	3,200.
	1 trip to Fairbanks x 2 people	1,230.
	CONSULTANT TRAVEL	
	1 Consultant to work on implementing options	2,000.
Sub-Total		$ 9,230.
300	Contractual	
	Teleconferences within Alaska & with consultants	3,200.
	Telephone, toll charges	4,800.
	Consultants Fees, 5 days x $ 300 day	1,500.
	Word Processing Support	1,500.
	Postage, advertising, etc.	4,000.
Sub-Total		$ 15,000.
400	Supplies	1,500.
500	Equipment	0.
FY 93 OPERATING TOTAL		$ 95,953.

STATE OF ALASKA
1990 LEGISLATIVE SESSION

Bill Version: SB 334
Publish Date:

FISCAL NOTE

REQUEST:

Revision Date:
Title: Directing DHSS to seek permission, options, waivers under Medicaid Program
Sponsor: Uehling, Fahrenkamp, and Duncan
Requestor: Uehling

Agency Affected: Administration
BRU: Older Alaskans Commission
Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	66.0	68.3	70.2	0	0	0
TRAVEL	24.8	11.8	7.2	0	0	0
CONTRACTUAL	46.1	16.5	13.5	0	0	0
SUPPLIES	1.5	1.5	1.5	0	0	0
EQUIPMENT	5.5	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	143.9	98.1	92.4	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	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 I/A (RSA)	143.9	98.1	92.4	0	0	0
TOTAL	143.9	98.1	92.4	0	0	0

POSITIONS:

FULL-TIME	1	1	1	0	0	0
PART-TIME	1	1	1	0	0	0
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) (Back-up Detail Attached)

The funding will come from a budgeted Reimbursable Services Agreement (RSA) from the Division of Medical Assistance, Department of Health and Social Services. The source of the RSA funds will be 50/50 State General Fund and federal funds.

Prepared by: James L. Fot for Connie J. Sipe
Phone: 465-3250
Division: Older Alaskans Commission
Date: 01/11/90

Approved by Commissioner: Frank S. Baxter
Date: 1/16/90
Agency: Department of Administration

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

FISHER
143.9 =
71.95 GF
71.95 FF

4/15D1/011103-0

Rev: 11/89

Department of Administration Older Alaskans Commission
January 12, 1990

Detail of Fiscal Note on SB 334

FY 91

OPERATING

100	Personal Services	
	1 PFT Health Planner II (Range 19 C) 12 mos. Juneau	$ 58,027.
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	TRAVEL TO ALASKA FOR CONSULTANTS	
	3 trips, 3--5 days, x $ 2,000	6,000.
Sub-Total		$ 24,758.
300	Contractual	
	Public Seminar/Conference on Home Care Options	12,000.
	Teleconferences within Alaska & with consultants	4,800.
	Telephone, toll charges	4,800.
	Consultants Fees, 45 staff days x $ 300 day	13,500.
	Word Processing Support (RSA)	3,000.
	Postage, advertising, printing	8,000.
Sub-Total		$ 46,100.
400	Supplies	1,500.
500	Equipment	
	1 computer, modem, printer, software	4,000.
	Desk, chair, etc.	1,500.
Sub-Total		$ 5,500.

FY 91 OPERATING TOTAL: $ 143,916.