

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 8672

9098 HOUSE HEALTH EDUCATION & SOCIAL SERVICES



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**ALASKA  
DISABILITY  
POLICY  
SUMMIT**

## PRESENTERS

### Opening

Nancy Dodge, Chair - Governor's Council on Disabilities and Special Education, Anchorage.

### Community Inclusions and Supports

Jerry Kainulainen, Assistive Technologies of Alaska Advisory Council, Sitka.

Kathy Privratsky, Chair - Assistive Technologies of Alaska Advisory Council, Anchorage.

### Health Care

Susan Loudon, Governor's Council on Disabilities and Special Education, Fairbanks.

Jennifer Reynolds, Governor's Council on Disabilities and Special Education, Fairbanks.

### Education

Mari Jo Parks, Governor's Council on Disabilities and Special Education, Palmer.

### Employment

Don Brandon, Chair - Governor's Committee on Employment of People with Disabilities, Fairbanks.

### Housing

David Levy, State Independent Living Council, Anchorage.

### Transportation

Jeri Best, State Independent Living Council, Soldotna.

## COMMUNITY INCLUSION AND SUPPORTS

1. As long as people with disabilities remain segregated, nondisabled people do not get to know them and continue to believe that special training, considerable training and clinical certification are needed to support people with disabilities in their communities.
2. Inclusion helps communities and citizens realize that they have the capacity to be with, befriend, care about, work alongside and learn with and from people with disabilities. Inclusion also enables people with disabilities to be full contributors to their communities.
3. Physical accessibility and access to transportation may be all that is needed for many persons with disabilities to participate in their communities.
4. Some people with disabilities may need individualized supports such as personal assistance services or on-the-job training and support.
5. Some people with disabilities may need assistive technologies such as teletypewriters (TTYs), voice synthesizers, grab bars or Braille keyboards to be included in their communities.
6. Some families of people with disabilities may need supports and resources such as respite care or in-home training in order for the family member with a disability to continue living at home.
7. If community inclusion and supports are in place, state activities around health care, education, employment, housing and transportation address and meet the needs of people with disabilities.

### Legislative Solutions

1. Provide funding to ensure State government compliance with the Americans with Disabilities Act.
2. Pass a Lemon Law for assistive technology devices and equipment.
3. Enact Puppy Guide Dog legislation.
4. Designate American Sign Language as a core curriculum requirement for another language under Bachelor of Arts requirements at all University of Alaska campuses.
5. Ensure that all Gavel to Gavel broadcasts are close captioned.
6. Provide adequate funding for services such as respite, in-home training, infant learning, orientation and mobility for the blind, interpreters for the deaf, and personal assistance services.

## HEALTH CARE

1. Alaskans with disabilities have identified the lack of adequate health care and insurance as a major barrier to independent living and employment.
2. The high cost of health insurance means that some people with disabilities go without health insurance.
3. Some parents have had to relinquish custody of their children to the state to get medical coverage for them until a Medicaid waiver can be obtained.
4. Although many people with disabilities have some private health insurance, few have adequate coverage that they can depend on to meet their needs, given preexisting condition exclusions, minimal benefit packages and benefit caps.
5. The common needs of people with disabilities for durable medical equipment, assistive technology and personal assistance services are rarely fully covered.
6. Many Alaskans with disabilities depend on public sector funding for health care; access to adequate and affordable health insurance is a major barrier to employment, since public health insurance is generally only available to people who are not working.
7. Funding for eyeglasses, hearing aids, acute dental care and occupational therapy is not available to adults with disabilities who depend on Medicaid for their health care needs.

### Legislative Solutions

1. Restore Medicaid funding for vision, hearing, acute dental care and occupational therapy services for adults.
2. Enact legislation for private insurance coverage that limits preexisting condition exclusions, improves portability and is affordable.
3. Ensure that whatever health care reform is implemented in Alaska includes the following features: adequate consumer information; quality standards; adequate appeal and grievance procedures; and consumer governance.
4. Re-prioritize Medicaid options list to emphasize home and community-based services.
5. Ensure that savings from the closure of the Harborview Developmental Center and the downsizing of the Alaska Psychiatric Institute are reinvested in home and community-based services for people with developmental disabilities and/or severe mental illness.

## EDUCATION

1. All children and youth are entitled to a Free Appropriate Public Education.
2. Special education means the program of services recommended by the Individualized Education Program (IEP) team to meet the educational needs of a student with a disability; the IEP team must include the parents of the student with a disability.
3. The IEP describes a written commitment of resources necessary for a student with a disability to receive needed special and related services; in addition, it is used as an evaluation tool to determine progress toward meeting the stated goals and objectives.
4. The IEP also includes a statement of the extent to which the student will participate in regular education classes.
5. Many parents of students with disabilities have found that their children make greater gains academically and socially in inclusive regular education classrooms than they did in segregated classrooms.
6. Both parents and students feel that inclusion helps students without disabilities become more compassionate and understanding of students with disabilities.
7. The costs associated with inclusion can be modest, with possible savings because of fewer due process hearings, fewer medications, fewer referrals to special education, fewer non-public school placements and lower transportation costs.
8. In order for inclusion to work, an investment needs to be made in training, planning time and supports for regular educators, including adequate staff and technological assistance.
9. Alaska's Quality School Initiatives will benefit students with disabilities.

### Legislative Solutions

1. Support changes to the education foundation funding formula which will decrease the over-identification of special education students and encourage prevention and early intervention activities in schools.
2. Designate American Sign Language as a core curriculum requirement for another language under Bachelor of Arts requirements at all University of Alaska campuses.

## EMPLOYMENT

1. 66% of all Alaskans with disabilities are unemployed compared to the average 1996 state unemployment rate of 7.9%; 79% of these individuals have said that they want to work.
2. Employees with disabilities earn far less than their coworkers and are far less likely to be promoted - even when such things as the possibility of their lack of experience or lowered productivity are considered.
3. Discrimination is the major barrier to employment; many companies are still not hiring people with disabilities. In addition, employer prejudice and underestimation of the skills of employees with disabilities--rather than actual work limitations mean lower wages, fewer opportunities for promotion and loss of jobs during times of retrenchment.
4. Access to health care is the second major obstacle to employment. Many people with disabilities are forced to secure public health insurance through Medicaid or Medicare, which is only available to people who are not working. The underwriting practices, preexisting condition exclusions and limits on benefits of private insurance policies also keep them from working.
5. State workers' compensation and private insurance too often emphasize compensation for the acquisition of a disability and retirement from the workforce; little attention is given to assessing functional capabilities and productivity with appropriate accommodations.
6. Disability is poorly understood and communicated with the state's larger employment policy agenda; the implicit assumption is that Alaskans with disabilities are not expected to be a part of the workforce.

### Legislative Solutions

1. Enact legislation for private insurance coverage that limits preexisting condition exclusions, improves portability and is affordable.
2. Ensure that adequate health care and long term supports-- including personal assistance services and assistive technology-- are available to people with disabilities who are employed, seeking employment or changing jobs.
3. Provide funding to enforce the Americans with Disabilities Act.
4. Establish a guaranteed business loan program to promote entrepreneurship by people with disabilities.

## HOUSING

1. The availability of accessible and affordable housing helps Alaskans with disabilities live independent, active lives in their local communities.
2. 63% of people without disabilities own their own homes. Only 1% of people with disabilities own their own homes. 30% of the people in homeless shelters have disabilities.
3. Low income levels make rent payments unaffordable or limit access to mortgage loans; even when people with disabilities get government assistance, they are the group most likely to live in severely inadequate housing.
4. For those individuals who do own or rent their own homes, the cost of modifications to make them fully accessible and usable is often prohibitive; in addition, contractors skilled in barrier-free and universal design are generally unavailable.
5. Funding agencies and service providers sometimes limit choices on where to live; service providers rather than people with disabilities own the homes where services are provided.
6. Home modifications and appropriate design can decrease service costs, make caregiving easier and prevent institutionalization; however, there is no policy regarding the funding of home modifications and repairs or the design of housing that maximizes the independence of people with disabilities.
7. Universal design helps make all elements and spaces accessible to and usable by most people regardless of their level of ability or disability (e.g. lever handles rather than round doorknobs); it need not increase costs or result in special or different looking structures.

### Legislative Solutions

1. Fully fund the Alaska Housing Finance Corporation's (AHFC) proposed FY98 budget, include \$2.5 million in special needs housing, \$750,000 in homeless services and \$3.0 million in HOME match funds.
2. Direct AHFC to provide grantwriting and other technical assistance to service providers on ways to access available state and federal dollars for housing.
3. Target state housing dollars toward rural communities that are not eligible for federal housing dollars.
4. Amend the AHFC statute and establish down payment programs and accessibility and home modification programs which allow people with disabilities to own their own homes or remain in their existing homes.

## TRANSPORTATION

1. Accessible transportation is one of the keys to community inclusion and employment for Alaskans with disabilities.
2. Considerable improvements have been made over the past five years, although full accessibility remains a long term goal.
3. Only a few Alaskan communities have public transportation. Where it does exist, it is limited. In addition, uncoordinated transportation systems create additional barriers in some communities (e.g. eligibility restrictions or limited hours of service).
4. In addition to the elimination of physical barriers, transportation access for people with disabilities includes the removal of structural, communication and environmental barriers.
5. Expanded visual access such as signage, electronic message boards and teletypewriters (TTYs) are needed by people who are deaf or hearing impaired.
6. Auditory detectable warnings as well as Braille and large print copies of activities and timetables are needed by people who are blind or visually impaired.
7. Two other common transportation obstacles for people with disabilities in Alaska are lack of curb cuts from sidewalks to streets and inadequate sidewalk snow removal, possibly resulting in greater use of more costly paratransit systems rather than fixed-route bus systems.

### Legislative Solutions

1. Provide additional operating and capital funds, including flexible capital for maintenance and operations, in order to expand public transit in Alaska.
2. Fund more accessible rural transit services and other forms of rural transportation for both the general public and people with disabilities.

## COMMUNITY INCLUSION AND SUPPORTS

**Desired Outcome:** Individuals with disabilities use the same community resources to live, learn, work and play as do nondisabled persons and participate in the same local communities activities as do nondisabled persons

**Background:** As long as people with disabilities remain segregated, nondisabled people do not get to know them. Segregation - whether the result of laws or attitudes - creates harmful myths or stereotypes, or worse, sets up a self-fulfilling prophecy for failure. That people with disabilities are invisible or separated, Americans have long assumed is proof that they do not need inclusion or are not capable or worthy of it.

However, reducing or eliminating the need for specialized programs results in reduced costs. Inclusion also enables people with disabilities to be full contributors to their communities. Physical accessibility and access to transportation may be all that is needed for many persons with disabilities to participate in their communities. However, other people with disabilities may require individualized supports such as a personal assistant to help with such tasks as getting out of bed, bathing, dressing and eating or on-the-job training and support. Still others may need assistive technologies such as teletypewriters (TTY's), voice synthesizers, grab bars, Braille keyboards or adapted skis to help them be included in their communities.

Inclusion also means that communities and ordinary citizens see themselves as competent and willing to become involved in the lives of people with disabilities. As long as inclusion is not a reality and people with disabilities remain strangers, nondisabled individuals will continue to believe that special training, considerable patience and clinical certification are required to support people with disabilities in their communities.

Inclusion helps citizens and communities realize that they have the capacity to be with, befriend, care about, work alongside and learn with and from people with disabilities. A shared sense of competency means a willingness and desire to live, learn, work and play together.

### Proposed Administrative Strategies:

- Enforce existing laws such as the Americans with Disabilities Act
- Ensure better voter access
- Designate American Sign Language as a foreign language under Bachelor of Arts requirements.
- Ensure that programs as well as facilities are accessible to people with disabilities
- Promote better agency service collaboration

- Develop the statewide availability of individualized supports such as Interpreters for the Deaf or Orientation and Mobility Specialists for the blind
- Develop supported avocations
- Develop training programs for transition from specialized programs to inclusionary ones (e.g. from Special Olympics to Parks and Recreation programs)

**Proposed General Public Strategies:**

- Work with local sports associations and build upon National Soccer Association's activities (e.g. training re. the Americans with Disabilities Act, how to include people with disabilities, grant funds).
- Develop additional inclusive recreation opportunities

**Proposed Legislative Strategies:**

- Change the Assistive Technology Loan Fund to make it more consumer friendly
- Pass a Lemon Law for assistive technology devices and equipment
- Enact Puppy Guide Dog Legislation

**Proposed Disability Community Strategies:**

- Advocate for more funding for family individual supports and recreation
- Let consumers and families know what their options are for recreation (e.g. Girl Scouts)
- Provide legal training and advocacy re. consumer choice, rights and responsibilities, and access to justice
- Establish recreation subcommittees on councils and committees. Make more effective use of existing natural supports.
- Establish a State Traumatic Brain Injury Advisory Board
- Encourage people with disabilities to get on community boards and commissions
- Provide information about disability issues to community groups and civic organizations

**Jointly Developed by:**

Assistive Technologies of Alaska Advisory Board  
 Governor's Committee on Employment of People with Disabilities  
 Governor's Council on Disabilities and Special Education  
 State Independent Living Council  
 Vocational Rehabilitation Advisory Council

## EDUCATION

**Desired Outcome:** Children and youth who experience disabilities are receiving specially tailored education programs in classrooms with nondisabled students to help them achieve in accordance with their potential.

