

ALABAMA HOUSE HEALTH EDUCATION & SOCIAL SERVICES 2001 2002 00/2

10190 HOUSE HEALTH EDUCATION & SOCIAL SERVICES 35

Missions & Measures

Draft as of January 6, 1999

Program: Pioneers Homes

Statutory reference: A.S. 47.55 and A.S. 44.21

Mission.

Provide senior Alaskans, especially those with needs associated with Alzheimer's Disease and Related Disorders, a safe, home-like environment that meets their dietary, recreation and therapeutic requirements at an affordable cost.

Performance measures.

- 100% criteria met in each resident's contract (as required for Assisted Living License)
- Percentage change in reported incidents related to resident injury.
- Percentage increases in overhead will not exceed the Consumer Price Index.
- 6 (100%) Pioneers Homes will be registered as Eden Alternatives Homes by 12/31/98.
- 6 (100%) Pioneers Homes will be certified as Eden Alternatives Homes by 6/30/2000.

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services – Residential Choices

Statutory reference: § 47.65

Mission.

Provide quality residential alternatives for vulnerable Alaskans in their home communities.

Measures.

- Number of Assisted Living units statewide.
- % change of rural Assisted Living units available by region (regions measured individually).
- % of Assisted Living Home licenses renewed annually without violations.
- % of suspended Assisted Living Home licenses cleared within 90 days.
- % of Assisted Living Home licenses renewed with adequate business management practices as defined by Division policy.
- % of waiver days (out of total of waiver and nursing home days) in Medicaid.
- % of waiver decisions made within __ days.
- % change of independent Personal Care Attendants enrolled as Medicaid providers.
- Number of communities with enrolled Personal Care Attendants.

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services

Statutory reference: § 47.65

Mission.

Maximize the independence of vulnerable and elder Alaskans by providing choices and access to prevention, wellness and quality long term care services.

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services
Project: Data Integration Project
Authority:

Mission

Capture and track client information in an integrated data system to expedite coordinated services to Alaska's seniors.

Performance measures.

- Complete the business process mapping for the data integration project by 6/30/99.
- Implement data integration by 6/30/01.

Missions & Measures

Draft as of January 6, 1999

Program: Senior Services
Project: Grant Management System

Authority:

Mission

Standardize a process and procedure for grant administration and evaluation to provide community and home based services to Alaska's seniors.

Performance measures.

Develop evaluation criteria for grant management that promotes

- Collaboration with public and private partners,
- Access to quality services,
- Prevention and wellness education, and
- Self-determination.

Implement evaluation criteria by 6/30/01.

APPENDIX G

PCA RECOMMENDATIONS

(The attached proposed recommendations were presented to the Task Force, but were neither discussed nor adopted by the Task Force.)

RECOMMENDATIONS

PERSONAL CARE ATTENDANT PROGRAM IN ALASKA

December 15, 1998

A steering committee, called the PCA Design Team composed of 14 people including consumers, providers, advocates, and state staff from 7 agencies, contemplated the strengths and weaknesses of delivery of Personal Care Attendant Services in Alaska, including Medicaid-reimbursed services. The PCA Design Team then presented their thoughts at a larger meeting called the PCA Summit held on November 14, 1998. Approximately 75 people from all over the state, including providers, consumers, advocates and state agency staff, attended to discuss the issues and develop clear objectives for improving the delivery of PCA services in Alaska. As a result of that process, the PCA Design Team makes the following recommendations:

1. Remove the Medicaid rates of reimbursement from regulation, and instead set rates by a mechanism that is responsive to and reflective of market factors that influence cost of service.
2. Equalize the rates of Medicaid reimbursement for agency and independent PCA providers for comparable services.
3. Revise the "scope of services", "excluded services", and definition of "skilled nursing care" under 7 AAC 43.750, 43.755 and 43.795(2) to expand the types of Medicaid-reimbursable services PCAs may perform. [This may also require clarification or revision of statutes and regulations governing the practice of registered nursing or practical nursing.]
4. Allow recipients the choice to have nursing supervision of their service plan, or not.
5. Rename the "time for task" form to "service plan". Eliminate the time allotments from the recipient's service plan; and provide reasonable time allotments as guidelines in a new booklet entitled, "PCA Service Plan Guidebook."
6. Perform service plan assessments by third party (independent of the PCA agency providers and the State), with a preference for assessment by local personnel familiar with the recipient's community and available resources. Mandate regular visits in the recipient's home by the assessing entity to ensure that assessments and re-assessments are based on personal knowledge of the recipient's needs. Entities proposed to do such assessments: (1) Public Health nurses; (2) First Health or similar utilization review contractor; (3) independent RNs.
7. Add PCA services as a waiver service to all waiver programs - do this as a compliment to the regular Medicaid PCA services and not in place of regular Medicaid PCA services.
8. Establish a referral service of PCA providers, with a statewide toll-free number, to allow recipients to locate available PCA providers and back-up or on call personal care attendants.
9. Establish a formal recipient-driven grievance process statewide.

10. Use the PCA grant program to provide PCA services to eligible recipients on a co-pay basis.
11. Open the agency provider pool to include any provider that meets the enrollment requirements.
12. Establish professional standards for personal care attendants and develop a certification program for PCAs.
13. Conduct a study on actuarial claims data to compare home and community based services, including PCA services, and institutional services.

Guiding Principles for Personal Care Attendant Services

Personal Assistance Services are a variety of services that provide assistance to persons who are elderly and/or may experience a disability. These services may include, but are not limited to: personal care attendant services, chore services, respite services and health related services. The following principles apply to personal care attendant services.

1. Recipients must have control in selecting, managing and controlling their personal care services.
2. Personal care services must be community based and culturally relevant to the recipient.
3. Eligibility for personal care services must be based upon functional need.
4. Personal care services must be available at home and in other locations of each person's choice. People must not need to be "home bound" in order to receive these services.
5. Personal care services must be available 24 hours a day, seven days a week.
6. Backup and emergency personal care services must be available at all times.
7. Personal care services will be available to all Alaskans with a variety of payment models, including co-payment.
8. Training in the management and supervision of personal care attendants will be available to interested recipients.
9. Personal care attendants will be adequately compensated.
10. Personal care services will be written in an agreed upon individualized service plan.
11. Health related tasks can be delegated to and done by personal care attendants.
12. Recipients must be able to receive the same quality and level of services in the setting of their choice throughout the state.
13. There will be a variety of models of service delivery available to all Alaskans.
14. Personal care services will be provided with a high standard of quality of care.
15. Personal care services will have periodic evaluations using consistent state wide standards.
16. All recipients of personal care services must have access to a consumer driven and fair grievance process.
17. All communities will be given authority to develop services based on their unique needs and service delivery options.

APPENDIX H

ALASKA COMMISSION ON AGING

(The attached preliminary findings were presented to the Task Force, but were neither discussed nor adopted by the Task Force.)

FINDING THE

COMMON GROUND

from the Alaska Commission on Aging

Preliminary findings from:

Alaskan Seniors: Finding the Common Ground

A Statewide Conference sponsored by
The Alaska Commission on Aging

September 21 - 23, 1998: Regal Alaskan Hotel, Anchorage

From September 21 - 23, one hundred community, agency, and senior advocacy leaders from across Alaska met to identify and address opportunities and challenges affecting the growing numbers of older Alaskans. Together they defined the "common ground" uniting their organizations and businesses, and developed strategies to act on those shared challenges and opportunities. The Conference Steering Committee will present the conference findings and recommendations in a November report.

The fundamental message from participants: ***Increase collaboration*** -- between seniors, their families, senior advocacy organizations, local agencies and governments, private business, the medical community, and state & federal government agencies. In this way, we will share responsibility to create a focus on:

- **Increased access**
 - ◆ to information on current services available to seniors,
 - ◆ to the actual services.
- **Education and information - in relation to**
 - ◆ the exploding statewide senior community and the opportunities and challenges this represents
 - ◆ building the geriatric expertise of the entire 'circle of caring' involved in assisting frail older Alaskans: families, community agency caregivers, assisted living providers, the home health and medical communities.
- **Assurance of quality in relation to**
 - ◆ actual services provided through the public and private sector
 - ◆ streamlining access to services.
- **Seniors exercising increased self-determination to**
 - ◆ pursue the Legislative Long Term Care Task Force concept of reinvesting Longevity Bonus phase-out funds. Why? To assist in supporting services to assist frail and ill seniors to live independently as long as possible
 - ◆ reach out to the medical community to identify and address unmet geriatric medical needs
 - ◆ secure increased consumer protection within our State.
- **Applying prevention to increase wellness - we know that**
 - ◆ healthy lifestyles significantly contribute to older Alaskans abilities to live independently. This is most fulfilling and relatively speaking, "Health doesn't cost; illness does!"
 - ◆ achieving healthy lifestyles occurs through lifelong education and promotion of
 - healthy nutrition and regular exercise
 - tobacco and alcohol/drug free lifestyles
 - social involvement and helping others.



