

**2012 Legislature - Operating Budget
Transaction Compare - Governor Structure
Between Adj Base and Gov Amd**

Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Alaska Pioneer Homes													
Alaska Pioneer Homes Management													
Unrealized Authority	Gov Amd	Dec	-15.0	-15.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Pioneer Homes Management component is not able to collect the full federal receipt authorization. This transaction reduces the authorization to the amount the component expects to collect.</i>													
1002 Fed Rcpts (Fed)			-15.0										
* Allocation Difference *			-15.0	-15.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-15.0	-15.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Behavioral Health													
Alcohol Safety Action Program (ASAP)													
Authority for Anchorage Municipal Wellness	Gov Amd	IncM	85.0	85.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Court Case Management Reimbursable Services Agreement													
<i>Over the last several years, the reimbursable service agreements with the Alaska Court System for the Therapeutic Court Program have been increasing.</i>													
1007 I/A Rcpts (Other)			85.0										
Unrealized Authority	Gov Amd	Dec	-85.0	0.0	0.0	-85.0	0.0	0.0	0.0	0.0	0	0	0
<i>Over the last several years, the reimbursable service agreements with the Alaska Court System that fund the Therapeutic Court Program have been transitioning to greater amounts of interagency receipts and lesser amounts of capital improvement project (CIP) receipts. This change record documents the CIP decrement side of the fund swap.</i>													
1061 CIP Rcpts (Other)			-85.0										
* Allocation Difference *			0.0	85.0	0.0	-85.0	0.0	0.0	0.0	0.0	0	0	0
Behavioral Health Grants													
MH Trust: AK MH Bd - Trauma Informed Care	Gov Amd	Inc	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<i>This recommendation ensures access to trauma-informed behavioral health services for victims of domestic violence, sexual assault, and other forms of interpersonal violence. It builds upon DBH efforts in the previous two fiscal years to train behavioral health providers in trauma-informed care practices.</i>													
<i>This increment supports direct services for adult victims of violence. Nationally, the estimate is that 1 in 4 women and 1 in 13 men will experience domestic violence (including sexual assault by an intimate partner) in her or his lifetime. In Alaska, a 2010 telephone survey of 871 women found that 47.6% reported experiencing threats or physical violence in their lifetime and 37.1% reported being victims of sexual violence during their lifetime. Applied to the total adult population, the UAA Justice Center estimates that 144,881 women have experienced intimate partner and/or sexual violence in their lifetime.</i>													
<i>The incidence of current and past trauma among individuals seeking treatment services for serious mental health and substance use disorders is high: 76.1% of individuals screened through the Alaska Screening Tool reported an adverse childhood experience (past trauma) and 19.1% reported intimate partner violence. While the Medicaid system provides services for serious mental health and addiction disorders, generalized mental health and substance dependence needs are not high primary areas of focus in centers statewide, especially given the already strained capacity of community behavioral health centers.</i>													
<i>For a victim of domestic violence experiencing a generalized mental health issue or moderate alcohol</i>													

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Behavioral Health (continued)													
Behavioral Health Grants (continued)													
MH Trust: AK MH Bd - Trauma Informed Care (continued)													
<i>dependence, treatment services are out of reach unless the person has private insurance. Rather than wait until that person's condition worsens to become one of the Medicaid priorities for treatment services, this increment will increase access to treatment and early intervention services to address the behavioral health issue before it become a serious, incapacitating (and expensive) disorder.</i>													
1037 GF/MH (UGF)			400.0										
Alaska Mental Health Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals	Gov Amd	Inc	450.0	0.0	0.0	0.0	0.0	0.0	450.0	0.0	0	0	0

The current substance abuse treatment system cannot meet the present demand for services. Without shoring up resources, it will not be able to meet the demand created by possibly 3,000 newly eligible clients in 2014.

The current reported wait for substance abuse assessment in Fairbanks is two-to-three weeks, and several weeks longer for a residential treatment bed. The same is true for residential programs in the Southeast that employ a cohort model (rather than rolling admission). This experience is also reported by rural behavioral health aides and village based counselors -- long waits and costs of service discourage clients from going to detox or residential treatment. Given the limited detox capacity in Fairbanks and Anchorage, beds in those facilities go first to clients with the most immediate needs; this often results in long waits for those needing medically monitored withdrawal.