**Background:** All children and youth are entitled to a Free Appropriate Public Education. Special education means the program of service recommended by the Individualized Education Program (IEP) team, which must include parents, to meet the educational needs of a student with a disability.

The IEP sets forth in writing a commitment of resources necessary to enable a student with a disability to receive needed special and related services. It is also used as an evaluation tool to determine the extent of progress toward meeting the stated goals and objectives. The IEP also includes a statement of the extent to which the student will participate in regular education classes.

Many parents, advocates, educators and policymakers are advocating for every student's full participation in a regular education class with "ownership" of that student shared by both regular and special educators. Many parents with disabilities have found that their children make greater gains academically and socially in integrated classrooms than they did in segregated classrooms. The friendships that their children made with nondisabled students would not have occurred in segregated placements.

Parents report that their children are happier and eager to be doing what their peers are doing. Since academic standards are higher in inclusive settings, students are motivated to achieve at higher levels, whatever their initial level of ability and functioning. Integrated placements often lead to a greater ability to achieve independence and employment as adults. Both parents and students feel that inclusion helps students without disabilities to become more compassionate and understanding.

The costs associated with inclusion and integration can be modest, with possible savings because of fewer due process hearings, fewer mediations, fewer referrals to special education, fewer nonpublic school placements and lower transportation costs. However, in order for inclusion to work - training, planning time and support - which means enough staff and technical assistance - must be made available in local schools.

### **Proposed Administrative Strategies:**

- Provide training for regular educators and support staff (e.g. bus drivers) so they are able to provide inclusive services for all children and youth
- Conduct a study recording the optimal class size of inclusive classrooms.
- Work with the university system to ensure that disabilities issues are included and addressed in all academic disciplines.
- Provide opportunities for urban school districts to learn how rural school districts include children and youth with disabilities in their regular education classes
- Assure the success of the Alaska Transition Initiative.
- Provide low incidence disability training to special and regular education teachers and link training to hands-on technical assistance
- Ensure that all policy initiatives and programs having an impact on educational attainment and transition to adult life are designed and implemented to meet the needs and maximize the talents of all students, including those with disabilities.

### **Proposed General Public Strategies:**

- Conduct a media campaign to inform the general public about the long term benefits of special education.

### **Proposed Legislative Strategies:**

- Review and monitor proposed changes to the education foundation funding formula

### **Proposed Disability Community Strategies:**

- Inform parents about their rights and options regarding a Free Appropriate Education for their children.
- Advocate for increased funding for education
- Celebrate successes and get the word out about these successes
- Attend meetings of the State Board of Education and local school districts

### **Jointly Developed by:**

Assistive Technologies of Alaska Advisory Board  
Governor's Committee on Employment of People with Disabilities  
Governor's Council on Disabilities and Special Education  
State Independent Living Council  
Vocational Rehabilitation Advisory Council

## EMPLOYMENT

**Desired Outcome:** People with disabilities have the same opportunities to secure employment consistent with their interests and abilities as do people who do not experience disabilities.

**Background:** 66% of all Alaskans with disabilities are unemployed compared to the average 1996 state unemployment rate of 7.9%. According to a 1994 poll conducted by Lou Harris and Associates, 79% indicate that they want to work. Even when people with disabilities have jobs, they earn far less than their coworkers and are far less likely to be promoted - even when such things as the possibility of their lack of experience or lowered productivity are considered.

There are several reasons for these discrepancies. First and foremost is discrimination. Despite the positive attitudes of many employers and the effectiveness of job accommodations, many companies are still not hiring people with disabilities. Employer prejudice and underestimation of the skills of employees with disabilities--rather than actual work limitations--also translate into lower wages, fewer opportunities for promotion and loss of jobs during times of retrenchment.

Access to health care is the second major obstacle to employment. Even if private health insurance is available, underwriting practices, preexisting condition exclusions and limits on benefits act as critical disincentives to employment. Many people with disabilities are forced to secure public health insurance through Medicaid or Medicare, which is only available to people who are not working.

Public policy is also a barrier to employment. State workers' compensation and private disability insurance too often emphasize compensation for the acquisition of a disability and retirement from the workforce. Little attention is given to assessing functional capacities and productivity with appropriate accommodations. In addition, people with disabilities have never been routinely considered as a potential part of the labor force; disability is poorly understood and communicated in the state's larger employment policy agenda. The implicit assumption is that Alaskans with disabilities are not expected to be part of the workforce.

### Proposed Administrative Strategies:

- Ensure that generic employment and labor policy and programs presume that people with disabilities are part of the Alaskan workforce
- Vigorously support full enforcement of the Americans with Disabilities Act.
- Convene work group to identify state policy work disincentives and determine what can be done to address them.
- Improve the state purchasing regulations regarding bidder preference (provide training for purchasing agents, ensure existing policies and procedures are being followed).
- Issue an executive order directing the Department of Labor to promote the employment of people with disabilities and establish employment goals to be reached by the year 2007.
- Add people with disabilities as a group within the state labor force statistics and monitor

reasons people with disabilities report for not working across types of disability, local areas, and diverse cultural and ethnic groups.

Establish a working group of employers and people with disabilities to identify and expand meaningful financial incentives

#### **Proposed General Public Strategies:**

- Work with targeted businesses and industries (e.g. airlines, tourism), unions and public employers to promote the employment of people with disabilities and establish employment goals to be reached by the year 2007.
- Conduct state and local media campaigns designed to change public attitudes and promote employment opportunities for people with disabilities.
- Provide training for line supervisors and personnel directors.
- Provide information about financial incentives to employers.

#### **Proposed Legislative Strategies:**

- Establish a separate insurance pool for people with preexisting conditions.
- Enact legislation ensuring that adequate health care and long-term supports--including personal assistance services and assistive technology--are available to people with disabilities who are employed, are seeking employment or are changing jobs.
- Enact legislation enabling local government entities to give preferential hire to people with disabilities.
- Develop and fund initiatives to promote innovative employment and entrepreneurship among people with disabilities.

#### **Proposed Disability Community Strategies:**

- Provide training to people with disabilities regarding their employment rights and responsibilities.
- Identify ways to better employ and support people from underserved groups.

#### **Jointly Developed by:**

**Assistive Technologies of Alaska Advisory Board  
Governor's Committee on Employment of People with Disabilities  
Governor's Council on Disabilities and Special Education  
State Independent Living Council  
Vocational Rehabilitation Advisory Council**

## HEALTH CARE

**Desired Outcome:** Accessible, affordable and comprehensive health care is available to all Alaskans without regard to a person's health, functional status or sociodemographic factors (e.g. age, ethnicity, employment, income)

**Background:** Alaskans with disabilities have identified the lack of access to adequate health care and insurance as a major barrier to independent living and employment. The existing health care system is designed to address acute rather than chronic health conditions and, as such, rarely provides for the long-term services and supports that are often needed by people with disabilities.

As the cost of health care and health insurance has risen, people with disabilities have found it increasingly difficult to meet their needs through private insurance. The high cost of health insurance means that many people with disabilities go without health care, even those individuals who are able to secure health insurance are not insured for preexisting conditions. Although Alaska has a high-risk pool, the cost is prohibitive. Some parents have had to relinquish custody of their children to the state to get medical coverage for them until a Medicaid waiver can be obtained.

While the majority of Alaskans with disabilities have some private health insurance, few have adequate coverage that they can depend on to meet their needs, given preexisting-condition exclusions, minimal benefit packages and benefit caps. In addition, the common needs of people with disabilities for durable medical equipment, assistive technology and personal assistance services are rarely fully covered.

Public health care is often the only avenue available to Alaskans with disabilities, people with disabilities are more likely to receive health care through public sector programs than people without disabilities. Since public health insurance is generally available to those who are not working, access to adequate and affordable health insurance is a major barrier to employment. In addition, Medicaid is virtually the only source of reimbursement for long-term services and it is generally unavailable to those who are working. The Medicaid program itself has taken significant cuts in funding over the past few years; people with disabilities no longer have funding for eyeglasses, hearing aids, acute dental care and occupational therapy.

### **Proposed Administrative Strategies:**

- Ensure that managed care initiatives are consumer-friendly.
- Assess number and impact of loss of benefits by legal aliens in Alaska.
- Transform Medicaid's institutional bias into a presumption that long-term services and supports should be provided in the home and community.
- Work with both public and private insurers to update benefits more accurately reflect the health needs of people with disabilities, particularly in the areas of assistive technology and personal assistance services.
- Assess implications of Tort Reform.

- Develop mental health services for persons who are both developmentally disabled and mentally ill
- Promote access for people with disabilities to generic public health services such as health education, wellness, nutrition counseling, smoking cessation programs and prevention of secondary disabilities
- Develop and implement training programs that will sensitize health care providers to the ongoing health care needs of people with disabilities
- Ensure easy access to diagnosis and treatment and streamline paperwork

**Proposed General Public Strategies:**

- Secure input from the general public on strategies for achieving a health care system that spreads risk, is driven by consumers of health services and covers everyone

**Proposed Legislative Strategies:**

- Restore Medicaid funding of vision, hearing, acute dental care and occupational therapy services for adults
- Enact legislation limiting preexisting-condition exclusions and improving portability and renewability of private insurance coverage
- Ensure that whatever health care reform is implemented in Alaska is consumer-driven and includes the following features: adequate consumer information; quality standards; adequate appeals and grievance processes; and consumer governance.

**Proposed Disability Community Strategies:**

- Provide training to enable people with disabilities to become more informed consumers of health plans and services
- Provide training to people with disabilities on how to make effective use of Social Security and Internal Revenue Service work incentives

**Jointly Developed by:**

Assistive Technologies of Alaska Advisory Board  
Governor's Committee on Employment of People with Disabilities  
Governor's Council on Disabilities and Special Education  
State Independent Living Council  
Vocational Rehabilitation Advisory Council

## HOUSING

**Desired Outcome:** Alaskans with disabilities are able to secure accessible and affordable housing in the community.

**Background:** Accessible, available and affordable housing is key to the independence and full participation of Alaskans with disabilities in their local communities. Historically, people with disabilities led "out of sight, out of mind" lives in segregated institutions. Despite recent downsizing of institutions, freedom of choice in where to live remains an elusive goal for many Alaskans with disabilities.

Multiple obstacles prevent people from disabilities from securing adequate housing in the community. To start with, low income levels make rent payments unaffordable or limit access to mortgage loans; even when people with disabilities secure government assistance, they are the group most likely to live in severely inadequate housing.

For those individuals who do own or rent their own homes, the cost of modifications to make them fully accessible and usable is often prohibitive. Even if modifications are affordable, people with disabilities may be forced to settle for inadequate ones because designers and contractors skilled in barrier-free and universal design are unavailable.

For some Alaskans with disabilities, the choice of where to live is limited by funding agencies or service providers. Funding for support services is often tied to congregate living situations or service providers are only able to provide support services within a group setting. Service providers rather than people with disabilities own the homes where services are provided. Developing a community-based support structure independent of housing programs requires considerable redirection of funds and extensive program development time.

Accessible housing stock is extremely limited in Alaska. While there is considerable evidence that home modifications and appropriate design can decrease service costs, make caregiving easier and prevent institutionalization, there is no state policy guiding the funding and delivery of home modifications and repairs or the design of housing that maximizes the independence of people with disabilities.

Universal design is a concept that addresses the scope of accessibility and seeks to make all elements and spaces accessible to and usable by all people to the greatest extent possible; it means buildings and items that are usable by most people regardless of their level of ability or disability (e.g. lever handles rather than round doorknobs). It need not increase costs or result in special or different-looking structures or features (Center for Universal Design).

