Medical Care Advisory Committee
Minutes Friday, February 6, 2009

Teleconference 1-800-315-6338 (2478)

Members Present:
NP Deb Kiley, Chair
Amber Doyle
Dr. Elizabeth Turgeon
John Bringhurst
Marie Darlin
Catriona Lowe
Karen Sidell
Tracy Charles-Smith
Renee Stoll
Mark Walker was excused d/t technical difficulties - local phone service is out

Not in Attendance -Megan LaCross

DHSS Staff
Jerry Fuller – Medicaid Director
Sally Bowers – MCAC Coordinator

Introductions/review of member positions
NP Deb Kiley, Chair – Anchorage – Provider Representative - Nurse
John Bringhurst, Vice Chair – Petersburg - Provider Representative -Hospital Administrator
Marie Darlin – Juneau - Consumer Advocate/8years – (Seniors Representative)
Amber Doyle – Wasilla - Consumer Advocate – (Child on DKC)
Catriona Lowe – Homer- Consumer Advocate – (2 children on DKC/small clinic provider)
Karen Sidell – Bethel - Consumer Advocate – (Child on Medicaid/ works in Tribal Health Clinic)
Tracy Charles-Smith – Fairbanks - Consumer Advocate (Child on Medicaid)
Dr. Elizabeth Turgeon – Wasilla – Provider Representative –Physician
Renee Stoll – Wasilla – Provider Representative - Pharmacy

Approve Agenda
Agenda approved with a adjustment in time to accommodate Jerry Fuller's availability.

Approve Minutes
Two corrections were offered for the draft minutes. Sally has made those corrections. A motion was made by Tracy Charles-Smith to accept the minutes as corrected. Motion seconded by Catriona Lowe.

Announcements, NP Kiley (Chair)
No new announcements

Old/New Business

1. Planning for Tok Site visit – (Changed to Fairbanks Site Visit)

Due to recent economic decline and State travel restrictions, Deputy Commissioner Streur has recommended and approved an alternative site visit to Fairbanks rather than Tok due to the estimated cost and logistics to the rural area.

A discussion took place regarding the site visit:
1) The possibility of Tok representatives coming to Fairbanks.
2) The meeting in Fairbanks will start Thursday evening. In order to get most members back to their respective homes by Saturday evening, the meetings would have to be done by about 3:30 PM to allow for everyone to get to the airport for flights around 5:00 PM.
3) Committee will plan to meet with providers and a public comment session on Friday.

4) Potential site visit to the Boys and Girls Home, a new youth mental health facility that opened in Fairbanks this past summer.
5) Meetings will be scheduled with TCC also for Friday.
6) Members offered suggestions for providers to focus meeting:
    a. Home and Community based waiver services that are the fastest growing portion of Medicaid and are receiving the most scrutiny in terms of cost control. The more familiar members are with what they can do and what they don't do, would be to our advantage. It was recommended to schedule time with a couple Home and Community Based service providers.
    b. Rural Fairbanks providers

Action Item:

Tracy Charles-Smith

a. Contact TCC to determine who would be available for meetings and if a meeting room would be available.
b. Contact providers she knows in Tok to advise them of the Fairbanks meeting to see if they would be willing to talk with the Committee in Fairbanks.
c. Talk with someone from the Golden Heart regarding substance abuse.

Sally:

a. Research availability of hotel rooms.
b. Contact the Boys and Girls Home to assess availability for site visit on Friday.
c. Prepare forms members will have to sign to facilitate US Travel preparing itineraries.
d. Contact local ACCESS Alaska and other potential providers for presentations.

The importance of Committee planning was discussed.

1) Members expressed interest in devoting a concentrated period of time reviewing priorities and developing their own "navigation plan".
2) The purpose would be to come up with ideas on how the Committee can stay invested and effective.
3) A draft outline from a previous planning meeting was emailed with the agenda. Most members indicated they have not been involved in an MCAC planning session. Since there are several new members, this is an opportune time to develop a new "navigation plan".
4) Sally had researched older MCAC meeting files and discovered the tools apparently used prior to the majority of the current members serving on the Committee. The Committee may find them helpful as they develop their own "Plan" and refine the "Process".
5) The function of the MCAC has significantly been impacted by many changes occurring in the past few years i.e. the loss of several senior experienced members; a new staff person; the inability to meet face to face from which the Committee drew a lot of its strength; limitations of 3 hour teleconferences 3 times a year and the one face to face meeting impact what the Committee is able to accomplish.
6) Members reiterated the importance of at least one face to face meeting a year which they will continue to offer in the recommendations. Several members commented about the benefits they have seen come from the site visits, especially hearing about their Medicaid experience from providers and recipients.
7) John Bringhurst noted it would help members focus their efforts if they would receive information about a problem or area that the Department would like additional research and recommendations. The Committee feels it is not getting any direction from the Commissioner or anyone in terms of what they would like the Committee to do.
8) Marie Darlin also noted it would be helpful to receive feedback from the Commissioner regarding his thoughts on the Committee's recommendations and what follow through has been done. The Committee would appreciate hearing what way the Committee was helpful, what more could we do and the department follow through from what we have done.