This increment makes grant funds available to expand capacity to provide medical detox, residential, and/or intensive outpatient substance abuse treatment -- followed by aftercare -- to unresourced adults. It addresses the fact that demand for residential treatment, intensive outpatient, and aftercare continues to exceed the substance abuse treatment system's capacity. It is also designed to reinforce the existing treatment capacity in the face of a potential increase in demand for services. If the 141,000 uninsured Alaskans living at or below 250% of the federal poverty index become eligible for publicly funded health insurance after 2014, (based on 2006 prevalence estimates) at least 2,800 of these adults can be expected to experience a substance use disorder requiring treatment.

Medically monitored detox in Anchorage and Fairbanks facilities report a daily cost of \$300-\$516 per patient per day. Compare this to the FY2012 hospital rates of \$2,956.44 at the Alaska Regional Hospital and \$2,350.43 at the Fairbanks Memorial Hospital inpatient rate. If the increment were used exclusively for detox services, it would cover the cost of over 800 detox days -- saving nearly \$1.5 million in inpatient hospital costs.

This recommendation to expand substance abuse treatment capacity supports the efforts of the Domestic Violence and Sexual Assault initiative. According to a 2010 survey of Alaska OCS workers managing cases with families that have very young children, as many as 70% of cases involving risk of harm to a child involved substance abuse by one or more parent/adult in the household. The lifelong negative health consequences of growing up in a household in which one or more parent abuses drugs and/or alcohol (considered an adverse childhood experience) and domestic violence occurs have been well documented (CDC ACE Study). These health consequences include an increased risk for alcoholism and drug abuse (Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study (American Journal of Preventative Medicine, May 1998)), perpetuating the cycle of violence and addiction for Alaskan families. In the recently released 2010 Alaska Victimization Survey, 37.1% of adult women

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Behavioral Health (continued)													
Behavioral Health Grants (continued)													
Alaska Mental Health Bd/Advisory Bd on Alcohol and Drug Abuse: Substance Abuse Treatment for Unresourced Individuals (continued)													
<i>respondents self-reported they were victims of sexual violence during their lifetime. 26.8% of the adult women respondents indicated they had experienced at least one alcohol or drug prior to a sexual violence incident. The incidences of sexual assault to intentional or unintentional consumption of alcohol prior to the assault were also reported on in the Special Report by the UAA Justice Center (UAA Justice Center Domestic and Sexual Violence Research Review and Recommendations, May 2010).</i>													
<i>Without this funding, individuals experiencing substance use disorders -- especially in non-priority groups -- will continue to be disproportionately represented among prison, homeless, unemployed, and other disadvantaged populations. Their families and communities will continue to endure the consequences of untreated addiction and dependence. Waitlists will become untenable as more Alaskans become eligible for publicly funded services, creating even greater burden on the already taxed substance abuse treatment system.</i>													
1037 GF/MH (UGF)			450.0										
Domestic Violence and Sexual Assault:	Gov Amd	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
Telehealth Strategic Capacity Expansion													
<i>The entire state of Alaska is a Workforce Shortage Area for Behavioral Health Professionals. There are a limited number of psychiatrists in Alaska. Most of our communities have no psychiatric coverage and have shortages of behavioral health clinicians and direct service workers, resulting in inadequate access to behavioral health services. Lack of availability results in costly travel to access care, and the care is often at higher, more costly levels than necessary. One of the strategies we have used in the private, tribal and public sectors is implementation of telehealth solutions. However, the current telehealth solutions focus on agency to hub area connectivity using high end equipment and expensive T-1 line connectivity. With advances in technology, recent solutions include a personal computer-based application of telehealth in a home-based model that is less expensive and has more comprehensive application.</i>													
<i>This increment requests funding to: (1) assess readiness of the DBH provider network to pilot such a demonstration project; (2) review potential vendors and telecommunications carriers to work collaboratively with the Division for a custom application; (3) identify specific hub areas for linkage to appropriate services for home based treatment.</i>													
<i>Positive potential benefits include: increased access to behavioral health services by getting services into homes through case managers, behavioral health aides, and others; decreased travel costs for treatment and court appearances; increased integration with primary care; and, increased productivity.</i>													
1004 Gen Fund (UGF)			100.0										
MH Trust: Housing - Grant 1337.05 Assisted Living Home Training and Targeted Capacity for Development Expansion	Gov Amd	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The Assisted Living Home training project, managed by Division of Behavioral Health Seriously Mentally Ill Treatment unit, improves the quality of training available for assisted living home providers. The Department of Health and Social Services Behavioral Health General Relief Adult Residential Care (ARC) program funds assisted living costs for approximately 142 indigent individuals with severe mental health disabilities statewide. In</i>													