**Proposed Administrative Strategies:**

- Review the accessibility standards of other states (e.g. Washington, Texas) and assess applicability to Alaska.
- Provide grantwriting and other technical assistance to service providers on accessing available state and federal dollars for housing.
- Strengthen the enforcement of existing fair housing and civil rights laws by including people with disabilities in monitoring and testing the housing, banking, real estate, design and construction industries.
- Develop initiatives to ensure affordable housing (e.g. home modification programs, requiring that housing vouchers be considered as income by rental agents, building owners, banks and mortgage companies).
- Develop initiatives to promote the universal and accessible design of housing (e.g. require a basic level of access in all new dwelling units and in all renovations, promote a level of accessibility that would enable people with disabilities to comfortably visit homes in all single family construction through code changes and education).

**Proposed General Public Strategies:**

- Provide information and training on universal design to architects, contractors, designers and building inspectors.

**Proposed Legislative Strategies:**

- Fully fund the Alaska Housing Finance Corporation's (AHFC) proposed FY98 budget, including \$2.5 million in special needs housing, \$750,000 in homeless services and \$3.0 million in HOME match funds.
- Target state housing dollars towards rural communities which are not eligible for federal housing funds.
- Redirect housing funding away from separate housing or housing that requires special terms or conditions and toward housing in the most inclusive settings with maximum control by people with disabilities.

**Proposed Disability Community Strategies:**

- Supply information regarding numbers and extent of need to the legislature, the Alaska Mental Health Trust Authority and the AHFC.
- Request training from AHFC on ways to acquire state and federal funds for people with disabilities to own their own homes.

**Jointly Developed by:**

Assistive Technologies of Alaska Advisory Board  
Governor's Committee on Employment of People with Disabilities  
Governor's Council on Disabilities and Special Education  
State Independent Living Council  
Vocational Rehabilitation Advisory Council

## TRANSPORTATION

**Desired Outcome:** Accessible transportation is available to all Alaskans with disabilities.

**Background:** Accessible transportation is one of the keys to employment and community participation for people with disabilities. Alaska has seen an increase in both the accessibility of the generic fixed-route bus system and the use of paratransit since the implementation of the Americans with Disabilities Act, although full accessibility remains a long term goal.

However, only a few Alaskan communities have public transportation. Where it does exist, it is limited. In addition, uncoordinated transportation systems create additional barriers in some communities (e.g. eligibility restrictions or limited hours of service). Many people with disabilities do not live in areas served by public transportation and thus rely on private vehicles. However, buying a car may be difficult because of the additional expense of adapting a vehicle and the general low income level of people with disabilities.

Alaska's rail and ferry systems are also increasing their accessibility. Other forms of transportation such as private shuttle vans, cruise ships and other large boats, taxis and airplanes are increasingly accessible, although people with disabilities cannot take accessibility for granted when traveling. Despite progress, persistent problems remain, including poorly maintained equipment and untrained or poorly trained operators and service staff.

In addition to the elimination of physical barriers, transportation access for people with disabilities includes the removal of structural, communication and environmental barriers. Expanded visual access (e.g. signage, electronic message boards) and teletypewriters (TTYs) are needed by people with hearing disabilities. Auditory detectable warnings as well as Braille and large print copies of activities and timetables are needed by people with vision loss.

Two other common transportation obstacles for people with disabilities in Alaska are lack of curb cuts from sidewalks to streets and inadequate sidewalk snow removal. Without curb cuts and snow removal, use of fixed-route bus systems and other means of transportation is limited, possibly resulting in greater use of the more costly paratransit services.

### **Proposed Administrative Strategies:**

- Fully implement the Governor's Executive Order to facilitate coordination of transportation at the state and local levels.
- Aggressively enforce existing transportation statutes and regulations related to people with disabilities.
- Ensure communication accessibility in transportation facilities, services and vehicles, as well as on streets and highways (e.g. improved signage for people with visual impairments; flashing and audible emergency alarms in facilities and vehicles).

**Proposed General Public Strategies:**

- Work with hotels and hospitals to designate places for lift-equipped vehicles to load and unload passengers with disabilities
- Provide training targeted toward transportation operators and related service personnel.
- Work with local government entities to enforce existing laws for curb cuts and sidewalk snow removal and budget funds for these activities

**Proposed Legislative Strategies:**

- Change the Assistive Technology Loan Fund to make it more consumer friendly.
- Provide additional operating and capital funds, including flexible capital, in order to expand public transit.
- Fund more accessible rural transit services and other forms of rural transportation for the general public and for people with disabilities

**Proposed Disability Community Strategies:**

- Congratulate and publicly acknowledge the collaborative and supportive activities (joint planning and funding) of the Department of Transportation and Public Facilities, the Department of Health and Social Services and the Alaska Mental Health Trust Authority.
- Secure additional information on the transportation needs of people who are deaf or hearing impaired and people who are blind or visually impaired.  
Publicize the availability of assistive technology loans for vehicle modifications and other assistive technology.
- Provide training to people with disabilities about laws and practices affecting accessible transportation.

**Jointly Developed by:**

Assistive Technologies of Alaska Advisory Board  
Governor's Committee on Employment of People with Disabilities  
Governor's Council on Disabilities and Special Education  
State Independent Living Council  
Vocational Rehabilitation Advisory Council

**ALASKA  
INDEPEN-  
DENT  
LIVING**



DISABILITY  
LAW CENTER  
OF ALASKA

February 10, 1998

## MEDICAID BUY-IN TO HELP DISABLED WORKERS GET BACK TO WORK

### PROBLEM:

- *A significant hurdle to re-employment of disabled workers: obtaining adequate health insurance coverage.*
- *Workers can be forced into a cycle of dependency: For some disabled workers, any job they can get either pays too low or has inadequate health insurance. If they earn more than \$500 per month, public health coverage (Medicare) is cut off. For some disabled people, they're better off *not* working.*
- *People who have never worked before can escape the cycle: the so-called Section 1619(b) Program of federal Social Security law allows someone receiving SSI (and therefore with no significant work history) to continue to get Medicaid while working, if they need Medicaid in order to live and work*
- *People who have worked before are not eligible for SSI, or the Section 1619(b) program: If earnings history is high enough, a disabled worker's SSDI benefit will make the worker ineligible for SSI, and therefore ineligible for the Section 1619(b) program – which is only available to those receiving SSI*
- *In 1997 Congress passed a law to fill this gap: the State Legislature may choose an option for Medicaid on a sliding fee scale for disabled workers*

### SOLUTION:

- *Alaska should exercise the Medicaid Buy-In Option for disabled workers: the federal law permits Alaska to do this, so long as the disabled worker contributes to the Medicaid cost on a sliding fee scale. The eligibility limit is 250% of the federal poverty thresholds*
- *HB 348 / SB 253 is one proposal to implement the state's option: The Administration's bills are projected to have net savings in four years based on reduced Adult Public Assistance payments to workers who have gone back to work<sup>1</sup>*

<sup>1</sup> Source: Fiscal Notes for Medicaid Facilities, Medicaid Non-Facilities, Adult Public Assistance, and Health Purchasing Group components, Medical Assistance BRU, Dept. of Health and Social Services (dated Nov. 13, 1997)

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SYSTEMS

**Summary of Fiscal Impact of HB 348 / SB 253 (Medicaid Buy-In Option)**

	<u>FY 99</u>	<u>FY 00</u>	<u>FY 01</u>	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>
Medicaid Facilities	\$ 43.4	\$ 147.4	\$ 128.0	\$ 125.6	\$ 125.1	\$ 124.4
Medicaid Non-Facilities	40.1	136.0	116.3	116.0	115.4	114.8
Health Purchasing Group	4.0	0	0	0	0	0
<u>Subtotal</u>	<u>\$ 87.5</u>	<u>\$ 283.4</u>	<u>\$ 244.3</u>	<u>\$ 241.6</u>	<u>\$ 240.5</u>	<u>\$ 239.2</u>
Adult Public Assistance	(33.0)	(190.5)	(311.0)	(427.7)	(540.4)	(649.3)
<u>Total</u>	<u>\$ 54.5</u>	<u>\$ 92.9</u>	<u>(\$ 66.7)</u>	<u>(\$ 186.1)</u>	<u>(\$ 299.9)</u>	<u>(\$ 410.1)</u>

Source: Dept. of Health and Social Services, Divisions of Public Assistance and Medical Assistance, Fiscal Notes dated November 13, 1997.

Tim Burton - Introduction

1. Dawn Pedersen

2. John Woodman

3. Virginia Geisler

4. Ruth L. Homm-dien

5. Jene Best

6. Tim Burton closing

All Tim Burton Credits

**Programs for People with Disabilities:  
FY99 Interdepartmental Budget  
Analysis and Recommendations**

**Report to the 20th Alaska State Legislature  
prepared by the**

**Governor's Council on Disabilities  
and Special Education  
in cooperation with the**

**Governor's Committee on Employment and  
Rehabilitation of People with Disabilities  
and  
State Independent Living Council**

*February 6, 1998  
Minta Bergstrom, Legislative Assistant*

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## **WHAT IS A DISABILITY?**

A disability is any physical or mental impairment which substantially limits one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency. A developmental disability is a severe, disabling condition that occurs before the age of 22, persists indefinitely and causes substantial functional limitations in three or more areas of major life activity.

Disability is a unique minority; it is the only one that anyone can join at any time--as a result of a snowmobile accident, long-term illness, the natural aging process, or a fall down the stairs. Less than 15 percent of Alaskans who experience disabilities were born with them. Furthermore, disabilities occur with greater frequency as we age. Disability is a minority that we all may join if we live long enough.

Approximately one in every seven Alaskans, or 88,074 people, have a disability that interferes with daily activities such as maintaining a home or keeping a job. This means that people who experience disabilities are the second largest minority group in Alaska. However, not all people with disabilities see themselves as part of a minority; in fact, many deny their disability because of the stigma that accompanies the label.

A 1994 Harris Survey clearly shows that people with disabilities are not participating fully in American life. Individuals who experience disabilities are statistically poorer, less educated, and more likely to be unemployed. They also are less likely to socialize, shop, worship, or attend other community activities. Slightly less than half of people with disabilities feel that they are not regarded as equals, but instead are treated with pity or embarrassment.

## INTRODUCTION

When people with disabilities, their families, and other advocates talk with legislators about funding, legislators sometimes ask where the money for services comes from. These policymakers want to know about Departments, Budget Request Units (BRUs), Components, and funding sources.

This document describes services often used by individuals who have developmental disabilities and their families. We hope it helps you understand how services are funded, and how to talk with policymakers about the services you feel are important to people with disabilities.

### *Why the Planning Councils publish a budget analysis*

Councils recommend funding for services to people who have disabilities. Council members meet with legislators every year to explain their recommendations. This budget analysis assists the public, Council members, and legislators to more effectively discuss the needs of Alaskans who have disabilities.

### *How to use this document*

Services are listed in the Table of Contents. Each service description is preceded by a table, which looks something like this:

<b>DHES BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Approp.</b>	<b>Governor's FY99 Recs</b>
Department and Budget Request Unit, often a Di- vision.	Component or program within the Department.	The source of funds.	Funding ap- propriation for fiscal year 1997.	Funding ap- propriation for fiscal year 1998.	The Gover- nor's recom- mendations for FY99.

The column headings identify the department of the state agencies, BRU, Budget Component, funding sources for fiscal years 1997 and 1998, and the Governor's recommendation for FY99. Where appropriate, they include other recommendation for FY99.

In Alaska, there are several funding sources for services. The two most common sources are the state's General Fund and Federal Receipts. These and others are noted under the Source column. *Funding amounts are listed in thousands of dollars. For example, 100.0 means \$100,000.*

### **Definitions**

FY	<u>Fiscal Year</u> . The letters FY are usually followed by two digits which describe the <i>calendar</i> year in which the <i>fiscal</i> year ends (FY94, FY95, FY96). Each fiscal year begins July 1 and ends June 30.
BRU	<u>Budget Request Unit</u> . This is a designation used for categories of funding below the Department level.
Appropriation	The legislature debates how much money to spend during the legislative session. The amount of money they decide to spend is the appropriation.
DHSS	Department of Health and Social Services.
DOE	Department of Education.
DCRA	Department of Community and Regional Affairs.

### **Sources**

This information is available from the Legislative Finance Division. Program information came from the state agencies, non-profit service providers, and individuals across the state who use services.