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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW

PUBLIC

HEALTH

INITIATIVE

1/16/01

Alaska Public Health

More than a One-Shot Deal



- ☑ More and better trained public health professionals
- ☑ State-of-the-art communications network
- ☑ Better equipped State Laboratories
- ☑ Tracking of diseases & environmental exposures 1

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The Trust for
America's
Health

www.healthyamericans.org

Close Encounters of the 1st Kind: *Core Public Health*

Anchorage Daily News

PRICE 50 CENTS



⇒ *Vaccine preventable diseases*

⇒ *TB*

⇒ *Hepatitis A*

⇒ *AIDS*

⇒ *Foodborne illness*

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

Close Encounters of the 2nd Kind: *Emerging Infections*



E. coli bacterium

⇒ *Hepatitis C*

State of Alaska
Epidemiology



Bulletin

⇒ *E. coli* 0157:H7

⇒ *Summer influenza among tourists*

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who
days

5/97
8-99
ntly

⇒ *Echovirus 18 viral meningitis*

Close Encounters of the 3rd Kind: ***TERRORISM***



Explosive

▷ *Chemical*

▷ *Nuclear &
radiological*

▷ *Biological*

Public Health Preparedness for Bioterrorism

⇒ Detection

⇒ Investigation

⇒ Response

Detection: *Surveillance System*

- **Disease Reporting Requirements**

- Providers
- Laboratories

- **Providers**

- Recognize disease
- Obtain appropriate diagnostic specimens
- Reporting

- **Laboratories**

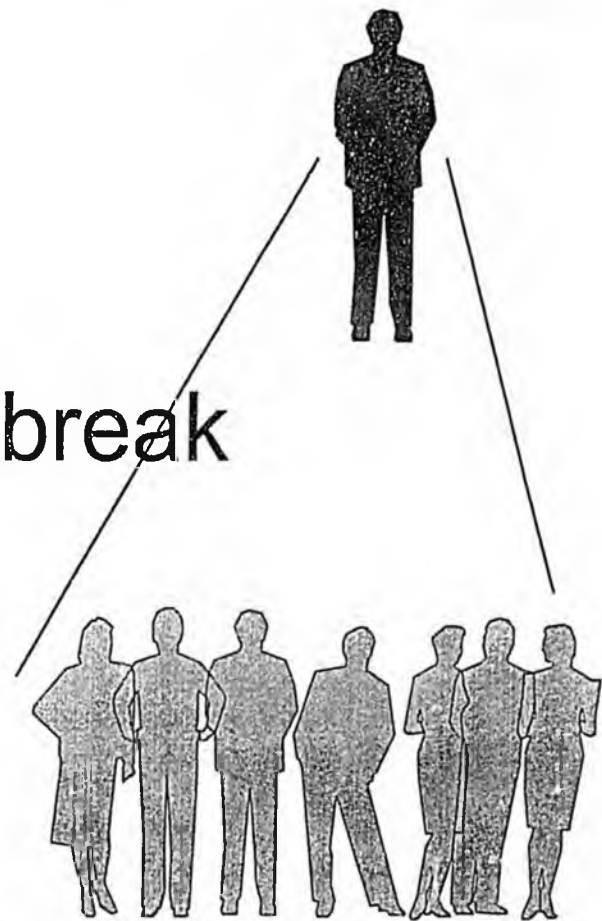
- Diagnostic testing
- Reporting

- **Public Health Nurses**

- Recognize disease
- Reporting
- Obtain specimens

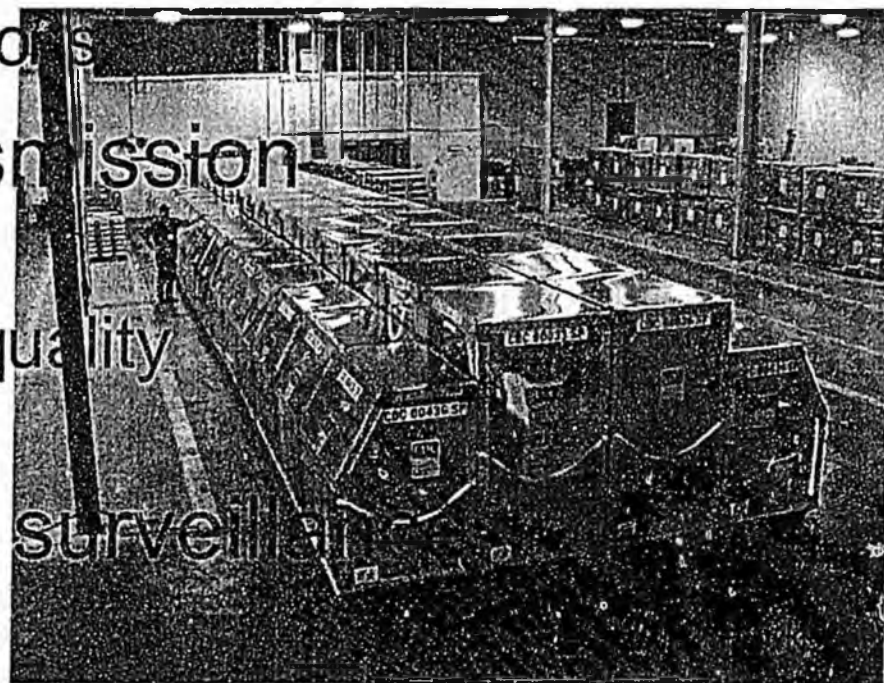
Investigation: *Diagnosis*

- Identify the disease
 - In the individual
 - In the community
- Establish existence of outbreak
- Characterize outbreak
 - Time
 - Place
 - Person



Response: Control & Prevention

- Implement control measures
 - Treat sick persons
 - Prophylax exposed persons
- Interrupt disease transmission
 - Vaccines & antibiotics
 - Control of food & water quality
 - Isolation and quarantine
- Establish tracking and surveillance
 - Monitor for new illness
 - Monitor for disease transmission



Public Health Planning for Bioterrorism

⇒ Preparedness

⇒ Surge Capacity

⇒ Communication

Preparedness

Adequate legal authority

Familiarity with exercising authority

Protection of public

Protection of individual rights

Due process

Systems in place

Expertise available

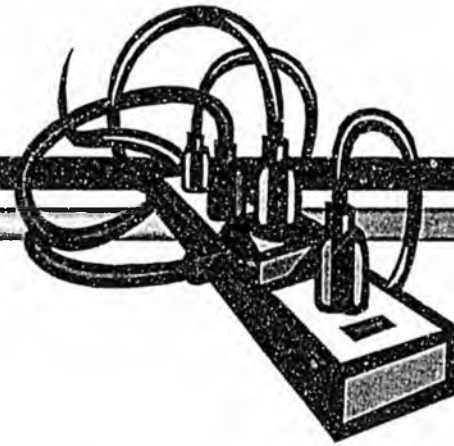
Begin developing capacity *now*

Bioterrorism Drills and Exercises

- Response to a threatened or actual bioterrorist event requires multiagency planning and coordination.
- Drills & exercises must be performed regularly at several levels:
 - State
 - Community
 - Health care facility



Surge Capacity



- The ability to respond to large numbers of affected persons
- The ability to respond to multiple diseases simultaneously

Communications

- Health care providers
- Policy makers
- Patients and their families
- Persons exposed
- General public
- Agencies
- Media