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Behavioral Health (continued)													
Behavioral Health Grants (continued)													
MH Trust: Housing - Grant 1337.05 Assisted Living Home Training and Targeted Capacity for Development Expansion (continued)													
<i>addition, the Alaska Mental Health Trust Authority provides funds for assisted living care for approximately 10-12 high-needs individuals exiting correctional facilities. Both of these programs are intended to prevent homelessness and to improve daily functioning for very impaired beneficiaries. This project supports these goals by providing training to assisted living home caregivers, which increases the capacity of these providers to house individuals with intensive behavioral health needs. The project is granted to the Trust Training Cooperative to perform the training in collaboration with DBH. This increment for \$100.0 is a new increase of GF/MH.</i>													
1037 GF/MH (UGF)			100.0										
MH Trust: Housing - Grant 1337.05 Assisted Living Home Training and Targeted Capacity for Development	Gov Amd	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>The Assisted Living Home training project, managed by Division of Behavioral Health Seriously Mentally Ill Treatment unit, improves the quality of training available for assisted living home providers. The Department of Health and Social Services Behavioral Health General Relief Adult Residential Care (ARC) program funds assisted living costs for approximately 142 indigent individuals with severe mental health disabilities statewide. In addition, the Alaska Mental Health Trust Authority provides funds for assisted living care for approximately 10-12 high-needs individuals exiting correctional facilities. Both of these programs are intended to prevent homelessness and to improve daily functioning for very impaired beneficiaries. This project supports these goals by providing training to assisted living home caregivers, which increases the capacity of these providers to house individuals with intensive behavioral health needs. The project is granted to the Trust Training Cooperative to perform the training in collaboration with DBH. This increment for \$100.0 is a new increase of GF/MH.</i>													
1092 MHTAAR (Other)			100.0										
MH Trust: Dis Justice - Grant 2819.03 Pre-Development for Sleep Off Alternatives in Targeted Communities (Nome)	Gov Amd	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>FY2013 funds will be used to support the Division of Behavioral Health staff in pre-development and planning activities for a system of service alternatives to incarcerating persons requiring protective custody under AS 47.37.170 in Nome, AK. Activities may include but are not limited to: (1) assessing the level and nature of need for substance abuse treatment services; (2) assessing the service capacity of existing programs and facilities within the community; and (3) developing an implementation plan for the needed identified treatment services.</i>													
<i>This project was started with MHTAAR funding in FY2010. This FY2013 MHTAAR increment maintains the FY2012 funding level and momentum of effort.</i>													
1092 MHTAAR (Other)			100.0										
MH Trust: Cont - Grant 3736.01 Behavioral Health Follow-up Survey	Gov Amd	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
<i>Initiated in FY2012, this increment will continue a pilot behavioral health survey of clients measuring their levels of recovery at four month intervals up to one year after treatment. DBH will utilize an experienced contractor to ensure a sufficient survey response rate for statistical validity. This survey has important policy implications for improving treatment quality and could also help document important cost savings related to increased efficiency. If survey information is found to be helpful, it is the intent to repeat this survey every four-to-five years.</i>													
1092 MHTAAR (Other)			75.0										