9) Since the May meeting in Fairbanks will be after the session, members would like a report from the Commissioner either in person or telephonically.

Action Item

Ms. Kiley will contact the Commissioner to request:

1. An update on current outcomes from the legislative session
2. Follow up on the Committee's recommendations
3. Tasks the Department would be interested in having the MCAC review/research.

10) Karen noted that the document labeled "Clear process" seems to really limit the activities of the Committee. She would like to consider changes that would simplify the process of facilitating access to Medicaid services.
11) Ms. Kiley noted the narrative appears to indicate the Committee reviews only issues that come from the Commissioner, which likely is not the intent. Perhaps the narrative document should be re-titled so it does not limit what the Committee can do and refer to the flow chart which is much broader. The flow chart indicates the issue is brought to the Committee by either the Commissioner, MCAC Chair, MCAC member or constituent. Basically, anything that anyone brings to the attention of the Committee that they think might be a problem, the Committee might want to look at it; determine if it is congruent with the MCAC purpose; if it does not fall into the MCAC mission, the Committee would send back acknowledgement to that effect. However, if it were within the MCAC purpose, it would be put on the MCAC agenda to deal with. Perhaps a better name for the "clear process" document might be "questions to consider when reviewing Medicaid issues" which would give guidance but not be so limiting.
12) In Fairbanks, we will be looking at the "process" i.e. how the Committee identifies issues, communication and outcomes. Looking at outcomes is important – if we are not achieving the goal, a reassessment may be needed to improve outcomes.
13) There was a brief discussion of the benefit of having a professional facilitator to assist with development of goals, objectives and a long-term plan. Some members noted having gone through similar processes and how valuable it was to have the Foraker Group facilitator. Members questioned if we could achieve it on our own. Ms. Kiley noted that at this time, the task could likely be accomplished without a facilitator. If we keep ourselves on task, we can look at where our problems lie and set up a productive plan. There also is a bonding process that needs to happen; and working together on the issues may facilitate that bond. Concern was also voiced about the cost of a facilitator. This can be considered for a future meeting.
14) There was a brief discussion about the way the Committee functioned before the change. Marie noted they really focused and utilized the expertise of members. Assignments were made and members brought their information back to the Committee for action and develop recommendations. She noted it would be helpful if the Committee received feedback on the recommendations they offer.
15) Also noted was the importance of public input and participation. Sally had developed a pamphlet last year and it was reviewed at the Homer meeting, but no action was taken. She also works with the web master to keep the information on the MCAC web site current. MCAC now has an email address that people interested in receiving updates can sign up to receive them via email list serve. Enhancing the electronic communications should be explored further. There was mention of a "blog" but some members did not feel this was the best tool to use.
16) Dr. Turgeon mentioned a system of getting information out to people that she thought was very effective as she deals with patients. This is related to the Medical Home model. She mentioned a national initiative to encourage doctors to consider the Medical Home Model. There are 12 components that a Medical Home has. This might be something that could be utilized within the Medicaid program and a potential recommendation to the Commissioner. There was a discussion about the benefits of this model relative to cost savings; safety for patients; reduction in errors coordination of services/medications with practitioners.

Action Item:
Dr. Turgeon will get additional information to Sally for distribution for members.

Action Item:
Sally will make the changes in the "Clear Process" narrative to indicate the issues can be identified by the Commissioner, the Director of Medicaid, MCAC Chair, MCAC members, or constituents
Questions to consider; does it fall under the MCAC mission.

17) There also was a brief discussion about the MCAC by-laws. A proposed revision to the by-laws had been initiated a few years ago, but the current records indicate those by-laws were not passed. Review of the by-laws will be added to the agenda for the planning session in Fairbanks.

Action Item:
Sally will research the by-laws to ensure members work from a current version.