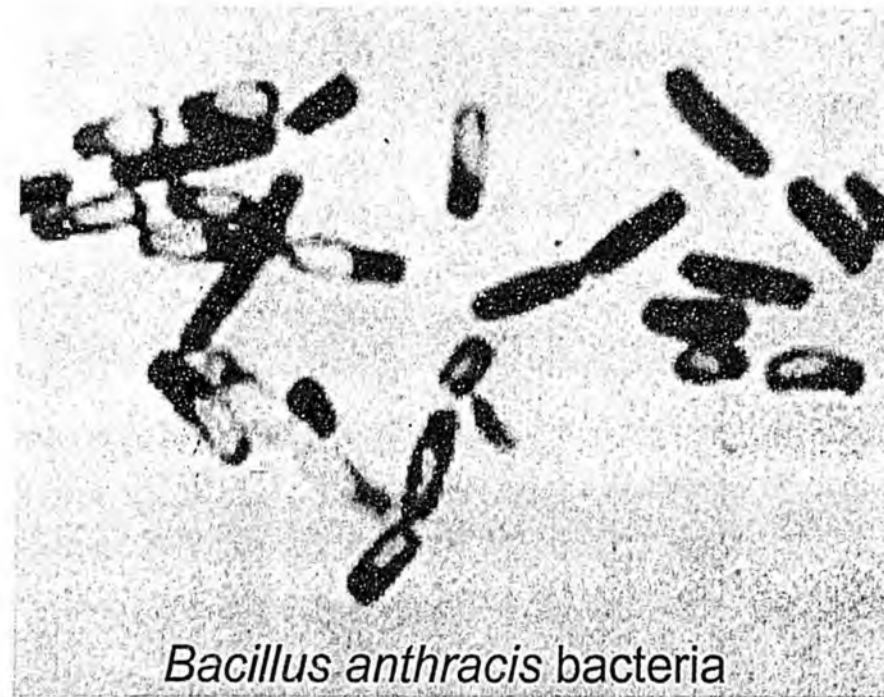
Health Alert Network

- AK Public Health Alert Network
- AK Public Health Training Network – distance learning
- Improved internet capacity for public health centers and Regional EMS Councils
- Other collaborative integrated communications systems.



Anthrax

Impact in the U.S. and Alaska



Bacillus anthracis bacteria

US Anthrax Cases

(Oct 8 – Dec 20, 2001)

Type of Anthrax	<i>Location</i>					Total
	FL	NYC	DC	NJ	CT	
Inhalation	2(1)	1(1)	5(1)	2(1)	1(1)	11(5)
Cutaneous	0	7	0	5	0	12
Total	2(1)	8(1)	5(1)	7(1)	1(1)	23(5)

Cases (Deaths)

US Anthrax Facts

(Oct 8 – Dec 20, 2001)

- 32,000 persons potentially exposed
- 5,000 persons on 60-day antibiotics
 - Ciprofloxacin (\$2,550,000)
 - Doxycycline (\$1,050,000)
 - Penicillin (\$ 216,000)
- 7,500 specimens per week tested (\$1,125,000)
- Since 8 October cost > \$10M public funds

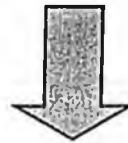
Alaska Anthrax Facts

(Oct 8 – Dec 20, 2001)

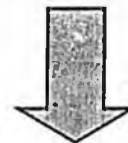
- Zero persons exposed
- 110 incidents
- 69 incidents required lab testing
- 345 lab tests (\$51,750)
- Responders
 - Local Law Enforcement, State Troopers & FBI
 - Fire Department & HazMat
 - Military
 - Division of Emergency Services - SECC
 - Division of Public Health