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Behavioral Health (continued)													
Behavioral Health Grants (continued)													
Domestic Violence and Sexual Assault: Trauma Informed Training - Year Three - RSA from Governor's Office	Gov Amd	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>The Trauma-Informed Training project will implement a specialized trauma-informed curriculum to assure that the community-based behavioral health providers integrate an understanding of trauma into their programs and therapeutic approaches, statewide. Funded by Reimbursable Service Agreement with the Office of the Governor, under the Governor's Domestic Violence and Sexual Assault Prevention Initiative.</i>													
1007 I/A Rcpts (Other)			200.0										
* Allocation Difference *			1,525.0	0.0	0.0	175.0	0.0	0.0	1,350.0	0.0	0	0	0
Behavioral Health Administration													
MH Trust Continuing - Sustaining Alaska 2-1-1	Gov Amd	Inc	25.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0	0	0
<i>Alaska 2-1-1 is an information and referral system for health and human services resources throughout Alaska. The call center is staffed weekdays from 8:30am - 5pm for callers to receive personalized attention and a website available to all 24/7.</i>													
1037 GF/MH (UGF)			25.0										
MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development	Gov Amd	IncOTI	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
<i>Direct care health and social service workers are often the primary caregivers for Trust beneficiary groups. However, these workers typically have little formal training and receive minimal support while on the job. Strengthening their skills is a priority among the Trust's workforce activities, leading to the development and release of the Alaskan Core Competencies (FY2009), tools to assess worker competency (FY2010), and curriculum development (FY2011 and FY2012).</i>													
<i>Guidance and project oversight is provided by the Committee on Workforce Competency (CWC), chaired by Melissa Stone, Director of the Division of Behavioral Health at DHSS, and Duane Mays, Director of the Division of Senior and Disability Services for DHSS. Staff from the Annapolis Coalition and WICHE Mental Health Program will provide support for this project.</i>													
<i>In FY2013, the project will employ a strategy similar to the Institute for Healthcare Improvement (IHI) quality improvement collaborative model. This model tests changes in real work settings. The model guides the test of a change to determine if the change is an improvement. The project consultants, with guidance from the CWC, will identify and work in partnership with five organizations, one from each of the Trust's beneficiary groups (i.e., service sectors) on implementing the competencies and assessment. A one and a half day technical assistance meeting between project consultants and all five sites will be conducted at one point during the fiscal year, with follow-up consultation provided via phone.</i>													
<i>At the conclusion of FY2012, all the principal tools will have been created that are necessary to support adoption of a competency based approach to development of the direct care workforce in Alaska. This includes: identified competencies; assessment tools that allow for both self-assessment and agency assessment of the worker's strengths and learning needs; and a comprehensive, portable curriculum that can be used in person or via distance learning methods to train workers in the competencies.</i>													

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Behavioral Health (continued)													
Behavioral Health Administration (continued)													
MH Trust Workforce Dev Committee on Workforce Competency-Curriculum Development (continued)													
<i>The next step is to facilitate and demonstrate adoption. The proposed method is centered on the use of a Quality Improvement Collaborative method that will bring selected agencies together to facilitate the adoption of best practices in the use of the competencies. One agency from each of the five Trust Beneficiary areas would be selected. The priority would be to select agencies that are widely recognized as "early adopters", interested in using the competency tools and invested generally in innovation and quality.</i>													
<i>The process would involve bringing all agencies together at the start of the process to jointly receive technical assistance on the use of the competencies, assessment tools, and curriculum. Over the course of the day and half long retreat, the representatives of each agency (ideally two to three people per agency) would build a draft adoption/implementation plan for their organization, share it with other participants and the consultants, and modify the plan based on the feedback received.</i>													
<i>Each agency then "returns home" and pursues implementation, linked together by monthly teleconferences in which successes and barriers are discussed, emerging best practices are shared, and continued consultation is provided. Agencies can receive individual consultation by phone if needed. The documents and tools generated from this process, such as job descriptions and performance evaluations modified for a specific Beneficiary Group, are collected by the consultant and posted to the website that hosts all information on the Alaskan Core Competencies. At the conclusion of the year, a broad dissemination of the findings and tools from this process would occur in Alaska using electronic means and through the varied activities of the Trust Training Cooperative. Each of the five agencies in the improvement collaborative would, as a requirement of participation, agree to present their work at a minimum of two professional meetings in Alaska where agencies serving similar Beneficiary Groups will be present.</i>													
<i>The proposed level of funding covers the cost of the consultants from WICHE and the Annapolis Coalition, meeting materials, and teleconference costs. The estimate is exclusive of travel and lodging costs for the five participating agencies.</i>													
1037 GF/MH (UGF)			50.0										
MH Trust: BTKH - Grant 2465.03 Tribal/Rural System Development		Gov Amd	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
<i>This \$100.0 MHTAAR increment to DHSS/Behavioral Health will assist in expanding SED children's services in rural areas: Alaska Native youth are over-represented in behavioral health services, including in out-of-state services. This funding will develop services; improve funding mechanisms such as Medicaid at 100% FMAP and strategies specific to tribal systems. The funding will support tribes to expand health service delivery as recommended by Senate Bill 61 (Ch 10, SLA 2007)(Medicaid Reform report). Funding may support technical assistance and training from state staff or from contractors and/or adding additional staff functions to DHSS tribal programs. Projects may include developing Medicaid clinical, billing and supervision capacity; technical assistance to link programmatic and finance sections into an effective service delivery/billing revenue generation; implementing telemedicine, Skype or other distance delivery technology; grant writing; blending funding streams or other projects.</i>													
1092 MHTAAR (Other)			100.0										