2. Public Comment - Opened at 9:30 AM; closed @ 10:00 AM

Audrey P. Aanes, Rural IL Outreach; Program Director ACCESS Alaska & Arctic ACCESS, Anchorage Office; phone/fax: 907/345-0715; e-mail: dreamer@alaska.net

Audrey presented information on the challenges of providing Home and Community Based Waiver services in the rural areas. She reviewed some of the major issues she deals with in rural Alaska regarding access to typical home & community-based programs that likely are readily available in urban Alaska. (See attached.)

There was a brief discussion of some of the issues brought to the members' attention:

a. The benefit of having a "savvy" care coordinator can likely enhance the services they are able to receive.
b. There is an astronomical cost of wheel chair ramps ($42,000 in rural areas of Bethel).
c. Providers deal with issues of licensing and bonding that restricts the number of providers able to provide ramp-building services. Karen mentioned there are housing authorities in many rural areas. If it could be created as a housing authority, it would be a lot easier.
d. This is an economic time when we need to look at how the money is being spent; and assess other ways to get those things done. In Juneau, volunteer organizations i.e. Rotary, offer labor perhaps even volunteer materials. This should also be explored.
e. There needs to be more community involvement in helping those in need in addition to what the State is able to do. Many service organizations and/or friends & neighbors are often able to fill in and take care of many of these kinds of things.

Jill Hodges, Executive Director Alaska Brain Injury

Jill presented Information she has collected including that from Nancy Burke, Centers for State Health Policy "Issue Brief – A Survey of Medicaid Brain Injury Programs". (See attached)

The Alaska Brain Injury Network is asking the Department of Health and Social Services to restructure the existing Medicaid program and associated waivers or apply for a new waiver utilizing a level of care determination based on cognitive disabilities (such as ADRD or brain injury) to address the needs for appropriate assessment, rehabilitation, case management, clinical services and ongoing support services. The eligibility threshold for these services should take into consideration the need for cognitive cuing, external physical assistance and/or supervision to accomplish activities of daily living as a result of a cognitive impairment rather than a strict nursing home LOC. They recommend the Department develop data or analyze existing data to determine the best mechanism for Alaskans with cognitive disabilities to

access Medicaid and waivers programs, through either restructuring the existing Medicaid program and waivers or applying for a new waiver. This information will also assess the cost savings to the State.

Nancy Michaelson – Consumer

Mother of a 25-year-old son called to express her thanks. Her son was brain injured 6 years ago and is severely disabled. He is not able to talk (only says a few words), does not move very much (is in a wheelchair). Because of the services the family receives from the Medicaid waiver, they are able to keep him at home. The family is certain their son would have to be placed in a State facility if they did not have Medicaid services. Her son is able to be with his family and enjoy a lot of life thanks to the support they receive from the Medicaid waiver. He enjoys the stimulation that is provided through the day habilitation, rehabilitation and respite services that enable him to have a quality of life. She had read one of the goals of the MCAC is to discuss the value Medicaid gives Alaskans. She feels Medicaid has given them her son's life and simply wanted to express her appreciation.

3. Medicaid Director's Report, Jerry Fuller, Project Director

a. Federal :

1) **SCHIP reauthorization** for four ½ years did pass and has been signed by President Obama. It provides sound funding for Denali Kid Care (DKC) during that time frame. Budget staff estimate $22.3 million which is enough to run our current program. The estimate is also close to enough to run the program if the legislature decides to expand DKC to 200%. In addition to the base funding there is several additional formula driven, that might mean additional Alaska dollars not estimated yet. There is a contingency fund if the state uses up its allotment, this fund theoretically would be available for the State to tap into to ensure their program would not be curtailed in any way.
   a) There is a bonus fund for states that increase the number of children covered by Medicaid. The intent is to cover the increased cost if the state is successful in increasing enrollment.
   b) There is a redistribution of state allotment to states that need it.
   c) There is a section indicating if the State expands DKC, there is additional funding to cover those costs.
   d) There is $100 million for outreach over FFY 2009 thru 2013. 10% of this is set aside specifically for outreach for American Indians and Alaska Natives. Some of that is grant funds so there is no match required. Some of the tribes might be eligible for this funding.
   e) Bill has a limit – any state going over 300% will revert to regular Medicaid match.
   f) More reporting will be required of states to respond to the new quality indicators – still needs to be worked out thru the CMS regulatory process.