Alaska: Suspected Cutaneous Anthrax Investigation

12/12/01 Evening consultation for cutaneous
lesion in a mail handler

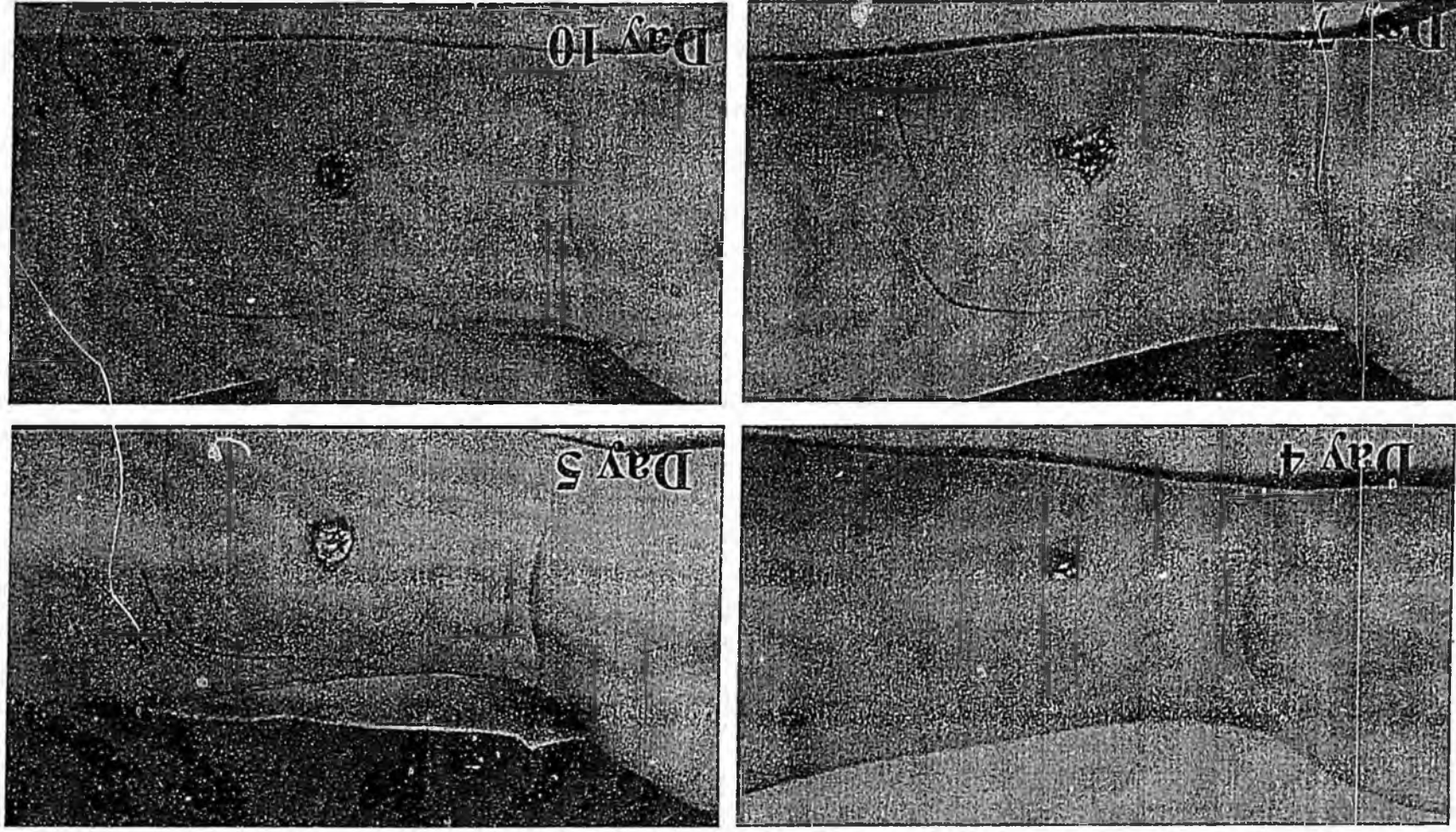


State Laboratory testing at midnight



Diagnosis of anthrax considered possible

Confirmed Cutaneous Anthrax NYC DOH - October 2001



<http://www.nyc.gov/html/doh/html/cd/wtc1hcp.html>

Alaska: Suspected Cutaneous Anthrax Investigation

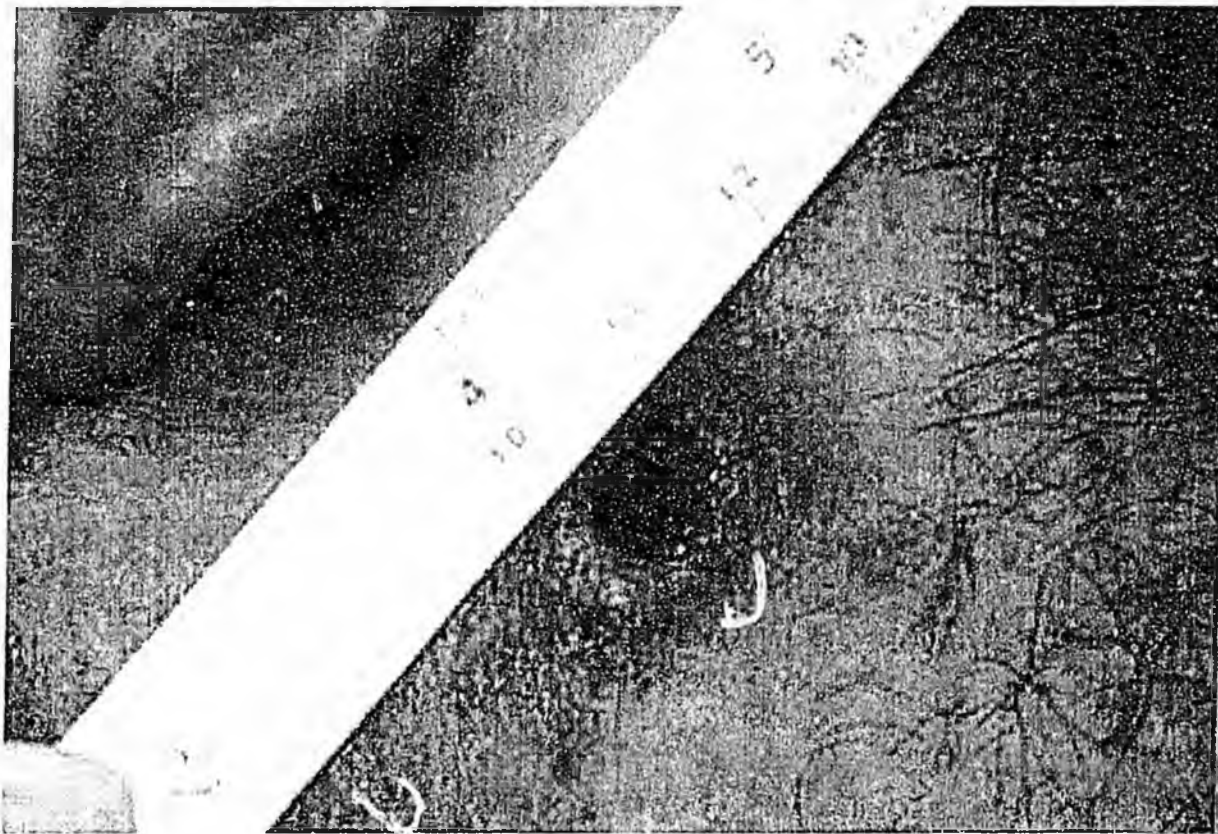


Figure 1 - ***Suspected*** cutaneous anthrax in a mail handler, North Slope, Alaska.
December 11, 2001

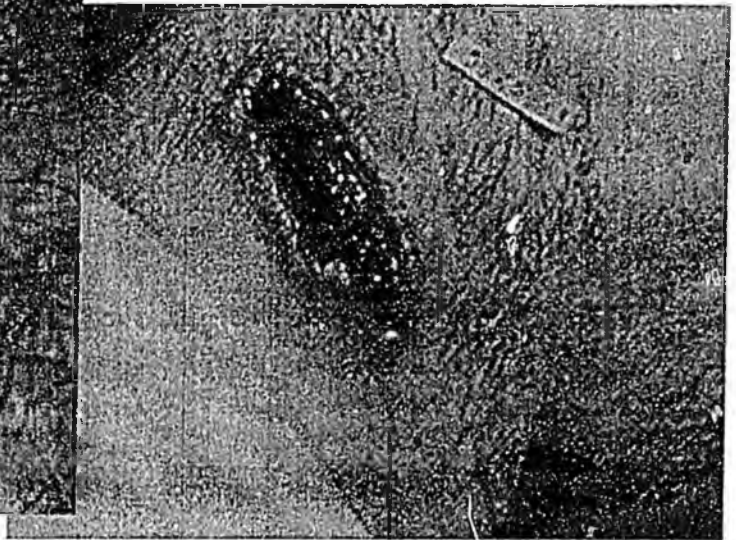


Figure 2 - ***Confirmed*** cutaneous anthrax (Journal of the American Medical Association, 1999;281:1735-1745)

Alaska: Suspected Cutaneous Anthrax Investigation

- Immediate needs
 - Rapid communication - multiple agencies
 - Confirmation of diagnosis
 - Obtain appropriate specimens for lab testing
 - Treat patient(s)
- Coordinated efforts
 - Law enforcement
 - Public health
 - USPS



Alaska: Suspected Cutaneous Anthrax Investigation

- If anthrax was confirmed, the following actions would be needed:
- Establish risk/exposure path
- Determine who is at risk
- Determine need for medical prophylaxis
- Determine need for environmental testing



Alaska: Implications of Confirmed Anthrax

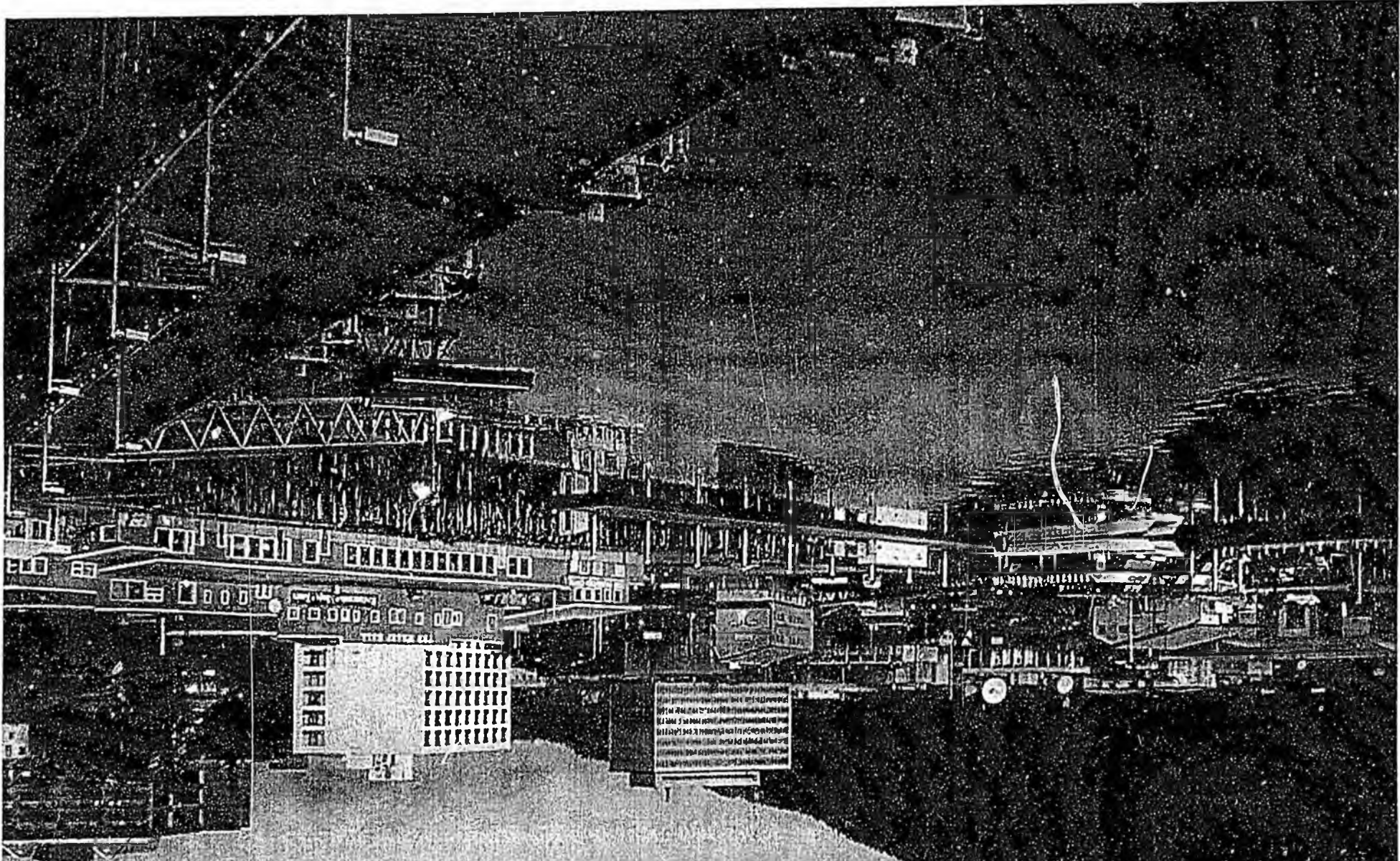
- Impact on Alaska mail distribution
 - Closure of mail system before Christmas
- Need for mass medication administration
- Environmental sampling
- Environmental decontamination



Alaska:

Simultaneous public health events

- Encephalitis in Anchorage schools
 - Meningococccemia
 - Epstein-Barr virus encephalitis
 - Enterovirus
- Botulism in Y-K Region
- Influenza outbreak statewide
- Rabies exposure on North Slope
- Viral meningitis in Prince William Sound



Homeland Security: What is the Cost?