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Behavioral Health Administration (continued)													
MH Trust: Housing - Grant 383.08 Office of Integrated Housing	Gov Amd	IncM	225.0	225.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This is an ongoing project through DHSS Behavioral Health for technical assistance to develop supported housing for Trust beneficiaries. Recognizing the affordable-and-supported-housing crisis in Alaska, the Trust and Behavioral Health advocated for the integration of supported housing - now the 'Supported Housing Office' - to develop housing and support opportunities for consumers struggling with mental illness and/or substance abuse. The stated mission of this office is to aggressively develop the expansion and sustainability of supported housing opportunities statewide for Behavioral Health consumers in safe, decent, and affordable housing in the least restrictive environment of their choice that is supportive of their rehabilitation process and to receive individualized community services and supports. This project has been funded with Trust and GF/MH funds dating back to FY2001.</i>													
1092 MHTAAR (Other)			225.0										
* Allocation Difference *			400.0	225.0	0.0	175.0	0.0	0.0	0.0	0.0	0	0	0
Community Action Prevention & Intervention Grants													
Multidisciplinary Rural Community Pilot Project - Year Three - Reimbursable Services Agreement from Governor's Office	Gov Amd	IncM	1,400.0	0.0	0.0	0.0	0.0	0.0	1,400.0	0.0	0	0	0
<i>In an effort to reduce domestic violence, sexual assault, and substance abuse in rural Alaska, these funds will be used to establish one or more rural community pilot projects to develop innovative, multi-disciplinary, collaborative approaches to domestic violence and sexual assault early intervention and prevention. Funded by Reimbursable Service Agreement with the Office of the Governor, under the Governor's Domestic Violence and Sexual Assault Prevention Initiative.</i>													
1007 I/A Rcpts (Other)			1,400.0										
Domestic Violence and Sexual Assault: Family Wellness Warriors Initiative - Year Three - RSA from Governor's Office	Gov Amd	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>Family Wellness Warriors Initiative seeks to address the devastating problems of domestic violence, abuse, and neglect in the Alaska Native community, statewide. The purpose of the project is to empower organizations and individuals to effectively address the spiritual, emotional, mental and physical effects of domestic violence, abuse, and neglect. Funded by Reimbursable Service Agreement with the Office of the Governor, under the Governor's Domestic Violence and Sexual Assault Prevention Initiative.</i>													
1007 I/A Rcpts (Other)			200.0										
* Allocation Difference *			1,600.0	0.0	0.0	0.0	0.0	0.0	1,600.0	0.0	0	0	0
Services to the Seriously Mentally III													
MH Trust: Housing - Grant 604.07 Department of Corrections Discharge Incentive Grants (Replace FY12 MHTAAR w/GF)	Gov Amd	Inc	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
<i>This project is a joint strategy in the Trust's Affordable Housing Initiative and the Disability Justice workgroups. It is consistent with the Housing focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will</i>													

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Behavioral Health (continued)													
Services to the Seriously Mentally Ill (continued)													
MH Trust: Housing - Grant 604.07 Department of Corrections Discharge Incentive Grants (Replace FY12 MHTAAR w/GF) (continued) <i>also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population.</i>													
			50.0										
1037 GF/MH (UGF)			50.0										
MH Trust: Housing - Grant 604.07 Department of Corrections Discharge Incentive Grants	Gov Amd	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This project is a joint strategy in the Trust's Affordable Housing Initiative and the Disability Justice workgroups. It is consistent with the Housing focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population.</i>													
1092 MHTAAR (Other)			200.0										
MH Trust: Housing - Grant 575.07 Bridge Home Program Expansion	Gov Amd	Inc	300.0	0.0	0.0	0.0	0.0	0.0	300.0	0.0	0	0	0
<i>This project replicates successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. The focus locations for the project will ultimately expand to include Anchorage, Juneau and possibly other locations where Alaska Housing Finance Corporation administers rental subsidies. Institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections' facilities, hospital emergency services and other high-cost social service and health programs. The project allows for up to 100 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on charging the tenant 30% of income) in order to 'bridge' from institutional discharge onto the U.S. Department of Housing and Urban Development Housing Choice voucher program (formerly known as the Section 8 housing voucher program) paired with intensive in-home support services. This pairing of resources for beneficiaries has proven successful in other states in reducing recidivism and impacts on service systems. Alaska's success rates have been demonstrated in reduction of return to Corrections and in use of emergency level services in the initial years of the project. This request reflects a \$300.0 increment for the project, which allows for expansion of the program in other critical parts of the state outside of Anchorage and assists in increasing the intensity of services for people with more complex service delivery needs.</i>													
1037 GF/MH (UGF)			300.0										
MH Trust: Housing - Grant 575.07 Bridge Home Program	Gov Amd	IncM	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
<i>This project replicates successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. The focus locations for the project will ultimately expand to include Anchorage, Juneau and possibly other locations where Alaska Housing Finance Corporation administers rental subsidies. Institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections' facilities, hospital emergency services and other high-cost social service and health programs. The project allows for up to 100 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on charging the tenant 30% of income) in order to 'bridge' from institutional discharge onto the U.S. Department of Housing and Urban Development Housing Choice voucher program (formerly known as the Section 8 housing voucher program) paired with intensive in-home support services. This pairing of resources for beneficiaries has proven</i>													