2) **Economical Stimulus Bill**
   Senate is working on their version. House passed their bill a couple weeks ago. There are significant differences in the versions. There will be a conference committee.

   Senator Grassley has proposed a couple amendments
   a) First one dealing with Federal Medical Assistance Percentage (FMAP). Senate bill currently provides a hold harmless so that a state's percentage will not decrease below that in place during FFY 08. (Alaska 51.43 %.) If that passes and becomes law, our FMAP would not decrease below that level for the duration of these bills (2011). That provision is also in the house. The second part in the current Senate bill is an across the board increase in FMAP of 5.6%. For Alaska, that means we would move from our base 51.43 upward 5.6 %. The House version has 4.9%. Either would be moving in the right direction. The third provision is an additional adjustment based on the unemployment rate. This is geared toward states with very high unemployment rates i.e. New York and California.

b) The second Senator Grassley amendment is maintenance of effort for states. In the House and the Senate bill as currently constructed, a state cannot reduce eligibility below the level in place 10/01/08 if they want the increased FMAP. The Federal Gov't is providing this extra money and they want the programs to be maintained. The Grassley amendment would also prohibit states from changing provider reimbursement or benefit packages. That is not acceptable. Many states (more than half) will be reducing reimbursement & reducing benefits because their budgets are in such bad shape. Alaska could be facing those kinds of decisions late this year or in 2010 if the price of oil stays where its at or does not get back up to an astronomical level and assuming our service sector will be impacted by a loss of jobs. The expectation is that the Alaska unemployment rate will become very high within the next couple of years.

c) Both Senators Murkowski and Begich are part of a group working on compromise language that would reduce the size of the bill from $920 billion down to closer to 8 billion. Alaska is well represented. All Departments are in communication with the delegation to offer input and hopefully there will be a compromise. Jerry noted there is significant discussion going on regarding the stimulus package and the potential impact it might have on Alaska.

b. State:

1. The Senate has had a hearing regarding adult dental. The Governor's bill extends it to 5 years. Representative Hawker has a bill in the House to extend it without a sunset date. Hopefully, with the different versions there will be an extension and funding to keep it going either for 5 years or indefinitely.

2. Multiple bills have been introduced around DKC. The Governor has stated her support of expanding DKC eligibility to 200% of the poverty level. Considering the support, it is likely a bill support the increase will pass. There are also bills to support expansion to 250 & 300% along with instituting premiums or co-pays or some combination of cost sharing for higher income families.

3. Jerry noted the State budget picture is 'clouded" at this point. Commissioner Hogan and Alison Elgee with the Financial Management Services Unit are dealing with the Department budget issues. Deteriorating oil prices are a concern that will likely result in departmental cuts.

4. By executive order, the Governor has created a Health Care Commission. Deb Erickson, the Executive Director started on Monday. The first meeting is planned for February 27th in Juneau.

Action Item:
Sally will forward information from the Health Care Commission web site to the Committee.

Jerry will ask Deb Erickson to add Sally to the email distribution list to keep MCAC informed about activities of the Commission and advise MCAC if there is anything the Committee can do to assist.

c. PERM

The State is continuing the PERM review. Alaska is probably about half – way through the first year of the process. We will not cycle through again for three years, unless there are significant changes made to the review. The providers have been overwhelmingly cooperative in sending the documentation required for this review. The process review for Alaska's first quarter revealed no errors. The medical record review revealed some errors that the State is working with CMS to determine if they are indeed errors. CMS is reducing the size of the sample for the DKC portion by half. The SCHIP reauthorization will require CMS to define what the errors are

and not leave it up to the contractor. So far, Alaska has not had any significant errors resulting in large pay back.

Action Item
Jerry will request Doug Jones with the Financial Management Services Unit to provide a report on PERM results to providers.

d. Disease Management
Nothing really happening in the State regarding disease management. The RFP that was being written is no longer being pursued.

e. Bring the Kids Home
Currently there are only about 190 kids out of state. Those who are out of state have service needs that cannot be met by Alaska's providers. Big strides have been made in bringing them home and keeping our kids here when treatment is available in the state.