## INVESTING IN RESULTS: OUTCOME BASED DECISION MAKING

Alaskans who experience disabilities want results, not activities, from programs. They also want outcome measures in place so they can determine if their desired results are being achieved. The results that Alaskans with disabilities want and some proposed outcome measures are presented below across the six major life domains: community living, education, employment, health care, housing and transportation.

### COMMUNITY LIVING

Results	Outcome Measures
Every individual is a valued, participating member of his or her community.	<ul style="list-style-type: none"> <li>• Number and percent of people who are registered voters</li> <li>• Decrease in funds expended for services provided in institutions (e.g. API, hospitals, nursing homes or jail)</li> </ul>
People receive prevention and early intervention services.	<ul style="list-style-type: none"> <li>• Number and percent of people, especially infants and toddlers, who need fewer specialized services</li> <li>• Decrease in the incidence of high cost crisis situations</li> </ul>

### EDUCATION

Results	Outcome Measures
Students reach their educational goals and potential.	<ul style="list-style-type: none"> <li>• Number and percent of students who graduate from high school with jobs or post-secondary education plans in place</li> <li>• Number and percent of students who are making progress in classrooms with children who do not have disabilities</li> <li>• Number and percent of students who meet or exceed performance standards</li> </ul>

## EMPLOYMENT

Results	Outcome Measures
People get and keep employment consistent with their interests, abilities and needs.	<ul style="list-style-type: none"> <li>• Number and percent of people who maintained employment at 6, 12, 24 and 36 months</li> <li>• Number and percent of people who own their own businesses</li> <li>• Number and percent of people who are employed in jobs with health care benefits</li> </ul>

## HEALTH CARE

Results	Outcome Measures
People are healthy and benefit from the full range of needed health care services.	<ul style="list-style-type: none"> <li>• Decrease in the utilization of high cost acute care or emergency room services</li> <li>• Number and percent of low birth-weight babies</li> <li>• Number and percent of survivors of head injuries or spinal cord injuries</li> </ul>

## HOUSING

Results	Outcome Measures
Adults choose where and with whom they live.	<ul style="list-style-type: none"> <li>• Number and percent of people who own their own homes</li> <li>• Number and percent of people who are living safely in the community</li> </ul>

## TRANSPORTATION

Results	Outcome Measures
People are able to get to where they want to go when they want to go.	<ul style="list-style-type: none"> <li>• Increase in the availability of accessible transportation</li> <li>• Number and percent of people who use less expensive fixed route systems as compared to those who use paratransit systems</li> </ul>

The results presented here are not unique to people who experience disabilities. However, Alaskans who experience disabilities are less likely to achieve these results than the average Alaskan. People who experience disabilities have identified a number of reasons for this discrepancy, including:

1. their unique needs for physical accessibility, access to transportation, assistive technologies, and individualized and family supports;
2. the general lack of public awareness about the needs, rights and responsibilities of people who experience disabilities; and
3. limited incomes, which further prevent their full participation in community life.

**GOVERNOR'S COMMITTEE ON EMPLOYMENT AND REHABILITATION OF PEOPLE  
WITH DISABILITIES**

DOE BRU	Component	Source	FY97 Actuals	FY98 Authorized
Vocational Rehabilitation State Rehabilitation Advisory Council	Client Services	Federal Receipts	30.0	*87.7

DOL BRU	Component	Source	FY97 Actuals	FY98 Authorized
Governor's Committee on Employment of People with Disabilities	Client Services	Federal Receipts	37.4	42.5

*\*FY98 reflects the combined income of the State Rehabilitation Advisory Council, the Assistive Technology Advisory Council and the Governor's Committee on Employment of People with Disabilities.*

In 1997, the Governor of Alaska issued an Administrative Order combining the State Rehabilitation Advisory Council (SRAC), the Assistive Technology Advisory Council, and the Governor's Committee on Employment of People with Disabilities. The personnel and fiscal resources of the three groups were merged to create a more collaborative, focused advisory group now known as the Governor's Committee on Employment and Rehabilitation of People with Disabilities. The Governor's Committee provides oversight as defined in federal regulation (formerly required of the SRAC) and guidance to the Division of Vocational Rehabilitation. The Committee submits an annual report to the Governor, State Board of Education and the federal Rehabilitation Services Administration. The Committee meets quarterly in locations around the state and represents private and public sector employers, agency staff and people with disabilities.

For more information about the Governor's Committee call Kathy Matrone at 269-3567.

## GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
Mental Health Trust Boards	Gov Council on Dis and Sp Education	Federal Receipts	392.6	420.7	420.7
		GF/MH	0.0	15.0	15.0
		Other	136.8	171.7	542.7
		<b>Total</b>	<b>529.4</b>	<b>648.4</b>	<b>978.4</b>

*The Council's mission is to create change to improve the independence, productivity, and inclusion into the community for people with developmental disabilities.*

The Council assists the state in developing a comprehensive system of services for people with developmental disabilities and their families. The Council works with the Department of Health and Social Services, the Department of Education, and other departments that deliver services to people with developmental disabilities.

At least one-half of the Governor-appointed members must be people with developmental disabilities, their families, or guardians. The others represent state agencies, special educators, early intervention providers, or other groups specified in law.

The Council evaluates budgets, plans, and programs to encourage efficient and coordinated use of resources in providing services. The Council makes budget recommendations to the Alaska Mental Health Trust Authority, advises policy makers about early intervention services to children ages birth to three who are at risk for developmental delays, and serves as the state's Special Education Advisory Panel to develop appropriate special education programs and services for exceptional children.

The Council uses planning, evaluation, and advocacy to create change. The Council analyzes trends and studies population characteristics, and conducts public awareness campaigns. In order to coordinate services, the Council develops coalitions and supports interagency working groups to study legislation or regulation.

Documents produced by the Council, such as this one, are used by people with disabilities, their families, and advocates to act on their own behalf to impact public policy and the delivery of services.

For more information call David Maltman at 269-8990.

**STATE INDEPENDENT LIVING COUNCIL**

DOE BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
Vocational Rehabilitation	Independent Living Rehab.	Federal Receipts	154.4	154.4	162.2

A State Independent Living Council (SILC) is appointed by the Governor to oversee the development of a State Plan for Independent Living (SPIL), which describes the extent and scope of independent living services to be funded from a combination of federal and state dollars. The SILC must have a majority of independent living consumers as members. The Division of Vocational Rehabilitation (DVR) is the designated state unit responsible for working with the SILC in developing the SPIL.

Cooperatively, the SILC and DVR monitor federal and state funds granted to Centers for Independent Living (CILs) and Specialized Service Providers (SSPs) across the state, as well as a small portion of federal funds used to support the operations of the SILC. The SILC currently has an Executive Director hired by the Council, and a part-time Administrative Clerk, both located in Anchorage.

For more information about SILC call Patrick Reinhart at 269-3571.

## **OTHER BOARDS AND COMMISSIONS**

**that address that issues faced by people with disabilities**

**ALASKA COMMISSION ON AGING**

DOA BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Senior Services	Home and Community-Based Care	General Fund	1,092.8	1,101.4	1,101.4
		GF/MH	1,871.6	2,278.8	2,486.3
		<b>Total</b>	<b>2,964.4</b>	<b>3,380.2</b>	<b>3,587.7</b>

The Alaska Commission on Aging identifies concerns and needs shared by older Alaskans, and advocates for responsive approaches to address those needs. The Commission makes funding recommendations to the Alaska Mental Health Trust Authority on behalf of Alaskans affected by Alzheimer's disease and related dementia. The Commission plans the delivery of appropriate services and gives grants for adult day care, care coordination, brokered services, and respite services to meet the specific needs of people affected by Alzheimer's disease and their caregivers. Its members are appointed by the Governor and serve four-year terms.

The Commission, as part of the Division of Senior Services, receives federal funds from the Older Americans Act for nutrition, transportation, support services, and senior community service employment positions. The Commission receives state general funds to match and augment the federal funds. Specifically, it is Mental Health general funds that provide services for seniors with Alzheimer's and related dementia.

For more information about the Alaska Commission on Aging call Jane Demmert at 465-3250.

**ALASKA MENTAL HEALTH BOARD**

<b>DHSS BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>Governor's FY99 Rec</b>
<b>Mental Health Trust Boards</b>	AK Mental Health Board	GF/MH	378.5	372.2	422.2

The Alaska Mental Health Board is the state's planning and coordinating body for federal and state laws relating to mental health services. The Board prepares a comprehensive plan of treatment and rehabilitation services, and advocates for the needs of people with mental disorders. The Board also advises the Legislature, the Governor, the Alaska Mental Health Trust Authority, and other state agencies regarding development and evaluation of services for people with mental disorders. The Board provides recommendations to the Mental Health Trust Authority concerning the comprehensive integrated mental health program for the mentally ill.

For more information about the Alaska Mental Health Board call Walter Majoros at 465-3071.

**ALASKA MENTAL HEALTH TRUST AUTHORITY**

DOR BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
AMHTA	AMHTA	MHT Adm	888.8	876.7	881.5

The Alaska Mental Health Trust Authority (the Trust), consisting of a seven member board, is charged with administering over \$200 million cash and one million acres of land agreed upon in the historic Mental Health Lands Trust settlement in 1994. Income from land and money investments pays for services to the Trust's beneficiaries, as well as prevention and education efforts. The Trust's beneficiaries are people with severe mental illness, mental retardation or similar disabilities, chronic alcoholism with psychosis, or Alzheimer's disease and other dementia. In FY98, the Trust will spend about \$9 million on services.

The Trustees also make recommendations about the state's General Fund/Mental Health expenditures in a separate appropriation bill. The Trust has recommended basic increases to the state's mental health budget. These recommendations are based on the priorities of the Governor's Council on Disabilities and Special Education, the Mental Health Board, the Commission on Aging, and Advisory Board on Alcoholism and Drug Abuse. Most programs that benefit people with developmental disabilities and their families are part of this separate appropriation bill. However, the Trust's recommendations represent only a fraction of total consumer needs.

For FY99, the Governor has adopted many of the Trust's budget recommendations in his *Smart Start* program. The Legislature will consider whether or not state agencies can accept Trust funds as well as whether or not to consider increases in state expenditures.

Funding for the Trust's Land Office and the Trust administration comes from Trust income. The Trust has a contract with the Permanent Fund Corporation to manage the Trust's cash assets.

For more information about the Trust call Jeff Joessee at 269-7960.

**GOVERNOR'S ADVISORY BOARD ON ALCOHOLISM & DRUG ABUSE**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Mental Health Trust Boards	Board on Alcohol & Drug Abuse	GF/MH	300.7	334.4	316.4
		Other	47.4	16.0	0.0
		<b>Total</b>	<b>348.1</b>	<b>350.4</b>	<b>316.4</b>

The Advisory Board on Alcoholism and Drug Abuse (ABADA) advises the Governor, legislature and other government agencies on issues involving the prevention and treatment of alcoholism and other drug abuse. The Board is responsible for services delivered by the Division of Alcoholism and Drug Abuse. In addition, the Board does specific planning and budgeting for services delivered to chronic alcoholics through the Alaska Mental Health Trust Authority.

This Board consists of 15 members. The members include three beneficiaries of the Trust, three service providers, a physician, an attorney, the Director of the Division of Alcoholism and Drug Abuse (a non-voting member), and 6 members selected from the general public.

The Board works collaboratively with the Department of Health and Social Services, as well as other departments to plan for the provision of education, prevention, and treatment services for families affected by alcoholism and other drug abuse. Additionally, the Board assists the Governor and Legislature by collecting data and providing input on drug and alcohol issues facing Alaskans, and promotes initiatives designed to reduce consumption of alcohol and other drugs, especially among youth in Alaska.

For more information about ABADA call Don Dapcevich at 465-8920.

## **BILLS TO CONSIDER**

**Governor's Council on Disabilities & Special Education  
P.O. Box 240249 • Anchorage, AK 99524**

**Budget Analysis  
p. 9**

# CORRECTION

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



Rev. 6-98

Central Microfilm Services  
Department of Education  
State of Alaska

## **BILLS TO CONSIDER**

### **House Bill 170 to improve access for Service Animals in Training**

Service animals assist people with disabilities perform functions and tasks for daily living. Most people are familiar with service animals that assist people who are blind. Other people with disabilities are finding ways that service animals can help them achieve more independence. With this rising demand for certified service animals, there is a need for animals to participate in training that prepares the animal for the certification process conducted by an authorized program.