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#1 Homeland Security

Public Health Nursing - \$734.2 GF

- **Increase Nursing staff to improve PHN ability to identify & respond to a terrorist attack**
- **Enhance travel & operational support to ensure staff are adequately trained**
- **Hire Bioterrorism Nurse Specialist to train & advise PHN staff & ensure skills are up to date**
- **Increase communications capacity to ensure PHN ability to receive and send critical information**

#2 Homeland Security

Laboratories-\$1,424.3 GF

- **Increase personnel services funding to enhance recruitment & retention of microbiologists to do critical lab work**
- **Increase availability of lab test kits and supplies to ensure lab tests can be done quickly, in the required numbers**
- **Enhance the computer system within the lab to ensure test results, findings & information can be disseminated quickly**

#3 Homeland Security

Epidemiology - \$842.8 GF

- **Increase the physician and nurse epidemiology capacity to:**
 - better educate health care providers about bioterrorism
 - provide additional medical direction & support in the event of an attack
- **Increase ability of the epi staff to travel and provide training and support to public & private provider communities**
- **Hire a pharmacist to ensure pharmaceutical management capacity in advance of and in the event of a terrorist attack**

#4 Homeland Security

EMS - \$598.5 GF

- **Improve the communications networking between all agencies involved in bioterrorism**
 - Provide coordination for new communication initiatives

- **Support the ability of the EMS regions to train local responders and communities relative to their role in a terrorist attack**



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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW

SEPARATE

AGENCY

FOR

BLIND

2/21/02



AMERICAN COUNCIL OF THE BLIND

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Telephone (202) 467-5081 • Fax (202) 467-5085 • www.acb.org

Charles Crawford
Executive Director

Text of ACB draft Commission for the Blind model legislation.

An Act creating a State Commission for the Blind, specifying the powers and duties of the Commission, transferring functions otherwise assigned; and for other purposes

SHORT TITLE

SECTION 1. This Act may be cited as the Commission for the Blind Act"

PURPOSE AND POLICY

SECTION 2.

(a) **PURPOSE:** The purpose of this Act is to establish and authorize a coordinated program of services, which will be available to individuals who are blind throughout the state. The program shall be designed to maximize employment opportunities for such individuals and to increase their independence and self-sufficiency.

(b) **POLICY:** It is the policy of the State that all programs, projects, and activities of the Commission shall be carried out in a manner consistent with the following principles

(1) Respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers based on informed choice;

(2) Support for the involvement of an individual's representative if an individual requests, desires, or needs such support;

(3) Respect for the individual's privacy and equal access to programs and information, including the use of accessible formats;

(4) Integration and full participation of individuals who are blind in society on equal terms with others; and

(5) a balanced approach to consumers and consumer organizations to guarantee the available and free exchange of ideas from which informed choices can be made.

ESTABLISHMENT AND COMPOSITION SECTION 3.

(a) The Commission for the Blind is hereby created. The Commission shall consist of five members appointed by the governor and qualified to serve based on knowledge and experience in rehabilitation and related services for the blind. A majority of the members shall be blind and represent a balanced cross section of the blindness organizations and community. No member of the Commission shall be employed by the Commission during the term of such membership.

(b) The Governor shall consult with recognized consumer groups of blind people in the state to obtain recommendations of individuals to be appointed.

(c) The appointment of each Commissioner shall be for a three-year term, except that the Governor shall specify shorter

terms in the initial appointment in order to establish a rotation. Two of the initial appointments shall be for two-year terms and two of the initial appointments shall be for one-year terms as specified by the Governor. Thereafter, all Commissioners shall be appointed for three-year terms.

(d) The Commission shall meet quarterly and at such other times, as the Commissioners shall determine. The chairman of the Commission shall be elected by the members present and voting at the first meeting of the Commission and annually thereafter. Commissioners shall receive no salary, but shall be allowed the usual mileage, subsistence and per diem as authorized by law. A majority of the members of the Commission shall constitute a quorum to transact business.

PERSONNEL

SECTION 4.

(a) The Commission shall appoint an Executive Director with knowledge and experience in rehabilitation and related services for the blind. The Executive Director shall serve as secretary to the Commission and shall be the chief administrative officer of the agency. The Executive Director's appointment shall be for an indefinite period but may be terminated for cause as determined by a majority of the Commission. Preference shall be given to employing an individual who is blind and meets the qualifications specified by the Commission for the position of Executive Director.

(b) The Executive Director shall employ such personnel as are needed and shall fix their compensation in a manner consistent with state law.

POWERS AND DUTIES

SECTION 5.

(a) The Commission shall--

(1) Develop and carry out a state plan for vocational rehabilitation services for individuals who are blind pursuant to section 101 of the Rehabilitation Act of 1973, as amended.

(2) Provide independent living and social services for blind and visually impaired individuals, including but not limited to, services for older blind individuals pursuant to Title VII of the Rehabilitation Act of 1973, as amended.

(3) Establish, equip and maintain an orientation and adjustment center or centers to provide prevocational and other training (such as, but not limited to, Braille, use of the long white cane for independent travel, and computer and adaptive technology training) to prepare blind and visually impaired persons for eventual vocational training, job placement, and maximum independence in the larger community.

(4) Establish and carry out a small business enterprises program for individuals who are blind, and serve as the state licensing agency for blind individuals pursuant to the Randolph-Sheppard Act.

(5) Establish and administer a statewide program for the certification of individuals who are qualified to teach Braille to blind individuals (including individuals attending elementary and secondary schools), using performance criteria based on the National Literary Braille competency examination administered by the Library of Congress.

(6) Purchase specialized equipment and technology for the blind and visually impaired directly from specialty vendors without state

centralized purchasing procedures.

(7) Provide library services to persons who are blind and persons with physical disabilities in cooperation with the Library of Congress.

(8) Create and maintain an instructional media center for the production, purchase, distribution, reallocation, and warehousing of accessible materials for blind children and adults.

(9) Provide technical assistance in cooperation with other appropriate agencies to assist the state education agency and local education agencies in the provision of auxiliary aids and services to blind students and their parents in complying with the Americans with Disabilities Act and the Individuals with Disabilities Education Act, as amended;

(10) Provide technical assistance to agencies within the state in order to assure that information technology purchased or used by such agencies is accessible to and useable by individuals who are blind at the time the technology is purchased or used.

(11) Participate, through the designation of the Executive Director or an appropriate staff member of the Commission, on boards, commissions, or bodies which may exist or be established within the state for the purpose of coordination and planning of services.

(12) Conduct a review of consumer satisfaction with programs of the Commission and perform other functions of the statewide rehabilitation council specified in section 105 (c) of the Rehabilitation Act of 1973, as amended.

(13) Promulgate rules to carry out programs of the Commission;

(14) Apply for and receive money from any state or federal agency to support the programs of the Commission and receive on behalf of the state any gifts, donations or bequests from any source, to be used in carrying out the Commission's duties as described herein;

(15) Develop and administer any other program which will further the provision of services to the blind and is determined by the commission to fall within its scope of responsibility.

(16) Assist individuals who are blind in obtaining aids and appliances (including low vision aids) which are used to improve the individual's ability to function without normal sight.

(b) The Commission may carry out any of the powers and duties enumerated in this section by contract or cooperative agreement or by the direct administration of any program.

REPORTS

SECTION 6.

The Commission shall publish an annual report including a list of accomplishments, findings, and recommendations for improvement based on the agency's performance during the year. The report shall contain information needed to evaluate the progress of the Commission in meeting the needs of blind individuals in the state.

RESOLUTION OF DISPUTES

SECTION 7

(a) Any applicant for or recipient of services from the Commission who is dissatisfied with any action taken or decision made regarding such services may file a complaint setting forth the basis for the dissatisfaction and the remedy sought. Upon receipt

of the complaint the Executive Director shall inform the individual of the voluntary process available for mediation of the dispute. The mediation, if chosen by the individual, shall be conducted by a qualified and impartial mediator, and the cost shall be paid by the Commission.