Action Item
Jerry will get a current report from Britta and send to Sally for distribution. As the legislative session continues, Jerry will send information to Sally to distribute to the MCAC. This could be helpful to help guide the Committee in their recommendations to the Commissioner.

f. Work of the MCAC
Jerry complimented the work of the MCAC noting they have provided a great deal of input i.e. if the DKC eligibility is increased, it partly is a result of the on-going efforts of the MCAC; as was the significant improvement in the transportation program. The committee has been instrumental in good changes in the Medicaid program. He encouraged members to continue to look around, "survey the landscape of the Medicaid clients and providers and offer suggestions on the direction the program should be going". Those recommendations may take time but can result in change.

g. Affiliated Computer Services (ACS)
There was a brief discussion about the positive feedback that has been received regarding the State's new fiscal agent, Affiliated Computer Services (ACS).

Action Item
Sally to send the web site link for ACS to members.

h. MMIS project
Deputy Commissioner Streur offered an update at a public meeting yesterday that the MMIS update project is on time and on budget to be completed June 2010.

Schedule for next meeting
Next meeting will be the site visit in Fairbanks schedule Thursday, May 14; Friday, May 15; and Saturday, May 16. Members are encouraged to watch for emails regarding the scheduling for travel to Fairbanks.

Meeting adjourned at 12 Noon.

Jill Hodges, Executive Director
Alaska Brain Injury Network
February 6, 2009
Presentation to the Medical Care Advisory Committee

(Information collected by Jill Hodges, Executive Director. Information contacts include Nancy Burke Centers for State Health Policy "Issue Brief – A Survey of Medicaid Brain Injury Programs")

The Alaska Brain Injury Network is asking the Department of Health and Social Services to restructure the existing Medicaid program and associated waivers or apply for a new waiver utilizing a level of care determination based on cognitive disabilities (such as ADRD or brain injury) to address the needs for appropriate assessment, rehabilitation, case management, clinical services and ongoing support services. The eligibility threshold for these services should take into consideration the need for cognitive cuing, external physical assistance and/or supervision to accomplish activities of daily living as a result of a cognitive impairment rather than a strict nursing home LOC. The Department is directed to develop data or analyze existing data to determine the best mechanism for Alaskans with cognitive disabilities to access Medicaid and waivers programs, either through restructuring the existing Medicaid program and waivers or applying for a new waiver. This information will also assess the cost savings to the State.

Background
Alaska has a lack of funding for persons with brain injury and also a lack of brain injury programs. Brain injury waivers in other states "have been successful both programmatically and financially. In addition to cost savings, these waivers have provided other significant benefits. The existence of these waivers supports the growth of community non-profit brain injury agencies. There is clear evidence of the desirability of home and community-based services among those directly affected by brain injury: there has been growth of these waivers that has resulted in a doubling of the number of persons served over five years; and, there is a visible role played by advocates in encouraging states to develop these waivers. These waivers, over time, have contributed to states' efforts to create and grow an in-state service capacity to provide services to individuals with brain injuries. (Rutgers p. 35)"

A state's experience and policies for its other waivers, especially financial eligibility, will set the parameters within which a waiver for individuals with brain injuries will operate. State officials, advocates, and others considering whether to pursue a new waiver or modifying an existing waiver may benefit from the experiences of other states by examining and considering the waivers described in the Rutgers Centers for State Health Policy "Issue Brief – A Survey of Medicaid Brain Injury Programs" in order to make decisions about four key areas:

• What age range and how many persons will be included in the waiver?

• What services will be included and what costs may be expected? Will the waiver have a long-term care focus, a rehabilitation focus, or both? Will the cause of the brain injury (e.g. traumatic or acquired) be a determining factor in an individual's eligibility for the waiver?

• What institution will be used to determine the level of care? Will more than one be used?

• What providers will be enrolled and how will case management be done? (Rutgers p. 35)

Benefits in using Medicaid and Waivers to pay for brain injury services

1. 1915 C waivers are a cost effective alternative to long term congregate living
2. They allow people to live in the most integrated setting with the necessary supports
3. They are not a runaway budget item – The state medicaid agency has to define scope, amount, and duration of services (eligibility). The more stringent the eligibility the less people you serve because they don't meet the eligibility and therefore the more money you don't spend.
4. At least 22 states have separate traumatic brain injury waivers (NOTE: This may have changed based on the DRA and state plan amendments)
5. Depending on your state match (FMAP) waivers are a way to stretch existing state general fund dollars with federal matching dollars.