Should this bill pass, animals accompanied by a trainer would have access to places such as airport terminals or government buildings. As a result, the animal would gain the experience and receive the pre-training necessary to be enrolled in a certified training agency. Current Alaska laws allows this kind of access only to animals who have completed a certified training program. Simply put, Alaskans with disabilities need more certified service animals and this bill attempts to create more opportunities for trainers to meet the demand. Sixteen other states have laws similar to HB 170.

### **House Bill 348 & Senate Bill 253 to allow health coverage through Medicaid**

People with disabilities want to go to work. Often they face getting a job and losing their health benefits. Medicaid is the state's health insurance for people who have disabilities and who are poor. If a persons with a disability works, they usually earn too much to continue to receive Medicaid. Since people with disabilities have ongoing health care needs for such things as physical therapy, personal assistance, or medication, the loss of Medicaid is a serious disincentive to go to work and keep a job.

Should HB 348 or SB 253 pass, Alaskans with disabilities would be allowed to buy into Medicaid for their health coverage. If the person's family income is less than the amount set by law, the person would be able to pay a premium for Medicaid coverage. As the person's income rose so would the premium. Encouraging employment while maintaining health benefits will increase the

productivity of people with disabilities. The end result should outweigh any costs increases to the Medicaid program.

Additionally, HB 348 and SB 253 would if passed amend the definition of personal care services (PAS) in a recipient's home. Currently, the service must be prescribed by a physician and authorized by a nurse. People with disabilities often need assistance when transferring to and from wheelchairs, eating, bathing or dressing. The proposed change would allow PAS to be authorized in the person's service plan which is a more flexible method for payment and a more appropriate way to deliver the service.

### **House Bill 369 & Senate Bill 266 to expand health coverage**

Some 84,000 Alaskans now qualify for Medicaid. But 41 other states offer a better health coverage than Alaska. If either HB 369 or SB 266 should pass, 11,000 children and nearly 800 pregnant women from Alaska's working families who now go without health insurance would be able to purchase coverage through the state's Medicaid health program. Unlike other group health plans, Alaska's Medicaid plan has been specifically designed to address the needs of children and people with disabilities.

A typical family of four earning less than \$26,700 is now eligible for Medicaid. The change would allow the same family to earn up to \$40,000 and buy into the state's Medicaid for health coverage for their children. Increased cost for the plan, about \$562 per child per year, would be paid by a federal health initiative that provides Alaska with an increase in funds.

## Consumer Protection or a Lemon Law is needed

Warranties on purchases protect consumers against poorly designed or flawed merchandise. People with disabilities are now demanding the same guarantees for purchases of assistive technologies and the devices that assist them in becoming more productive and independent. Lemon Laws typically demand a minimum one-year warranty on assistive equipment such as motorized wheelchairs. Twelve states have passed "Lemon Laws" that provide for replacement equipment, loaners while recently purchased goods are being repaired or replaced, or refunds for purchased medical goods that just don't work when delivered.

HCR 19 - Reconcil on Deaf

**SPECIFIC PROGRAMS  
FOR  
PEOPLE WITH DISABILITIES**

**AMERICANS WITH DISABILITIES ACT COMPLIANCE**

<b>DOE BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>Governor's FY99 Rec</b>
<b>Vocational Rehabilitation</b>	<b>Americans with Disabilities Act (ADA)</b>	<b>General Fund</b>	<b>106.2</b>	<b>114.7</b>	<b>114.7</b>

Alaska's Americans with Disabilities Act (ADA) program, located in the Division of Vocational Rehabilitation, is charged with directing and coordinating statewide ADA compliance of the executive branch of state government.

To fully comply with the ADA, other public and private organizations must change the way they do business. Several barriers prevent full accessibility and appropriate accommodation in state government buildings and private businesses and services, including building inaccessibility, a lack of interpreters for people who are deaf or hard of hearing, and a limited capacity to present information in alternate formats.

A budget needs to be created for special projects to remove architectural barriers in state facilities. These projects receive little attention but the need for barrier removal continues to exist. Additional funding is necessary for the ADA program to review facility design plans, process accommodation requests, provide statewide training, and investigate ADA complaints.

Alaska needs basic and interpreter level American Sign Language (ASL) training programs. Consumer groups and the University of Alaska provide basic ASL courses, but students do not receive foreign language credit for their work. This affects the number of students who might otherwise take ASL classes, limiting Alaska's potential to remove a communication barrier and act in compliance with the ADA.

The state's ADA coordinator is Don Brandon. He can be reached at 465-6929.

**DEVELOPMENTAL DISABILITIES PROGRAM**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	FY99 Governor's Rec.
Community Developmental Disabilities	Community Developmental Disability Grants	GF/MH	21,058.4	18,905.2	18,433.9
		GF	0.0	637.4	0.0
		Other	0.0	141.8	807.4
		<b>Total</b>	<b>21,058.4</b>	<b>19,684.2</b>	<b>19,241.3</b>

In FY97 Community DD Grants supported 2,201 people with developmental disabilities and their families. A developmental disability (DD) is a severe mental or physical condition that occurs before the age of 22 and results in a substantial limitation to a person's capacity to communicate, learn, work, live independently, or make life decisions. Mental retardation, cerebral palsy, and autism are considered types of developmental disabilities. Generally, people with a DD need some type of support throughout their lives.

At least 968 people are employed through 33 non-profit organizations in 197 communities across the state, providing an array of services such as residential supports, vocational training, respite care, case management, day activities, specialized equipment and family supports that may extend into the home. These services are individualized, tailored, to meet the unique needs of the individual and the family.

**Maintain an investment in people:** For over a decade, community providers have been impacted by the uncontrollable rising costs related to minimum wage, employee health insurance, worker's compensation, liability insurance, heating fuel and utilities, food, and repairs. Any increases in funds in this BRU in the past have been linked to services to new people. The increases have not offset the rising cost of doing business. The DD programs are having a difficult time paying adequate wages and retaining qualified people. Although rising costs are experienced by all businesses, Community DD providers cannot simply charge more to balance rising costs for their services.

Public funds that provide for Alaskans with developmental disabilities have not been adjusted to reflect these increased costs.

Since inflation is factored into other areas of the economy such as the permanent fund, Mental Health Trust Fund, social security, and pay for legislators, public employees, and military personnel, the Council believes that it is prudent to do so for Community DD grants.

**Harborview Developmental Center (HDC):** With the closure of HDC in Valdez and the Hope Cottages (ICF/MR) facilities in Anchorage, the focus for Alaska is now entirely on community and in-home services. The Council recommends that the \$840,000 made available in the state budget from the closure of Harborview be used to address pressing needs in the community.

**Community Response System:** Of the above amount, \$205,000 should be used to create a team of Alaskans capable of dealing with challenging behaviors or the complex medical needs of people in community programs. This approach is used successfully in other state agencies to assist local communities with emergency situations.

**The Wait List:** Currently, there are 854 individuals who are on a list waiting until an appropriation is made to provide services for them. While these individuals wait, their health may deteriorate, their behaviors are likely to change, and their needs increase. Demands upon their families create the kind of stress that results in a crisis. As the residents of Harborview moved into the community over the past 3 to 5 years, nearly 60 people waited for their turn to be selected for Community DD Services. For these people who have waited the longest, the Council recommends that \$290,000 of the HDC amount be allocated to serve them. Another 25 to 30 people can be served with an additional appropriation of \$561,000.

**Core Services:** Using the Wait List system, people who experience a crisis become a priority in being selected for services. A different approach has been developed that will provide families with a minimal level of support designed to prevent the need for more costly services and to avert a crisis. The Council recommends "Core Services" be implemented for at least 100 people using the remaining \$345,000 in HDC funds.

For more information about DD programs call Derrill Johnson at 465-3370.

## **PROTECTION AND ADVOCACY SERVICES**

The Disability Law Center of Alaska is an independent agency mandated to protect the rights of people with disabilities through legally based advocacy. The agency is part of a national system of Protection and Advocacy agencies that was established to respond to the abuse, neglect, and lack of programs for persons with disabilities.

The Disability Law Center has offices in Anchorage, Fairbanks, Juneau, and Bethel. Each office provides information and referral, self-advocacy training, investigation, negotiation, and direct interventions when necessary. Less than one percent of Alaska's protection and advocacy cases involve litigation in court.

After interventions by the Center, employers, service providers, and other entities are less likely to infringe upon the civil rights of Alaskans with disabilities. The Disability Law Center protects the human and civil rights of people with disabilities, strengthens parents' rights in educating their children, resolves disputes without litigation, and saves the state money by preventing abuse and neglect.

The Disability Law Center receives \$244,418 through a grant in the budget component for Community Developmental Disability Grants.

For more information about the Disability Law Center call Rick Tessandore at 344-1002.

## INDEPENDENT LIVING SERVICES

DOE BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.	SILC's FY99 Rec.
<b>Vocational Rehabilitation</b>	<b>Independent Living Rehab.</b>	Federal Receipts	451.2	520.8	520.8	520.8
		General Fund	391.8	592.3	592.2	692.0
		Other	92.7	160.1	160.0	160.0
		<b>Total</b>	<b>935.7</b>	<b>1,273.2</b>	<b>1,273.2</b>	<b>1,373.2</b>

In FY97, 1067 Alaskans with disabilities received independent living services through state and federally funded centers for independent living (CILs) and specialized independent living providers (SSPs). These services are designed to help people with disabilities live independently in their community. Quite often, independent living services save the state money by keeping people with severe disabilities out of Medicaid funded institutional care facilities.

By law, CILs must be managed and run by a majority of persons who are actual consumers, i.e. persons with disabilities. CILs must also provide core services to the public, including advocacy, information and referrals, peer counseling, and independent living skills training. CILs and SSPs also provide an array of other services, including assistance in finding accessible housing and assistive technology, mobility training, life skills training, personal assistance services, transportation assistance, and social and recreational activities.

The State Independent Living Council (SILC) recommends a \$100,000 increase in state General Funds for FY99. The specific purpose of this increase will be to support a statewide effort to develop independent living plans for people with disabilities under the age of 65, now living in or at risk of being placed in nursing care facilities. These facilities are funded by Medicaid. At an average cost of \$150,000 per year for nursing home care, the savings realized by this statewide effort could be significant.

For more information call Patrick Reinhart at 269-3571.

**INFANT LEARNING PROGRAM**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.	Council FY99 Rec.
Health Grants	Infant Learning Program Grants	General Fund	868.6	868.6	868.6	868.6
		GF/MH	3,503.3	3,603.3	3,803.3	4,243.3
		<b>Total</b>	<b>4,371.9</b>	<b>4,471.9</b>	<b>4,671.9</b>	<b>5,111.9</b>

The Infant Learning Programs (ILPs) are designed to prevent or reduce the effects of delays and disabilities for infants and toddlers. Infant learning services may include Child Find screening, evaluation and assessment; occupational, physical, and speech therapy; hearing, vision, nutrition and nursing services; family or individual counseling, medical evaluation, assistive technology, early childhood special education, social work, and parent education.

Alaska has 19 locally based ILPs. There are two itinerant programs that help children with visual and hearing impairments and provide multidisciplinary evaluations. These programs emphasize family centered services that enable parents to meet their children's special needs. Early intervention enhances the lives of both the child and the family by providing needed services and family support at an early age. Because of early intervention, some of the youngest Alaskans with disabilities can grow up more independent of state support and community agencies, and will be more productive financially and socially.

Parents describe many benefits, including keeping marriages together. Because Alaska leads the nation in incidences of Fetal Alcohol Syndrome and is experiencing an unprecedented birth rate, the number of Alaskan infants and toddlers requiring services is growing dramatically.

Over 2,600 infants and toddlers received some form of early intervention services funded by state and federal dollars in FY97. Most received fewer services than they required to adequately prevent or reduce developmental delays, in part because of a reduction in state funds over the last two years.

Almost 330 children with delays are waiting for services. The costs for comprehensive services for children with delays such as mental retardation and cerebral palsy may reach \$16,000 per child per year. Most infants and toddlers require fewer or less intensive services. The average amount spent on ILP services per child is \$4,600 per year at the current level of funding and enrollment.

Priority for funding is based on numerous criteria which include: 1) program geography (including travel cost and time) and whether program operates on an itinerant basis, or is consultative in nature; 2) total number of births through 2 year olds in region; 3) cost to operate program; 4) waitlists for eligible children; 5) caseload levels of grantee staff; 6) whether the grantee has a community-based team for multi-disciplinary evaluations; 7) agency and/or community contribution; 8) cost per child; 9) cost per contact; 10) percentages of caseload that include "at risk" children; and 11) the size of the program's staff.