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Behavioral Health (continued)													
Services to the Seriously Mentally Ill (continued)													
MH Trust: Housing - Grant 575.07 Bridge Home Program (continued)													
<i>successful in other states in reducing recidivism and impacts on service systems. Alaska's success rates have been demonstrated in reduction of return to Corrections and in use of emergency level services in the initial years of the project. This request reflects a \$300.0 increment for the project, which allows for expansion of the program in other critical parts of the state outside of Anchorage and assists in increasing the intensity of services for people with more complex service delivery needs.</i>													
			1092 MHTAAR (Other)	750.0									
* Allocation Difference *			1,300.0	0.0	0.0	0.0	0.0	0.0	1,300.0	0.0	0	0	0
Services for Severely Emotionally Disturbed Youth													
	Gov Amd	Inc	MH Trust: AK MH Bd- Early Childhood Screening & Brief Behavioral Services	400.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
<i>"Brief Behavioral Services" are expected to become available for young children and their families in primary care offices and community mental health centers in FY2013. These services will be effective interventions for children and families experiencing the consequences of domestic violence. By encouraging providers to perform early and regular screenings for developmental and social-emotional delays/disabilities, we can ensure that Alaskan children who have witnessed or suffered domestic violence receive the services they need to grow up healthy.</i>													
<i>The impact of child maltreatment (abuse, neglect, witnessing domestic violence) on brain development, as well as cognitive and emotional development, has been well-documented. Depression, disassociation, PTSD, maladaptive behaviors, language deficits, altered brain maturation and other neuropsychological outcomes can all result from being a childhood victim or witness to domestic violence. Standardization of early childhood screenings (i.e. EPSDT) to identify and intervene with early childhood behavioral and developmental concerns will help to connect these children and families to services needed to promote healthy development.</i>													
<i>The increment would fund outreach, training, and technical assistance to encourage more providers to administer EPSDT screenings, to use a standardized screening tool, to inform them about services available and to provide information necessary for meaningful referral to services. This increment would also fund education and outreach to parents about the EPSDT program and the services available to them -- while also stressing how important it is that children not only be kept safe from harm, but also to receive services early to address the harm that results from living in a violent household.</i>													
			1037 GF/MH (UGF)	400.0									
	Gov Amd	Inc	MH Trust: BTKH - BTKH In-Home Intensive Support	200.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This increment will provide \$200.0 in MHTAAR to DHSS/Behavioral Health for grants to implement a new service model which will divert children with severe emotional disturbances and complex behaviors from residential psychiatric treatment centers (RPTC) through intensive in-home supports and crisis management. FY2011 Bring the Kids Home (BTKH) data shows that an increasing percentage of children placed in out-of-state RPTC have complex behaviors due to co-occurring conditions and that most have experienced profound trauma. These issues result in an array of difficult behaviors such as aggression, suicidal ideation, and risk taking, which in-state providers are challenged to respond to. Continued BTKH progress at reducing out-of-state RPTC placements requires effectively serving these youth in-state, however, the long-term nature of co-occurring issues such as fetal alcohol spectrum disorders, autism and developmental disabilities requires a new model of</i>													