Points addressing specific changes to Alaska Medicaid Program and Waivers

1. One reason for a separate TBI Waiver is to target a population that is underserved. This is an "equal access" issue. Currently there are only 69 Alaskans with a TBI diagnoses accessing Alaska Medicaid Waivers.
2. Level of Care (LOC) can be amended to include "at risk of Nursing Facility placement" or others (see Rutger's study) as opposed to only Nursing Facility.
3. At risk definition can be translated into a LOC clinical eligibility assessment specific to people with TBI.
4. The current eligibility assessment does not consider functional abilities, memory or cognition, or supervision needs at the same thresholds as physical needs.
5. Not all TBI consumers have a physical disability, but many have functional difficulties, including memory/cognition or supervision needs that would require assistance.
6. The services under the current waiver need to address the needs of TBI consumers. Examples include funding for neuro-psychological testing, cognitive rehabilitation, targeted case management, live in care provider provision, day rehabilitation, a consumer directed-controlled component that includes the use of a fiscal intermediary or independent broker (case manager), self-direction, to name a few. Visit the Rutgers report (pgs. 21-31) for a total list of services provided by brain injury waivers and definitions of services.
7. HCBS Strategies recommendation 4. **Support populations not meeting the Nursing Facility Level of Care (NFLOC) eligibility criteria**: The NF-LOC creates a significant barrier to obtaining Medicaid Federal Financial Participation (FFP) for people with Alzheimer's Disease and Related Disorders (ADRD) and Brain Injury. Unfortunately, a lack of data and uncertain federal rules would make it irresponsible to offer a specific recommendation regarding how to address this issue. Thus, we recommend the State engage in parallel efforts to collect necessary data to analyze the implications of changing the NF-LOC and to determine the feasibility of using the 1937 Benchmark authority for providing supports to these individuals. (page 8)
    a. Alaska does <u>not</u> need to change the Level of Care they just need to amend it to include a level of care that would allow for more TBI folks to access the waiver. Some states mix LOC i.e. 'hospital, nursing facility, or at risk of nursing facility"
    b. Before there is talk about expanding eligibility there would need to be a sense of how many people need these services currently? They could be in assisted living facilities, living at home with family members, still in the hosp, etc.
        - This data needs to be gathered. A challenge in determining how many people with cognitive disabilities are in nursing homes is they are listed by their primary diagnosis, TBI is not always a primary diagnosis.
        - Data is available for those still in the hospital (through the Alaska Trauma Registry).
        - There is limited data on how many are living at home with family through the Alaska Brain Injury Network TBI Resource Navigation program. In two years, ABIN has received over 300 unduplicated calls. Information is collected on where they are living: independently, with relatives, in jail, homeless, out-of-state rehabilitation, or in a hospital.
    8. The state can move forward with HCBS Strategies recommendation "to determine the feasibility of using the 1937 Benchmark authority for providing supports to these individuals" even though the federal regulations regarding benchmarks have not been finalized because CMS has an on-line waiver applications which can be AMENDED at any time.

Audrey P. Aanes
Rural IL Outreach
Access Alaska & Arctic Access

Here are some of the major issues in rural Alaska regarding access to typical home & community-based programs readily available in urban Alaska:

1) Lack of Care Coordinators due to lack of rural organizational support and billing issues; also due to requirement for college degree of Care Coordinator and Organizational Supervisor with supervisory experience;
2) Lack of Medicaid Waivers due to lack of Care Coordinators and differing needs in rural Alaska to meet Nursing Home Level of Care. An elder or person with a disability may need to move into a nursing home because they cannot empty their own honey bucket or commode chair, cannot get to the local village store to buy groceries or have a microwave to safely fix their own food, cannot shovel their own stairs or carry their own fuel or chop their own wood - all of which are considered CHORE services - which constitutes those crucial stepping stones to nursing home placement before their time,
3) Inability to apply for Medicaid Waiver Environmental Modification (E-Mod) funds due to lack of contractors who are licensed, bonded and insured in rural Alaska. Regional Housing Authorities and village-based IRA housing programs, who build and renovate all the homes in their service regions, are typically not licensed and bonded due to their formation by State Statute. High costs for urban-based contractors to provide estimates, non-bulk freight, per diem and contractor housing make it untenable for them to be used.
4) Many programs for barrier-free access modifications take the household income into consideration rather than just the elder or person with a disability who is the one needing the access.
5) Many programs require a home to be owner occupied to receive home modifications when they may want to visit their own home on weekends or holidays away from an assisted living home or nursing home where they live during the week.
6.) Delay in receiving state assessment for pca or Waiver services in rural Alaska.

Enough for now, Thank you for your interest,
Audrey
Audrey P. Aanes
Rural IL Outreach
Access Alaska & Arctic Access

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