Areas of the state which demonstrate the most significant level of need should receive priority for funding. The Governor's Smart Start initiative includes a Council recommendation for \$100,000 to serve additional infants in communities statewide. Another \$100,000 would provide families with respite care.

For more information about Infant Learning Programs call Karen Martinek at 269-3423.

## MENTAL HEALTH SERVICES

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.	
<b>Community Mental Health Grants</b>	General Community Health Grants	GF/MH	888.4	888.4	773.8	
		Other	40.0	47.4	239.9	
		<b>Total</b>	<b>928.4</b>	<b>935.8</b>	<b>1,013.7</b>	
	Psychiatric Emergency Services	GF/MH	5,998.7	5,728.1	7,005.4	
		Services to the Chronically Mentally Ill	GF/MH	10,794.8	10,918.7	10,801.4
			Other	305.7	426.3	426.3
		<b>Total</b>	<b>11,100.5</b>	<b>11,345.0</b>	<b>11,227.7</b>	
	Designated Evaluation & Treatment	GF/MH	1,045.8	1,046.3	1,046.3	
		<b>Grand Total</b>	<b>18,027.6</b>	<b>18,006.9</b>	<b>19,246.8</b>	

The Division of Mental Health and Developmental Disabilities funds services to 31 local non-profit community mental health programs. These agencies provide an array of outpatient, residential, and local services to individuals who have mental illnesses or severe emotional problems. An additional 76 mental health providers offer specialized or limited services.

Community mental health services provide emergency services, services to children with severe emotional disturbances, community-based suicide prevention, rural human services, and local hospitalization, and assist adults with severe mental illness to succeed in community living.

For more information about Mental Health Services call Leonard Abel at 465-3370.

**ALASKA PSYCHIATRIC INSTITUTE**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
Institutions & Administration	Alaska Psychiatric Hospital	General Fund (GF)	2,090.6	1,756.3	1,756.3
		GF/MH	5,195.5	0.0	0.0
		Other	7,505.9	13,026.5	13,026.5
		<b>Total</b>	<b>14,792.0</b>	<b>14,782.8</b>	<b>14,782.8</b>

The mission of Alaska Psychiatric Institute (API) is to provide an appropriate array of quality inpatient psychiatric services for the treatment of Alaskans with psychiatric disorders who meet admission criteria. Licensed at 130 beds but staffed for 80, the current average census is 70. During FY97, there were 1,266 admissions to API, the highest rate in its 35 year history.

For more information about API call Randall Burns at 269-7100.

## **ALASKA YOUTH INITIATIVE**

<b>DHSS BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>Governor's FY99 Rec.</b>
<b>Community Mental Health Grants</b>	<b>Services - Seriously Emotionally Disturbed Youth</b>	<b>GF/MH</b>	<b>6,121.0</b>	<b>6,213.5</b>	<b>6,219.4</b>
		<b>Other</b>	<b>1,231.2</b>	<b>1,728.6</b>	<b>1,337.0</b>
		<b>Total</b>	<b>7,352.2</b>	<b>7,942.1</b>	<b>7,556.4</b>

Until 1985, all children who had severe emotional disturbances who were seeking treatment were sent out of state. One at a time, the Alaska Youth Initiative (AYI) brought them home by providing multidisciplinary, wrap-around services. These services usually include education, child protection, and behavior modification. The program is a joint effort of the Division of Mental Health and Developmental Disabilities, the Division of Family and Youth Services, and the Department of Education. Children and youth with severe emotional disturbances also receive services through community mental health centers, private hospitals, and Alaska Psychiatric Institute.

In order to receive AYI services, a youth's problems must be severe. Many children and youth have emotional disturbances that could be prevented from becoming severe, yet there are no prevention services available to these children. Behavioral health problems are not well-funded by most private insurance plans.

One hundred eight youth participate in AYI. The AYI Coordinator works with private, non-profit providers to develop plans of care for youth with severe emotional disturbances. Agencies lack enough qualified, capable service providers to serve children and youth with severe emotional disturbances.

Currently, there are at least 38 youth with severe emotional disturbances waiting for these services.

For more information call Leonard Abel at 465-3370.

**OFFICE OF PUBLIC ADVOCACY**

<b>DOA BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>Governor's FY99 Rec.</b>
<b>Legal &amp; Advocacy Services</b>	Office of Public Advocacy	GF/MH	614.0	608.7	608.7
		Other	67.8	54.7	54.7
		<b>Total</b>	<b>681.8</b>	<b>663.4</b>	<b>663.4</b>

Some adults with developmental disabilities, particularly those with cognitive limitations, have limited capacity to make decisions for themselves and need support and guidance when considering issues such as where to live, when to see a doctor, or how to use money. Public guardians work to ensure that the interests of adults with disabilities who need assistance in managing their affairs are cared for and protected.

The Alaska Court System appoints a public guardian when there is no one else to aid individuals with their affairs. The Office of Public Advocacy (OPA) represents over 500 people with developmental disabilities, mental illnesses, or age-related disabilities. OPA's public guardian services have been chronically underfunded. Alaska's public guardian caseloads are seven times the national average, over 90 cases per guardian. As a direct result, individuals who use public guardian services receive minimal protection. Additional staff and administrative support, at a cost of \$165,600, is needed to effectively manage Alaska's guardianship cases.

Previously, OPA was reimbursed \$50,000 through Medicaid to increase revenue. However, state funding was cut to reflect the new revenue, reducing the financial standing of OPA. New regulations allowing OPA to generate fees from clients of the public guardian program may recoup as much as \$100,000 to \$200,000 per year.

For more information call Brant McGee at 269-3500.

## SPECIAL EDUCATION

DOE BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
K-12 Support	Foundation Program	General Fund	97,447.5	>100,000.0	
	Schools for the Handicapped	General Fund	3,767.4	3,767.4	3,801.7
		GF/MH	0.0	2,377.1	0.0
		<b>Total</b>	<b>3,767.4</b>	<b>6,144.5</b>	<b>3,801.7</b>
Teaching and Learning Support	Special and Supplemental Services	Federal Receipts	8,768.0	10,425.0	

Special Education services for children are funded primarily by federal flow-through funds from the Individuals with Disabilities Education Act and state school foundation funds. Both sources of funding are based on student count data submitted to the Department of Education by school districts. Each district has the flexibility, within specified guidelines, to spend the allocated funds according to district and child needs.

In Alaska, special education services are provided for students with disabilities and students who are gifted. Each student must meet eligibility criteria, have an Individualized Education Program (IEP), and receive services in accordance with the IEP, in order to be counted for federal and state funding. In FY97, a total of 22,947 students between the ages of 3 and 22 received special education services. Of these, 17,719 had disabilities and 5,228 were gifted.

Each child receiving special education services has an IEP developed by the child's parents and teacher. The child's IEP states the educational goals and objectives for that child, and must include all of the related services that the child needs. The school district must meet each child's unique needs.

Children have rights to related educational services such as transportation, speech pathology and audiology, psychological services, physical and occupational therapy, recreation, counseling services, medical services for diagnostic or evaluative purposes, school health services, school social work services, parent counseling and training, rehabilitation counseling, assistive technology devices and services, and transition services. Parent Resource Centers, such as P.A.R.E.N.T.S., Inc., funded through the US Department of Education, and the Special Education Service Agency, funded through the state budget for Schools for the Handicapped, are an essential part of the special education service system.

Districts provide special education services to eligible preschool students in a variety of ways. Some districts cooperate with local Head Start programs by offering special education services in the inclusive Head Start environment. Other districts provide home-based services by employing preschool special educators to travel from home to home training and assisting parents in providing needed supports and services for their child.

Parents around the state are highly concerned about inclusive education. Current educational practice endorses the philosophy of inclusive education. This means that students receiving special education services have the right to be educated in general education classrooms to the greatest extent possible.

Some parents and many educators express concern that students with developmental disabilities are being placed in large classrooms with inadequate supports available to meet their specialized needs. However, according to the testimony of parents and educators, inclusion "one child at a time" is resulting in successful outcomes statewide.

The Council has adopted a vision statement addressing inclusion. It states, in part, that all children should be educated in supported, heterogeneous, age-appropriate, dynamic and natural child focused classroom, school, and community environments.

All children have a right to receive an education. Alaska is required by state and federal law to provide a free, appropriate, public education to all children, including those with developmental disabilities.

For more information about Special Education call DiAnn Brown at 465-2972.

**ALASKA STATE SCHOOL FOR THE DEAF AND HARD OF HEARING**

<b>DOE BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>FY99 Governor's Rec</b>
Schools for the Handicapped	Alaska State School for the Deaf	General Fund	956.4	956.4	956.4

Children who are deaf require specialized services to develop the potential to be independent and productive. Founded in 1972, the Alaska State School for the Deaf and Hard of Hearing (ASSDHH) serves as a resource for deaf education in the state. Students statewide who are deaf or hard of hearing may be referred to the school. Classes are centralized in an elementary, a middle, and a high school in the Anchorage School District. There are 40 Anchorage School District students enrolled. Currently, nine students attend ASSDHH from other districts. ASSDHH is part of a continuum of necessary educational services to students who are deaf or hard of hearing.

Students may live in one of the Student Living Centers operated by the ARC of Anchorage. The three Student Living Centers provide an extended day for learning through increased communication, independent living skills, and social activities. For students who attend ASSDHH from communities outside of Anchorage, transportation home is provided and parents are assisted with travel expenses so that they may participate in the development of their child's Individual Education Plans.

ASSDHH is an important education option for families. Sign language classes are taught to parents and family members, discussion groups meet regularly, and school-wide family social activities are held throughout the year. Parents may attend workshops specially designed for them on subjects such as sign language or behavioral issues.

Certification by the Registry of Interpreters for the Deaf is required for all school interpreters by state regulation. However, due to the national shortage of interpreters, ASSDHH continually experiences a shortage of qualified applicants. Recruitment of certified interpreters will be more successful if salaries are improved by reclassifying these positions.

**ADDITIONAL EQUIPMENT AND STAFF NEEDS.** One round trip at Thanksgiving for out-of-Anchorage students has been cut from the budget due to insufficient funds. Additional funds are needed to reinstate this travel. No funds are available for carrying out the DOE regulation of providing Sign Language Communication Proficiency Interviews (SCPI) statewide. Training of the SCPI team has taken place the last five years. The SCPI team could be utilized statewide as requests are made by districts to meet DOE regulations. In order for ASSDHH to provide this service to districts statewide, additional funding is required.

**OUTREACH NEEDS.** Recommendations from the Advisory Board, the PTSA, and the Task Force include providing outreach service to districts. Districts with students who remain in their local communities would benefit from the service of deaf education professionals in the form of student and program assessment. The recommendation is that one outreach diagnostic teacher from ASSDHH provide this service to all districts requesting the service. Outreach services to students and families during the summer months assist families in "catching up" with students' learning and sign language acquisition. It would also provide assistance to students and families of the students who remain in their local communities for the school year. One outreach home/school teacher would provide this service statewide.

For more information about ASSDHH call Dennis Lee at 263-9209.

**SPECIAL EDUCATION SERVICE AGENCY (SESA)**

<b>DOE BRU</b>	<b>Component</b>	<b>Source</b>	<b>FY97 Actuals</b>	<b>FY98 Authorized</b>	<b>Council FY99 Rec</b>
<b>K-12 Support</b>	Schools for the Handicapped	General Fund	1,982.9	2,029.0	2,063.3

The Special Education Service Agency (SESA) was created in 1986 to make more special education and related services available for students who experience disabilities. Specialists for these students are in short supply all over the nation. Helping rural and remote districts increase their ability to deliver required services, SESA works to ensure that qualified specialists are accessible to school districts throughout the state.

SESA services are directed to students, ages 3 - 21, who experience mental retardation, are deaf or hard of hearing, visually impaired, blind, seriously emotionally disturbed, or have other health impairments or multiple disabilities.

Annual funding for SESA is provided by a school funding formula through the Department of Education. The Governor's Council is the governing board for SESA.

For more information about SESA call Chris Robinson at 562-7372.