(b) If the dispute cannot be resolved by mediation or other informal means, the Executive Director shall, upon request of the individual, convene an arbitration panel, which shall give notice, conduct a hearing and render a decision. The arbitration panel shall be composed of three members appointed as follows:

- (1) One individual designated by the Executive Director;
- (2) One individual designated by the individual filing the complaint;
- (3) One individual chosen by the other designees who is an impartial hearing officer as defined in section 102 of the Rehabilitation Act of 1973, as amended, who shall serve as chair of the arbitration panel and issue the decision.

The commission shall promulgate rules sufficient to regulate the conduct of all proceedings required in this section and to assure the rights of all parties participating therein.

TRANSFER PROVISIONS

SECTION 8.

(a) All appropriations, real and personal property, equipment, supplies, personnel, positions, and money which, prior to the effective date of the Commission for the Blind Act, were owned or controlled by any other agency providing services to the blind are hereby transferred to the Commission for the Blind.

(b) All existing contracts and agreements in effect concerning the Services for the Blind shall be binding upon the Commission for the Blind to the same extent that such contracts or agreements were binding upon the agency from which they were transferred to the Commission for the Blind.

(c) All reimbursements from the Social Security Administration for the successful rehabilitation of blind Supplemental Security Income or Disability Insurance recipients which are either received or claimed after the date of enactment of this legislation shall be assigned to the Commission for the Blind.

EFFECTIVE DATE

SECTION 9.

This act shall take effect on the first day of the fiscal year following the enactment of this Act.

End of text.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 6, 2002

SUBJECT: Commission for the Blind (Work Order No. 22-LS1421)

TO: Senator Ben Stevens
Attn: Kristy Tibbles

FROM: Terri Lauterbach
Legislative Counsel

TLauterbach

You have submitted material to this office that would establish a Commission for the Blind. The commission contemplated in the material would not be merely an advisory group, but would have a very wide range of operational responsibilities, among them the following:

- (1) providing vocational rehabilitation services;
- (2) providing independent living services;
- (3) providing social services;
- (4) establishing orientation and adjustment centers to provide prevocational and other training;
- (5) carrying out a small business enterprise program;
- (6) licensing individuals "pursuant to the Randolph-Sheppard Act";
- (7) establishing a statewide program to certify Braille teachers;
- (8) providing library services;
- (9) establishing and operating an instructional media center of accessible materials for blind children and adults;
- (10) assisting blind people in obtaining aids and appliances to improve their ability to function without normal sight;
- (11) administering "any other program that will further the provision of services to the blind."

This would be a very complex bill to draft. Not only are many programs involved, some of which need clarification as to their intended scope, but many of the programs are already operated by existing state agencies. That is, there are numerous statutes that already tell other state agencies to perform many of the functions that, under the material submitted, would become the responsibility of the new Commission for the Blind. Each statute that currently tells an existing state agency to perform any function in the list above, and all statutes related to that function, would need to be amended or repealed in order to move that function to the new commission. Section 8 of the material you submitted says all related money, property, and positions are transferred to the new

Senator Ben Stevens

February 6, 2002

Page 2

commission. However, that provision does not in any way take care of the many statutes that would have to be found and carefully amended in order to accomplish the transfer of legal responsibility involved in establishing the new commission.

It is highly unlikely that I could properly draft a bill of this magnitude before the personal bill deadline in the middle of this month. If you would like to simply put in a personal bill that is very incomplete and unenforceable, I can draft such a bill. Alternatively, I could draft a bill that establishes the commission as an advisory body to agencies of state government that already have the duties listed above. A third alternative would be that this bill request could become an interim project, prepared for introduction in the next regular session.

If I may be of further assistance, please advise.

TML:med

02-111.med



ALASKA INDEPENDENT BLIND

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The citation regarding a separate state VR agency for the blind appears in U.S. Code Title 29, Chapter 16, Sec. 721 - State plans, (a)(2) and reads:

"(2) Designated State agency; designated State unit

(A) Designated State agency. The State plan shall designate a State agency as the sole State agency to administer the plan, or to supervise the administration of the plan by a local agency, except that -

(i) where, under State law, the State agency for individuals who are blind or another agency that provides assistance or services to adults who are blind is authorized to provide vocational rehabilitation services to individuals who are blind, that agency may be designated as the sole State agency to administer the part of the plan under which vocational rehabilitation services are provided for individuals who are blind (or to supervise the administration of such part by a local agency) and a separate State agency may be designated as the sole State agency to administer or supervise the administration of the rest of the State plan;

(ii) the Commissioner, on the request of a State, may authorize the designated State agency to share funding and administrative responsibility with another agency of the State or with a local agency in order to permit the agencies to carry out a joint program to provide services to individuals with disabilities, and may waive compliance, with respect to vocational rehabilitation services furnished under the joint program, with the requirement of paragraph (4) that the plan be in effect in all political subdivisions of the State; and

(iii) in the case of American Samoa, the appropriate State agency shall be the Governor of American Samoa."

And here's information from the NARIC (National Rehabilitation Information Center) website (<http://www.naric.com/>) about the Mississippi State University study on the efficacy of separate blind VR agencies.

As indicated, the study was published in the Journal of Visual Impairment and Blindness, V94. Though the study itself is not available on the NARIC website, the California Council of the Blind had a version of the report on its website at this page: <http://www.ccbnet.org/study.htm>. The formatting on the web page not very good especially the tabular data, so I cleaned it up a bit and its attached as a text file (Blind_vs_Combined_study.txt).

NARIC Accession Number: J38945.

Rehabilitation of visually impaired persons in separate and general agencies.

Journal of Visual Impairment and Blindness, V94, N3, p133-145. (ISSN: 0145-482X.)

Author(s): Cavanaugh, B S; Giesen, J M; Pierce, S J.

Institution: Rehabilitation Research and Training Center on Blindness and Low Vision, Mississippi State University.

Report Number: H133B10003.

Publication Year: 2000.

Number of Pages: 13p.

Abstract: Study comparing outcomes for blind and visually impaired consumers served by general vocational rehabilitation (VR) agencies versus separate, specialized agencies serving the blind and visually impaired. Data are from the 1989 RSA-911 database containing 36,497 cases of individuals with visual impairments. Data analysis indicates that separate agencies serve consumers who are more socially and economically disadvantaged, have more severe visual impairments and more secondary disabilities, and incur greater service costs. Nonetheless, separate agencies have better outcomes by various measures.

Descriptor Terms: VISUAL IMPAIRMENTS; BLIND; VOCATIONAL REHABILITATION; SERVICE DELIVERY; OUTCOME.

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Learn more about the project(s) that created this document: Project number H133B10003 in NIDRR Program Directory.

Learn more about this magazine/journal: ISSN 0145-482X in NARIC Knowledgebase.

Full text is not available online. For information on how to obtain documents, see our information on REHABDATA document delivery.

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TITLE I-VOCATIONAL REHABILITATION SERVICES of the Rehabilitation Act Sec. 105. State Rehabilitation Council (a) Establishment (1) In general Except as provided in section 101(a) (2) (A) (i), to be eligible to receive financial assistance under this title a State shall establish a State Rehabilitation Council (referred to in this section as the 'Council') in accordance with this section.

(2) Separate agency for individuals who are blind A State that designates a State agency to administer the part of the State plan under which vocational rehabilitation services are provided for individuals who are blind under section 101(a) (2) (A) (i) may establish a separate Council in accordance with this section to perform the duties of such a Council with respect to such State agency.

B T W, there's a pretty accesible and web version of the Act available at <http://www.coe.missouri.edu/~rcep7/rehabact/>. - Jon -----Original Message----- From: Lynne Koral [<mailto:aiblink@ak.net>] Sent: Wednesday, Fcbruary 13, 2002 8:56 PM To: Steuerwalt, Jon C. Subject: Re: Howyadoin? Great!! Especially after this. I will not get to it until Tuesday returned home. Lynne Koral Profuse thanks, thank you so much! I cannot tell you how much thanks. Where, federally, is there a statement about how two rehabilitation councils are committees of the state can be formed one blindness and one general? Help, I was told that this morning. Tally ho. Toodaloo. Lynne Koral in thanks and gratitude

Alaska Independent Blind E-mail address aiblink@ak.net



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Chapter II money for older blind Americans \$225,000 federal \$25,000 state match; \$250,000.00 is total allotment

Alaska gets minimal allotment but equal to other small states in population. Part B monies grants for blind programs; not known; 2001 yearly allotment for case services for 110 monies, for 2000 \$805,110.00 federal; \$328,400 state \$1,113,500 total case services. Money is not allocated year to year but put in to general services, we think, and only known after the year is up.