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**Numbers and Language
Differences
Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Services for Severely Emotionally Disturbed Youth (continued)													
MH Trust: BTKH - BTKH In-Home Intensive Support (continued)													
<i>developing intensive behavioral health services in a community setting. This increment will support start-up of this model.</i>													
			200.0										
1092 MHTAAR (Other)			200.0										
MH Trust: BTKH - Grant 1390.05 Expansion of School-Based Services Capacity via Grants	Gov Amd	IncM	125.0	0.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0
<i>This increment provides \$125.0 MHTAAR to DHSS/Behavioral Health to continue a Bring the Kids Home project to expand school-based services treatment capacity through grants and contracts. The project provides educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs) to ensure their educational success upon return. It also has funded development of training and implementation pilot projects for an evidence-based practice, Positive Behavioral Intervention and Supports (PBIS). PBIS develops support and connection between schools and behavioral health providers to better serve youth experiencing serious emotional disturbance. PBIS also establishes a school-wide culture which research shows reduces behavioral problems and improves learning across the school setting. DHSS/BH manages these funds via multiple grants.</i>													
1092 MHTAAR (Other)			125.0										
MH Trust: BTKH - Grant 2466.03 Transitional Aged Youth	Gov Amd	IncM	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
<i>This increment provides \$200.0 GH/MH to DHSS/Behavioral Health to start-up and sustain the Transition to Independence Process (TIP). TIP is an evidence-supported process to assist transitional aged youth to move into adulthood with age-appropriate services ensuring productive work or educational activities. TIP targets youth with severe behavioral health problems who are vulnerable to poor outcomes such as involvement with adult justice, emergency mental health or substance abuse, early pregnancy or hospital-based services. Youth with behavioral health problems often have few skills and little social or family support to help them succeed. TIP engages youth, provides support to access existing service systems and helps youth to bridge the transition from child services to adulthood.</i>													
1092 MHTAAR (Other)			200.0										
MH Trust: BTKH - Grant 2466.03 Transitional Aged Youth: Sustain/Expand the Transition to Independence Process	Gov Amd	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>This increment provides \$250.0 GH/MH (\$50.0 to replace MHTAAR & \$200.0 of additional funds) to DHSS/Behavioral Health to start-up and sustain the Transition to Independence Process (TIP). TIP is an evidence-supported process to assist transitional aged youth to move into adulthood with age-appropriate services ensuring productive work or educational activities. TIP targets youth with severe behavioral health problems who are vulnerable to poor outcomes such as involvement with adult justice, emergency mental health or substance abuse, early pregnancy or hospital-based services. Youth with behavioral health problems often have few skills and little social or family support to help them succeed. TIP engages youth, provides support to access existing service systems and helps youth to bridge the transition from child services to adulthood.</i>													
1037 GF/MH (UGF)			250.0										
MH Trust: BTKH - Grant 3051.02 Peer Navigator Program	Gov Amd	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>This increment to DHSS/Behavioral Health provides grants to expand Parent and Youth Navigation services to additional communities in Alaska. Peer Navigation allows trained parents and young adults to be hired to assist their peers in navigating the service delivery system, learning parenting skills and practicing self-help strategies.</i>													

**2012 Legislature - Operating Budget
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**Numbers and Language
Differences
Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Services for Severely Emotionally Disturbed Youth (continued)													
MH Trust: BTKH - Grant 3051.02 Peer Navigator Program (continued)													
<i>The priority population is youth with severe emotional disturbances and their families, however, services are also available to youth and families who are at-risk due to other issues such as child protection or juvenile justice. Grant funding also supports involvement of family members and youth in planning and policymaking. Parent/peer navigation and parent/youth input has always been a critical part of the BTKH Initiative, to ensure the increased in-state capacity that is developed is as responsive to the needs of youth and parents as possible.</i>													
			1092 MHTAAR (Other) 100.0										
	Gov Amd	Inc	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
MH Trust: BTKH - Grant 3051.02 Peer Navigator Program Expansion													
<i>This increment to DHSS/Behavioral Health provides grants to expand Parent and Youth Navigation services to additional communities in Alaska. Peer Navigation allows trained parents and young adults to be hired to assist their peers in navigating the service delivery system, learning parenting skills and practicing self-help strategies. The priority population is youth with severe emotional disturbances and their families, however, services are also available to youth and families who are at-risk due to other issues such as child protection or juvenile justice. Grant funding also supports involvement of family members and youth in planning and policymaking. Parent/peer navigation and parent/youth input has always been a critical part of the BTKH Initiative, to ensure the increased in-state capacity that is developed is as responsive to the needs of youth and parents as possible.</i>													
			1037 GF/MH (UGF) 100.0										
	Gov Amd	IncM	400.0	0.0	0.0	0.0	0.0	0.0	400.0	0.0	0	0	0
MH Trust: BTKH - Grant 1392.05 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training													
<i>This increment provides MHTAAR to DHSS/Behavioral Health which will be used to continue the BTKH grant program. The grants are awarded to enhance and expand outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). This increment is used to address gaps in community-based services and to support start-up of evidence-based and best practices. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care.</i>													
			1092 MHTAAR (Other) 400.0										
	Gov Amd	Inc	50.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0	0	0
MH Trust: BTKH - Grant 1392.05 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training Expansion													
<i>This increment provides \$50.0 MHTAAR to DHSS/Behavioral Health which will be used to continue the BTKH grant program. The grants are awarded to enhance and expand outpatient services with innovative programs/training to reduce the need for residential level services for youth experiencing serious emotional disturbance (SED). This increment is used to address gaps in community-based services and to support start-up of evidence-based and best practices. This increase in outpatient care assists in dealing with youth at the home and community-based level and avoids utilizing costly residential care.</i>													
			1092 MHTAAR (Other) 50.0										
	Gov Amd	Inc	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
MH Trust: BTKH - Grant 2463.03 Evidence Based Family Therapy Models													
<i>This increment will provide \$170.0 in GF/MH to DHSS/Behavioral Health for contracts to implement evidence-based family treatment models in Alaska. For FY2013, funds will support a contract with Dr. Scott Sells to implement Parenting with Love and Limits (PLL) for children with severe emotional disturbances and their</i>													