## VOCATIONAL REHABILITATION

DOE BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
Vocational Rehabilitation	Client Services	Federal Receipts	7,432.2	8,027.9	8,177.9
		General Fund	3,051.5	1,443.5	3,196.1
		GF/MH	0.0	1,911.6	0.0
		Other	0.0	0.0	185.0
		<b>Total</b>	<b>10,483.7</b>	<b>11,383.0</b>	<b>11,539.0</b>
	Assistive Technology	Federal Receipts	620.3	972.1	822.1
		Other	138.3	62.0	158.0
		<b>Total</b>	<b>758.6</b>	<b>1,034.1</b>	<b>980.1</b>
	Administration	Fed Rcpts	721.5	954.3	954.6
		GF/MH	193.4	167.0	167.0
		Other	0.0	3	0.0
		<b>Total</b>	<b>914.9</b>	<b>1,121.6</b>	<b>1,121.6</b>

In FY97, a total of 4,231 individuals received services from the Division of Vocational Rehabilitation (DVR). Although federal and state law mandates that vocational rehabilitation services be available to individuals who experience disabilities, vocational rehabilitation is not an entitlement program. In order to be eligible for DVR services, a person must have a mental or physical disability that creates an impediment to employment, and must require DVR services to return the individual to employment.

Direct vocational rehabilitation services are provided by a combination of Vocational Rehabilitation Counselors and businesses contracted by DVR. The DVR also oversees grant-funding programs that serve people with disabilities, such as Assistive Technology, Business Enterprise Program, and the Alaska Transition Initiative. Additionally, the DVR funds independent living centers and specialized service centers (centers for the deaf and blind). The DVR collaborates with various councils and committees to ensure quality service provision to people with disabilities.

Assistive technology describes a wide array of services and equipment used by people with disabilities to assist themselves at home, work, or play. Wheelchairs and telecommunication devices are forms of assistive technology. A 1991 study estimates that over 23,000 Alaskans could benefit from assistive technologies. Nearly 8,000 Alaskans want, need, but do not have access to assistive technologies. However, everyone benefits when people who would otherwise depend on social welfare programs become financially self-sufficient through employment.

Assistive Technologies of Alaska (ATA), a section of the Division of Vocational Rehabilitation, funds agencies to provide loans, repairs, and modifications of assistive technology across the state. The ATA is also focusing its efforts on systems change among institutions and agencies that provide assistive technology devices and services. Through training, policy analysis and advocacy, ATA seeks to create a comprehensive service delivery system that is responsive to consumers.

For more information about Vocational Rehabilitation call Duane French at 269-3573. For information about Assistive Technology call Mike Shiffer at 269-3569.

**OTHER PROGRAMS THAT BENEFIT  
PEOPLE WITH DISABILITIES**

**ADULT PUBLIC ASSISTANCE**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Assistance Payments	APA	Federal Receipts	670.3	934.0	934.0
		General Fund	40,572.0	40,625.0	43,625.0
		Other	2,644.0	2,800.0	2,985.0
		<b>Total</b>	<b>43,886.3</b>	<b>44,359.0</b>	<b>47,524.0</b>

The Adult Public Assistance (APA) program provides cash grants to needy elderly, blind and disabled adults to help them attain self-support or self-care. To qualify for APA, an Alaska resident must be poor, and have a long-term disability or be age 65 or older. Those who qualify for APA also qualify for Medicaid.

APA provides financial assistance as its primary mission. In FY97, APA served 11,487 adult Alaskans and distributed \$46.4 million in benefits.

The APA program is a state-funded and state-administered program designed to supplement the federal Supplemental Security Income (SSI) program. People who qualify for federal SSI benefits may also qualify for APA benefits. In 1998, the maximum SSI payment for most eligible individuals is \$494 per month. The APA program provides an additional \$362 per month, giving most APA recipients a combined monthly income of at least \$856.

Some recipients have monthly incomes that are higher or lower than \$856. In general, married couples qualify for more income, while people who are part of another person's household qualify for less and may fall below federal poverty guidelines.

The APA population is expected to continue to grow. To qualify for APA disability benefits, an individual must have a long-term disability. Hence, these individuals remain beneficiaries of the APA program for their entire

adult lives. Continued APA funding provides critical financial assistance to enable program participants to live as independently as possible.

The Division of Public Assistance (DPA) is working to develop the best way to promote self-support and self-care for this population. DPA is engaged with other DHSS divisions and state agencies that provide assistance to this population. Currently, there are a number of initiatives directed toward the adult disabled population. DPA has an Adult Public Assistance Project Team, composed of staff from DPA and partner agencies, that is developing a plan to determine how the program can better serve Alaskans and to develop a method to project future program costs.

For more information about Adult Public Assistance call Chris Ashenbrenner at 465-2339.

**ALASKA TEMPORARY ASSISTANCE PROGRAM**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY98 Rec.
Assistance Payments	AFDC	Federal Receipts	51,725.2	52,321.4	47,809.2
		General Fund	52,267.8	48,596.0	40,606.0
		Other	11,201.7	11,540.6	10,577.9
		<b>Total</b>	<b>115,194.7</b>	<b>112,458.0</b>	<b>98,993.1</b>

On July 1, 1997, the Alaska Temporary Assistance Program (ATAP) replaced the Aid to Families with Dependent Children program. ATAP provides financial assistance to eligible families when the parents or caretaker are temporarily unemployed, currently underemployed, or facing significant barriers to gainful employment.

ATAP stresses self-sufficiency through employment, requiring families to plan for their future by identifying self-sufficiency goals. The program imposes a 60 month lifetime limit on assistance, requires families to participate in work activities designed to move them to self-sufficiency, and penalizes individuals who refuse to participate in work activities, or refuse to cooperate with child support enforcement.

Providing a safety net for needy families continues to be a core objective of the ATAP. Because many families face significant challenges to achieving self-sufficiency, state and federal law allows ATAP to exempt 20 percent of families from time limits on benefits and from work requirements. Family members may be exempt if they are physically or mentally unable to perform gainful employment, caretakers of a disabled family member requiring at-home care, victims of domestic violence, or experiencing other hardships. Case managers work closely with ATAP recipients to identify barriers and to provide direct services or referrals to other organizations that can help address or remove barriers to self-sufficiency.

## DAY CARE ASSISTANCE

DCRA/BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Child Assistance	Child Assistance Budget	Federal Receipts	1,001,100	700,000	86,000
		General Fund	98,289,900	11,211,100	14,481,700
		Other	2,342,100	3,459,000	7,669,000
		<b>Total</b>	<b>14,368,200</b>	<b>15,370,100</b>	<b>22,236,700</b>
	Child Care Budget	Fed Receipts	479,000	554,700	20,000
		General Fund	2,692,200	2,533,400	2,190,200
		Other	423,700	1,320,200	1,405,300
		<b>Total</b>	<b>3,595,600</b>	<b>4,408,300</b>	<b>3,615,500</b>

	Component	Expenditures	FY97 Actuals	FY98 Authorized	FY99 Gov Rec
	Child Care Assistance Subsidy	DCAP	9,623,994	9,848,700	14,481,700
		CCDBG	1,270,606	885,600	86,000
		ARA/PASS III*	1,326,000	2,623,400	4,700,000
		TCCB/PASS II*	1,418,130	2,650,000	2,696,000
		<b>Total</b>	<b>13,638,730</b>	<b>16,005,700</b>	<b>22,236,700</b>

\*Interagency receipts from the Department of Health and Social Services for child care assistance services.

A total of \$900,000 is allocated for child care referral and training of providers in the Child Care Component. These funds are granted to the three Child Care Resource and Referral agencies, which are available to serve families with children who have developmental disabilities. These agencies are well placed to provide or arrange for specialized training that may be necessary for a provider to care for children with disabilities.

For more information call Yvonne Chase at 269-4610.

**DIVISION OF FAMILY AND YOUTH SERVICES**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Family & Youth Services	Southcentral, Northern & Southeast Regions	Federal Receipts	2,174.9	2,261.0	2,731.8
		General Fund	20,082.3	8,746.4	10,723.9
		GF/MH	82.1	79.8	145.5
		Other	291.5	5,886.8	5,874.0
		<b>Total</b>	<b>22,630.8</b>	<b>16,974.0</b>	<b>19,475.2</b>
Purchased Services	Foster Care	GF/MH	1,547.9	1,547.9	1,647.9

The State Division of Family and Youth Services (DFYS) provides child protective and youth correction services. DFYS staff members screen and investigate reports of harm, and develop case plans with and for families whose children require protective services. The Division's goal is to promote family reunification or permanent placement when reunification is not possible. DFYS contracts with many non-profits to provide family support and reunification services.

Alaska does not provide cash assistance to birth families struggling to keep children in the home, except for public assistance if they are poor. Augmented foster care rates are available for children who have special needs and who are in state custody. When families of children with disabilities turn to DFYS in desperation, developmental disabilities services are not available when they need them. If the child requires more than temporary respite care, the parents must relinquish custody of the child to DFYS in order to be eligible for services needed. DFYS custody may provide the child with Medicaid to pay for special needs, depending on the child's income. When Medicaid is not available to a child in state custody, DFYS pays for services with state General Funds.

Families too often relinquish custody of their children to DFYS so their children may have Medicaid to pay for their special needs. These children are then raised by families who are subsidized to provide care. Children who have special needs such as developmental disabilities are far more likely to

be adopted rather than reunited with their families. Although 14 percent of children required foster care subsidies in the first seven months of FY94, 90 percent of children adopted received subsidies in FY93.

Children who are abused or neglected are entitled to protective services under state and federal law. Foster care is part of the protective service system. Children who have developmental disabilities may require more intensive care, and their foster care rates are augmented accordingly. The state's augmented foster care costs for children with developmental disabilities, \$216,100, is justifiably a GF/MH expense.

For more information about DFYS call Russ Webb at 465-3030.

## FAMILY PRESERVATION

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
<b>Purchased Services</b>	Family Preservation	Federal Receipts	1,288.6	1,577.4	49.8
		General Fund	1,957.2	1,923.3	935.9
		<b>Total</b>	<b>3,245.8</b>	<b>3,509.7</b>	<b>985.7</b>

Grantees of the Division of Family and Youth Services (DFYS) provide respite care to children with developmental disabilities who are at risk of abuse or neglect. Grantees also provide intensive home-based and family support services to families in which children have been abused or neglected.

Families which include individuals with developmental disabilities face serious barriers to remaining intact. Many of these barriers are products of the way that existing programs deliver services. Others are barriers because services do not exist to address urgent issues. Some of these issues are listed below.

**SUPPORTED PARENTING.** Individuals who have developmental disabilities sometimes become parents. Most do not receive supports necessary for them to become successful parents.

**BEHAVIOR MANAGEMENT.** Children who have developmental disabilities may exhibit behaviors which challenge their parents as well as others. Parents of children who have fetal alcohol syndrome and other neurobiological disorders describe severe behavior problems which are not addressed appropriately in school or disability service settings. Parents wishing to build their capacities to address challenging behaviors find little training available.

## HEAD START

DCRA BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec
Child Assistance	Head Start Grants	Fed Receipts	184.6	150.0	150.0
		General Fund	5,739.9	5,728.6	5,733.4
		Other	116.9	1.8	50.0
		<b>Total</b>	<b>6,041.4</b>	<b>5,878.4</b>	<b>6,928.4</b>

Head Start services provide early education in 92 communities across the state, serving 3,117 low income and/or at-risk children ages birth to five years. Head Start has operated in Alaska for 25 years. The program is administered through the state Department of Community and Regional Affairs.

Of the children Head Start serves, 30-40 percent are diagnosed with a disability, and 125 children currently in Head Start programs were previously enrolled in the Infant Learning Program. In FY99, the Mental Health Trust has granted \$50,000 for developing mental health services to meet performance standards in Head Start.

Head Start programs have identified dental care and family wellness as problems in service delivery. The Dental Health project involves oral health home visits, and incorporating Alaska-specific standards into the American Academy of Pediatric Dentistry guidelines. The Family Wellness project focuses on home environments, using kinship mapping to help families and service providers identify their strengths and support systems.

Reductions to the Head Start operating budget could require some communities to end services. The Governor's Smart Start program would expand Head Start to serve 200 additional children in communities statewide.

For more information about Head Start call Marilyn Webb at 465-4861.

## **HOUSING**

Housing for Alaskans with disabilities, especially in rural and remote regions of the state, is considered by consumers and advocates to be an important challenge. They need to own affordable housing, and need low-interest loans with which to buy housing.

Housing must be integrated in the community. Parents and providers state that existing housing opportunities negatively impact independence, productivity, and integration of individuals with disabilities. Barriers to owning one's own housing include the requirement for down payments, an individual's ability to receive financing with limited credit, and low to no employment.