Randolph-Sheppard: \$37,568.00 direct services Chance Act: OO(which is state money) \$142,271.00 \$12,000,000 is overall money for rehabilitation. In 2000 but does not include Part B money Title VII Rehabilitation Act money which is the Independent Living allotment granted Independent Living centers.

2002 12,800,000.000 money carried over. Client Assistance Program not included. Does the Alaska Center for the Blind get case services money, Part B money, or separate VR money allotment? What happens to the "set aside" vending machines money, and what section is that put into? Case services overall disabilities money. From year to year, general fund, but no specific allocation for blind services except what has been spent in the previous year. Case services money: over 18 or over 16 or all ages including school-age?

A site spelling out the certification standards we need to put into what was HB451 Article 5A is available for review at www.acvrep.org which is now the certifying organization for Orientation and Mobility specialists, (OandM), Rehabilitation Teachers (RT) AND Low Vision (LV) and certification every 5 years through this Association for Certification of Vision Rehabilitation Education Professionals. The professional organization for these folks is Association for Education and Rehabilitation of the Blind and Visually Impaired. On the www.acvrep.org site, you will found standards of practice, knowledge areas, and other information about orientation and mobility, for which no standards are now set. We know people in rural alaska who are blind children who get seen maybe two to four times a year, and paraprofessionals train them. When beauticians, manicurists, and cosmetologists are licensed, not people who teach the life and death outdoor mobility training with a long cane? Blind persons are the only group of disabled persons allowed to have a separate state plan and separate services. Money can be reallocated from Division of Vocational Rehabilitation to meet our needs.

Thank you for your interest.

Alaska Independent Blind E-mail address aiblink@ak.net

Legislative Research Services

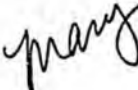
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Fax: 907-465-3908

February 14, 2002

Memorandum

TO: Representative Beth Kerttula

FROM: Mary Larsen
Legislative Analyst 

RE: Separate Agencies for the Blind

You asked for information about states with separate agencies for the blind. Specifically, you asked for a copy of federal legislation enabling states to have separate agencies and copies of individual state's legislation regarding agencies for the blind. You also asked for a discussion of the pros and cons of having separate agencies.

Whether states should have separate agencies for the blind is a widely-debated issue. Those who favor separate agencies argue that blindness is a unique disability, and the blind ought to receive specialized services. They also believe that when services for the blind are combined with services for all disabled persons the blind tend to receive less effective treatment due to their small numbers and expensive requirements. The argument for combined services focuses on saving money through the consolidation of administrative services.¹

We include the following as attachments:

Attachment A - 34 CFR 361.13, the section of the federal code that allows states to have separate vocational rehabilitation agencies for the blind

Attachment B - Sample legislation from three states with separate agencies for the blind: Idaho, Virginia, and Washington

Attachment C - Rehabilitation Recruitment Center's list of states with separate agencies

Attachment D - "Why Separate Agencies for the Blind?" National Council of State Agencies Serving the Blind

Attachment E - "Why ICBVI?" Idaho Commission on the Blind and Visually Impaired

If you have further questions, or need more information, please do not hesitate to contact us.

¹ Jim Hudson, Director of Arkansas Division of Services for the Blind, 501-682-0360 and Mike Blackaller, Rehabilitation Services Chief, Idaho Commission for the Blind, 208-334-3220.

Attachment A

34 CFR 361.13 (the section of the federal code that allows states to have separate vocational rehabilitation agencies for the blind)

[Code of Federal Regulations] *Federal*
[Title 34, Volume 2]
[Revised as of July 1, 2001]
From the U.S. Government Printing Office via GPO Access
[CITE: 34CFR361.13]

[Page 277-278]

TITLE 34--EDUCATION

CHAPTER III--OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES, DEPARTMENT OF EDUCATION

PART 361--STATE VOCATIONAL REHABILITATION SERVICES PROGRAM--Table of Contents

Subpart B--State Plan and Other Requirements for Vocational
Rehabilitation Services

Sec. 361.13 State agency for administration.

(a) Designation of State agency. The State plan must designate a State agency as the sole State agency to administer the State plan, or to supervise its administration in a political subdivision of the State by a sole local agency, in accordance with the following requirements:

(1) General. Except as provided in paragraphs (a)(2) and (3) of this section, the State plan must provide that the designated State agency is one of the following types of agencies:

[[Page 278]]

(i) A State agency that is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities; or

(ii) A State agency that includes a vocational rehabilitation unit as provided in paragraph (b) of this section.

(2) American Samoa. In the case of American Samoa, the State plan must designate the Governor.

(3) Designated State agency for individuals who are blind. If a State commission or other agency that provides assistance or services to individuals who are blind is authorized under State law to provide vocational rehabilitation services to individuals who are blind, and this commission or agency is primarily concerned with vocational rehabilitation or includes a vocational rehabilitation unit as provided in paragraph (b) of this section, the State plan may designate that agency as the sole State agency to administer the part of the plan under which vocational rehabilitation services are provided for individuals who are blind or to supervise its administration in a political subdivision of the State by a sole local agency.

(b) Designation of State unit.

(1) If the designated State agency is not of the type specified in paragraph (a)(1)(i) of this section or if the designated State agency specified in paragraph (a)(3) of this section is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities, the State plan must assure that the agency (or each agency if two agencies are designated) includes a vocational rehabilitation bureau, division, or unit that--

(i) Is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and is responsible for the administration of the State agency's vocational rehabilitation program under the State plan;

(ii) Has a full-time director;

(iii) Has a staff, at least 90 percent of whom are employed full time on the rehabilitation work of the organizational unit; and

(iv) Is located at an organizational level and has an organizational status within the State agency comparable to that of other major

organizational units of the agency.

(2) In the case of a State that has not designated a separate State agency for individuals who are blind, as provided for in paragraph (a)(3) of this section, the State may assign responsibility for the part of the plan under which vocational rehabilitation services are provided to individuals who are blind to one organizational unit of the designated State agency and may assign responsibility for the rest of the plan to another organizational unit of the designated State agency, with the provisions of paragraph (b)(1) of this section applying separately to each of these units.

(c) Responsibility for administration.

(1) At a minimum, the following activities are the responsibility of the designated State unit or the sole local agency under the supervision of the State unit:

(i) All decisions affecting eligibility for vocational rehabilitation services, the nature and scope of available services, and the provision of these services.

(ii) The determination to close the record of services of an individual who has achieved an employment outcome in accordance with Sec. 361.56.

(iii) Policy formulation and implementation.

(iv) The allocation and expenditure of vocational rehabilitation funds.

(v) Participation as a partner in the One-Stop service delivery system under Title I of the Workforce Investment Act of 1998, in accordance with 20 CFR part 662.

(2) The responsibility for the functions described in paragraph (c)(1) of this section may not be delegated to any other agency or individual.

(Approved by the Office of Management and Budget under control number 1820-0500.)

(Authority: Section 101(a)(2) of the Act; 29 U.S.C. 721(a)(2))

Effective Date Notes: 1. At 66 FR 7253, Jan. 22, 2001, Sec. 361.13 was amended by adding `` (Approved by the Office of Management and Budget under control number 1820-0500) '', effective Oct. 1, 2001.

[Code of Federal Regulations]
[Title 34, Volume 2]
[Revised as of July 1, 2001]
From the U.S. Government Printing Office via GPO Access
[CITE: 34CFR361.1]

[Page 263]

TITLE 34--EDUCATION

CHAPTER III--OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES, DEPARTMENT OF EDUCATION

PART 361--STATE VOCATIONAL REHABILITATION SERVICES PROGRAM--Table of Contents

Subpart A--General

Sec. 361.1 Purpose.

Under the State Vocational Rehabilitation Services Program (Program), the Secretary provides grants to assist States in operating statewide comprehensive, coordinated, effective, efficient, and accountable programs, each of which is--

- (a) An integral part of a statewide workforce investment system; and
- (b) Designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may prepare for and engage in gainful employment.