In general, programs to assist low income Alaskans with disabilities to purchase or alter their own homes have been scant and short-lived. This inadequacy affects people with disabilities and their families most acutely.

The homes that families have found adequate in the past may require substantial modification to accommodate family members with serious disabilities. Often, the family member with a disability has had to leave home and travel to a larger population center to find adequate housing.

*ALASKA HOUSING FINANCE CORPORATION.* Alaska Housing Finance Corporation (AHFC) has a seven-member board. AHFC assists in providing decent, safe, and sanitary housing by providing mortgage loan financing. Under federal programs, AHFC operates the state's public housing and subsidizes rents for some low income people.

AHFC also provides for financing, construction, and acquisition of public buildings to lease to the state in parts of Alaska. Its funding comes from the state and federal government, and is not included as part of the General Fund.

AHFC's Special Needs Advisory Committee is responsible for identifying and implementing ways to meet the housing needs of Alaskans with disabilities. The Council, as part of that committee, has recommended that AHFC develop new lending programs to allow individuals who have disabilities to purchase their own homes.

For FY98, the legislature approved a \$1.5 million AHFC expenditure to build three group homes for people with developmental disabilities who are leaving Harborview Developmental Center.

**PUBLIC HEALTH NURSES**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
State Health Services	Nursing	Federal Receipts	833.3	1,231.9	1,061.9
		General Fund	8,382.9	8,050.1	8,139.4
		Other	4,060.8	4,185.9	4,123.6
		<b>Total</b>	<b>13,277.0</b>	<b>13,467.9</b>	<b>13,524.9</b>

An estimated 76,000 Alaskans are uninsured. About 21,000 Alaskan children have no public or private health care coverage. Health care spending in Alaska more than doubled from \$479.7 million in 1979 to \$1.597 billion in 1991. In sharp contrast to spending, Alaskans' general health ranked 46 of 50 states.

Public Health Nurses (PHNs) are the local community presence for the Division of Public Health. Most PHN services are directed towards young children and their families. The system focuses on prevention, providing immunizations, EPSDT and Well Child Clinics, reproductive health services, prenatal/post-partum services, and investigations of communicable disease outbreaks such as tuberculosis. PHNs provide services through 21 Public Health Centers in over 250 Alaskan communities. One hundred PHNs served clients over 145,000 times in 1994.

Public Health Nursing services have been available statewide for over 50 years. Funding constraints have dramatically reduced the ability to provide needed training to maintain a skilled workforce, creating a major barrier to keeping up with the demand for services.

For more information about Public Health Nurses call Karen Pearson at 465-3090.

**MATERNAL, CHILD, AND FAMILY HEALTH SERVICES.**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
State Health Services	Maternal, Child & Family Health	Federal Receipts	5,538.0	5,541.5	5,762.5
		General Fund	3,883.6	2,161.4	2,150.2
		GF/MH	73.6	70.4	100.4
		Other	770.4	1,248.9	1,733.1
		<b>Total</b>	<b>10,265.6</b>	<b>9,022.2</b>	<b>9,746.2</b>

The Section of Maternal, Child, and Family Health (MCFH) promotes optimum health outcomes for all Alaskans by coordinating with the private and public providers within the health care system. MCFH assists communities and providers to build the capacity for services designed to meet the unique needs of Alaska's families.

The Health Care Program for Children with Special Needs funds services for children with serious medical conditions who meet specific eligibility criteria. This cost can be attributed to GF/MH because the services alleviate conditions that could create more debilitating disabilities for beneficiaries.

MCFH also delivers preventive, rehabilitative, and educational services to families. These services include family planning, prenatal care and testing, early intervention, oral health, well-child programs, audiology, adolescent health, nutrition, health care programs for children with special needs, specialty clinics, and the Women, Infants, and Children nutritional supplement program.

Medical screening is available for children who are thought to be at risk for a disabling condition. Genetic screening and counseling helps families evaluate genetic conditions and family history that may lead to the birth of a child with disabilities.

For more information about MCFH call Pamela Muth at 269-3400.

## MEDICAID

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
Medical Assist.	Medicaid Non-Facility	Federal	66,874.5	87,036.0	104,298.8
		General Fund	55,822.6	52,826.0	52,237.5
		GF/MH	10,952.5	12,548.9	13,547.3
		Other	286.6	1,491.2	3,307.9
		<b>Total</b>	<b>133,936.2</b>	<b>144,900.1</b>	<b>173,391.5</b>
	Medicaid Facility	Federal	71,749.8	86,842.5	91,858.2
		General Fund	62,280.0	44,194.0	48,557.3
		GF/MH	9,731.2	12,648.4	12,476.6
		<b>Total</b>	<b>143,761.0</b>	<b>143,684.9</b>	<b>152,892.1</b>
	Waivered Services	Federal	5,918.6	6,894.2	11,413.4
		General Fund	2,108.3	2,237.5	1,756.6
		GF/MH		4,566.7	5,916.1
		Other	3,073.9	0.0	0.0
		<b>Total</b>	<b>11,098.8</b>	<b>13,788.4</b>	<b>19,086.1</b>

Medicaid is the health care financing program for Alaskans who are poor or have disabilities. Medicaid consists of nearly 40 percent state funding and 60 percent federal funding. The state's Medicaid plan includes a variety of services that are listed by priority. State funding limits the amount and level of service provided. In the past, some services, including eyeglasses and dental care, have not been available to adults because of limited funding.

Most Alaskans who use Medicaid cost the state less than \$1,000 per year. By contrast, most Alaskans who have disabilities require intensive medical or long-term care, which is costly. Eliminating the very services that allow these Alaskans to be productive (eye care, hearing aids) increases state costs.

**MEDICAID WAIVERS AND OPTIONS.** Each state may modify its Medicaid plan to better meet the needs of its citizens. Medicaid waivers assist the state in maximizing use of federal dollars. Alaska has four Home and Community Based Service waivers. One Medicaid Home and Community Based waiver may cover the costs of services in home and community based settings to

329 people who have developmental disabilities and require an institutional level of care. Other waivers cover the costs of services to adults who have physical disabilities, children with complex medical conditions, and senior citizens who require nursing home levels of care

People with developmental disabilities benefit greatly from non-facility, home and community based services. The home and community based waivers are not entitlements under the law. Waiver services have been combined into the Medicaid non-facility component. The Council recommends full funding of non-facility Medicaid services, with some waiver costs paid with GF/MHT funds.

The TEFRA Option assists families with children under age 18 who experience certain conditions and require an institutional level of care. The basis for eligibility for the TEFRA Option requires the state to consider only the child's income and assets.

For more information about Medicaid call Bob Labbe at 465-3355.

**PFD HOLD HARMLESS**

DHSS BRU	Component	Source	FY97 Actuals	FY98 Authorized	Governor's FY99 Rec.
PFD Hold Harmless	PFD Hold Harmless	PFD	20,801.4	21,455.2	20,671.6

The Permanent Fund Dividend Hold Harmless program was established in 1982 as part of the legislation that helped create the Permanent Fund Dividend (PFD). State law protects public assistance recipients from having their dividend count as income or as an asset for four months each year. The hold harmless benefit is equal to the amount the individual would have received if the dividend program did not exist. The Alaska Temporary Assistance Program (ATAP), Food Stamp (FS) program, Medicaid and Adult Public Assistance (APA) are all protected by the hold harmless provision.

The Division of Public Assistance encourages recipients to use their PFDs to help attain self-sufficiency by securing reliable transportation, stable housing, or other items that help the family transition from welfare to work. Many families deposit a portion of their children's PFDs into the Advanced College Tuition program. Families with disabled or elderly members often use their PFDs to pay for medical costs not covered by Medicaid or Medicare, or to supplement basic needs such as rent and utilities.

Periodically, legislation is proposed that would eliminate the hold harmless provisions of the PFD program. Without the hold harmless provisions, many needy families would suffer an annual disruption of their public assistance which could seriously affect their ability to meet basic needs. Deletion of the hold harmless provision could result in thousands of Alaskans losing ATAP, FS, or APA benefits for a month or more each year. Many of those who lost benefits could apply for and receive General Relief, which is funded solely by state general funds.

**PERSONAL ASSISTANCE**

DOA BRU	Component	Source	FY97 Actuals	* FY98 Authorized	Governor's FY99 Rec.
Division of Senior Services	Home Health Services	General Fund	1,568.9	1,581.5	1,627.9
		Other	138.4	290.1	105.0
		<b>Total</b>	<b>1,707.3</b>	<b>1,871.6</b>	<b>1,732.9</b>

*In FY98, Personal Assistance became part of the Division of Administration BRU, moving from the Department of Health and Social Services.*

People with significant self-care and mobility limitations may require Personal Assistance Services (PAS) to transfer to and from wheelchairs, eating, personal hygiene, dressing, and other daily living needs. Personal Assistants provide most of these services. Chore Service Providers help with day-to-day chores such as grocery shopping, laundry, and washing dishes.

Medicaid pays for these services for eligible individuals when provided by personal care agencies or independent personal assistants enrolled with Medicaid. The Division of Medical Assistance and the Division of Senior Services share responsibility for management of the program.

Recent changes in federal law regarding Medicaid, and the Governor's proposed "Medicaid Buy-In" bill allow individuals with disabilities whose family income is above the Medicaid eligibility level to retain their medical coverage, through premiums based on an income sliding scale. This provides a strong work incentive for people with disabilities by allowing them to return to work without the threat of losing necessary medical coverage, including personal assistant services.

HB 348 and SB 253 would amend the definition of PAS to be consistent with changes in federal law. Should HB 348 or SB 253 pass, PAS would become more flexible and result in a more appropriate delivery of in-home services.

For more information about PAS call Susan Cook at 269-3666.

## **TRANSPORTATION**

Because Alaska has a comparatively small number of highway miles, providing adequate transportation for its citizens is a major challenge for local and state government. Transportation is a serious barrier to integrating people with disabilities into the community. Many residents simply cannot get to and from the centers of community, employment and civic life, preventing both people with disabilities and the community from experiencing the benefits of inclusion.

For the thousands of Alaskans who experience a significant disability, this lack of adequate transportation results in risks to personal health and safety. Meaningful community inclusion for people with disabilities will not occur until there is a safe, convenient, and reliable means to get around to the places frequented by other citizens. In almost every town and city in Alaska, cuts in public transportation budgets have disproportionately affected people with significant disabilities. Inconvenient schedules of operation, long waiting periods, or no transportation services at all represent the everyday obstacles commonly faced by people with disabilities in their efforts to live and function side by side with their fellow community members.

In some communities, one or more local agencies operate buses or lift vans for transporting elderly people and people with disabilities. Often, funding for these vehicles restricts the types of individuals who can ride them. Poor coordination among agencies with lift vans leaves unnecessary service gaps. The Department of Transportation and Public Facilities employs a Transportation Coordinator to assist communities and organizations in finding assistance to purchase vehicles, and coordinate transportation systems.

For more information call Bruce Wells at 465-6991.

**Waiting lists for DD and ILP services**  
**Analysis by Legislative District**  
**January 1998**

<i>House District</i>	<i>Senate District</i>	<i>Consumers in these communities</i>	<i>ILP Wait List</i>	<i>DD Wait List</i>
1	A	Ketchikan, Annette, Hyder	26	20
2	A	Sitka, Petersburg, Wrangell	0	18
3,4	B	Juneau, Douglas, Funtler Bay	9	58
5	C	Craig, Gustavus, Yakutat	0	18
6	C	Kodiak, Port Lions, Afognak	5	13
7	D	Homor, Seldovia, Anchor Point	14	24
8	D	Seward, Soldotna, Moose Pass	12	34
9	E	Kenal, Nikiski, Salamanoff	15	14
10-23	E-L	Anchorage	22	260
24,25	L,M	Eagle River	5	28
25,26	M	Chugiak	1	10
26,28	M,N	Wasilla	8	47
27	N	Palmer	5	34
28	N	Willow, Houston	2	5
29-31	O,P	Fairbanks	10	84
32-34	P,Q	North Pole, Two Rivers, Salcha	6	20
35	R	Valdez, Delta, Cordova, Paxson	8	19
36	R	Aniak, Fort Yukon, Chitina	18	28
37	S	Barrow, Kotzebue, Shishmaref	10	13
38	S	Nome, Unalakleet, St. Marys	92	28
39	T	Bethel, Dillingham, Kwethluk	59	52
40	T	Adak, St. Paul, Sand Point	2	11
		<b>Total</b>	<b>329</b>	<b>838</b>

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