(Authority: Section 100(a)(2) of the Act; 29 U.S.C. 720(a)(2))

Attachment B

Sample legislation from three states with separate agencies for the blind: Idaho, Virginia,
and Washington

Table of Contents

IDAHO COMMISSION FOR THE BLIND

15.02.01 - FEDERAL LAWS AND REGULATIONS

000.LEGAL AUTHORITY.	2
001.TITLE AND SCOPE.	2
002.REFERENCE DOCUMENTS.....	2
003. -- 999. (RESERVED).	2

IDAPA 15
TITLE 02
Chapter 01

IDAHO COMMISSION FOR THE BLIND

15.02.01 - FEDERAL LAWS AND REGULATIONS

000. LEGAL AUTHORITY.

The Idaho Legislature has given to the Board of the Idaho Commission for the Blind the legislative power to promulgate rules and regulations in accordance with Section 67, Chapter 54, Idaho Code. (3-25-85)

001. TITLE AND SCOPE.

These rules shall be known as Idaho Commission for the Blind Rules, IDAPA 15.02.01, "Federal Laws and Regulations," and specify the conditions under which eligibility is determined and rehabilitation services are provided to the legally blind. (3-25-85)

002. REFERENCE DOCUMENTS.

The Board adopts by reference the following federal laws and regulations as a part of these rules. A copy of these documents may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. A copy is also on file at the Idaho Commission for the Blind, 341 West Washington Street, Boise, Idaho 83702, and at the Idaho State Law Library and with the Director of the Legislative Council as required by Section 67-5203A, Idaho Code. (3-25-85)

01. **Rehabilitation, Comprehensive Services And Developmental Disabilities Legislation.** (Public Law 88-164, Public Law 93-112, Public Law 93-516, Public Law 94-103, Public Law 94-230, and Public Law 95-602), U.S. Government, August 1979. (3-25-85)

02. **CFR. Code of Federal Regulations (Education), Title 34, Part 361, January 19, 1981.** (3-25-85)

03. **CFR. Code of Federal Regulations (Education), Title 34, Part 395, July 1, 1981.** (3-25-85)

003. -- 999. **(RESERVED).**

Table of Contents

15.02.02 - VOCATIONAL REHABILITATION SERVICES

000.LEGAL AUTHORITY.	3
001.TITLE AND SCOPE.....	3
002. -- 099. (RESERVED).	3
100.POPULATION TO BE SERVED.	3
101.PROVISION OF SERVICES ON A STATEWIDE BASIS.	3
102. -- 109. (RESERVED).	3
110.ELIGIBILITY.....	3
111.RESERVING ALL ELIGIBILITY DECISIONS AND NATURE AND SCOPE OF SERVICES.....	4
112. -- 149. (RESERVED).	4
150.ECONOMIC NEEDS TEST.	4
151. -- 199. (RESERVED).	4
200.EVALUATION OF VOCATIONAL REHABILITATION POTENTIAL.	4
201. -- 209. (RESERVED).	4
210.INDIVIDUALIZED WRITTEN REHABILITATION PLAN.	4
211. -- 249. (RESERVED).	5
250.VOCATIONAL REHABILITATION SERVICES TO INDIVIDUALS.	5
251. -- 299. (RESERVED).	9
300.RATES OF PAYMENT.	9
301. -- 309. (RESERVED).	9
310.AVAILABILITY OF PERSONNEL TRAINED IN CLIENT NATIVE LANGUAGE OR MODE OF COMMUNICATION.....	9
311. -- 314. (RESERVED).	9
315.BUSINESS ENTERPRISE PROGRAM AND USE OF SECTION 110 DOLLARS IN RANDOLPH-SHEPPARD PROGRAM.....	9
316. -- 319. (RESERVED).	9
320.PROVISION OF SERVICES TO CERTAIN DISABLED CIVIL SERVICE EMPLOYEES.	9
321. -- 324. (RESERVED).	9
325.APPROPRIATE COMMUNICATION MEDIA.....	10
326. -- 329. (RESERVED).	10
330.REVIEW OF CASES RECEIVING EXTENDED EVALUATION SERVICES, AND REEVALUATION OF CLIENTS CLOSED STATUS 26 IN SHELTERED WORKSHOPS.	10
331. -- 334. (RESERVED).	10
335.ADMINISTRATIVE REVIEW - CLIENT SERVICES EVALUATION.....	10
336. -- 339. (RESERVED).	10
340.INFORMATION AND REFERRAL SYSTEMS.....	10
341. -- 344. (RESERVED).	10
345.NONDISCRIMINATION.	10
346. -- 349. (RESERVED).	10
350.CONFIDENTIALITY.....	10
351. -- 354. (RESERVED).	10
355.ADMINISTRATIVE REVIEW.	10
356. -- 359. (RESERVED).	10
360.CLIENT ASSISTANCE PROJECT.	10
361. -- 364. (RESERVED).	10
365.UTILIZATION OF REHABILITATION FACILITIES.	10
366. -- 369. (RESERVED).	11
370.PROVISION OF SERVICES TO GROUPS.....	11
371. -- 374. (RESERVED).	11

Table of Contents (cont'd)

375. BARRIER FREE FACILITIES USED BY SERVICE PROVIDERS.	11
376. -- 379. (RESERVED).	11
380. DEVELOPMENT OF SUBGRANTS AND CONTRACTS.	11
381. -- 384. (RESERVED).	11
385. RESPONDING TO FEDERAL REPORTS.	11
386. -- 389. (RESERVED).	11
390. RETENTION OF RECORDS.	11
391. -- 394. (RESERVED).	11
395. PUBLIC INPUT TO THE POLICY DEVELOPMENT OF THE COMMISSION.	11
396. -- 999. (RESERVED).	11

 **Idaho Statutes**

TITLE 67 STATE GOVERNMENT AND STATE AFFAIRS

CHAPTER 54 COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

67-5401 PURPOSES

67-5402 DEFINITIONS

67-5403 COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED -- CREATION -- COMPOSITION -- APPOINTMENT -- TRANSFER OF POWERS FROM DEPARTMENT OF PUBLIC ASSISTANCE

67-5404 COMPENSATION

67-5405 ORGANIZATION OF COMMISSION -- EMPLOYMENT OF ADMINISTRATOR

67-5406 MEETINGS -- QUORUM

67-5407 DUTIES

67-5408 COMMISSION AS AGENCY TO ADMINISTER REHABILITATION IN FEDERAL PROGRAMS

67-5409 QUALIFICATIONS FOR THE ADMINISTRATOR AND OTHER EMPLOYEES

67-5410 LIMITATION ON DISCLOSURE BY COMMISSION CONCERNING PERSONS APPLYING FOR SERVICES TO THE BLIND

67-5411 COMMISSION AS SOLE LICENSING AGENCY UNDER THE PROVISIONS OF THE RANDOLPH-SHEPPARD VENDING STAND ACT

67-5412 ADMINISTRATOR TO PREPARE A STATE PLAN FOR VOCATIONAL REHABILITATION OF THE BLIND

67-5413 ACCEPTANCE OF FEDERAL ACTS

67-5414 REPORTS OF MEDICAL AUTHORITIES ESTABLISHING BLINDNESS

67-5415 STATISTICAL REGISTER OF BLIND -- MAINTENANCE BY ADMINISTRATOR



Idaho Statutes

TITLE 67

STATE GOVERNMENT AND STATE AFFAIRS

CHAPTER 54

COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

67-5403. COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED -- CREATION -- COMPOSITION -- APPOINTMENT -- TRANSFER OF POWERS FROM DEPARTMENT OF PUBLIC ASSISTANCE. (1) There is hereby created in the office of the governor the Idaho commission for the blind and visually impaired. The commission shall consist of five (5) members, at least three (3) of whom shall be blind or visually impaired, and not more than three (3) of whom shall belong to the same political party.

The governor shall appoint members of the commission subject to ratification by the senate at the next regular or special session of the legislature.

All appointments shall be made for terms of three (3) years, beginning on July 1st. If for any reason a member should leave the commission before his term expires, the governor shall appoint another member to fill out the unexpired term.

(2) All powers and duties of the department of public assistance relating to services to the blind and sight conservation as herein defined, are transferred to and shall be assumed by the commission on October 1, 1967.

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Idaho Statutes

TITLE 67

STATE GOVERNMENT AND STATE AFFAIRS

CHAPTER 54

COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

67-5413. ACCEPTANCE OF FEDERAL ACTS. The state of Idaho and the commission for the blind and visually impaired hereby affirm their acceptance of the provisions and benefits of the act of Congress entitled, "The Randolph-Sheppard Act," P.L. 93-516, 93rd Congress, and "The Rehabilitation Act of 1973," as amended, P.L. 98-221, 98th Congress, and will observe and comply with all requirements of such acts, limited only by approved state plan and funding restrictions.

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