**2012 Legislature - Operating Budget
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**Numbers and Language
Differences
Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (continued)													
MH Trust: BTKH - Strong Family Voice: Parent and Youth Involved via AMHB (continued)													
<i>meetings and to other advocacy and policy-setting meetings, and gathering feedback and information from stakeholders. Family and youth are key partners in BTKH planning. In order to sustain long-term system change, it is important to maintain stakeholder feedback by allocating long-term funding for Family Voice.</i>													
1037 GF/MH (UGF)			50.0										
MH Trust: Cont - Grant 605.07 ABADA/AMHB	Gov Amd	IncM	435.0	269.0	90.0	60.0	16.0	0.0	0.0	0.0	0	0	0
Joint Staffing													
<i>This Trust funding provides a supplement to the basic operations of the merged staff of Advisory Board on Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) and requires the boards to meet the data, planning and advocacy performance measures negotiated with the Trust.</i>													
1092 MHTAAR (Other)			435.0										
* Allocation Difference *			485.0	269.0	125.0	70.0	21.0	0.0	0.0	0.0	0	0	0
Suicide Prevention Council													
MH Trust: ABADA/AMHB School Based Suicide Prevention	Gov Amd	Inc	450.0	0.0	0.0	35.0	0.0	0.0	415.0	0.0	0	0	0
<i>According to the CDC, risk factors for suicide include "family history of child maltreatment," isolation and hopelessness (common feelings among victims of domestic violence), and depression. In Alaska, 76.1% of individuals screened through the Alaska Screening Tool reported an adverse childhood experience (past trauma) and 19.1% reported intimate partner violence (past or present). Thus, the number of Alaskans whose risk of suicide is heightened due to exposure to or victimization as a result of domestic violence is substantial.</i>													
<i>The rate of suicide among Alaskan adolescents and young adults is far above the national average of 11.26/100,000. The cumulative rate of youth suicide from 2000-2009 for youth age 15-24 years was the highest of any age group. For all young men, the rate is 56.1/100,000. For Alaska Native young men, the rate is 141.6/100,000. For all young women, it is 16.6/100,000 and for Alaska Native young women, 50.3/100,000. The rate of suicide attempts among Alaskan youth is 99.3/100,000.</i>													
<i>A quarter of traditional high school students and over one-third of alternative high school students reported feelings of significant depression and hopelessness. In traditional high schools, 14.6% of students surveyed reported seriously considering suicide in the past year. Among alternative school students, suicidal ideation was reported by 21.2%. Suicide attempts in the past year were reported by 8.7% of students in traditional high schools and by 13.2% of alternative high school students. Of these attempts, 2.7 -- 6.2% required medical attention.</i>													
<i>With adolescents and young adults being the age group with the highest rate of suicide, school based prevention efforts have the greatest likelihood of impact. By providing funding for grants to school districts to implement evidence and research based training and intervention models tailored to the unique needs of their student and teacher populations, such as Signs of Suicide (effectively implemented in MatSu schools) and youth peer leadership/ mentoring (implemented successfully in the Northwest Arctic Borough schools), we can reach youth when they are the most vulnerable. To ensure successful outcomes, additional training for secondary school teachers and staff is critical. This increment would also fund statewide on-demand training (Kognito At-Risk, an evidence-based and rigorously evaluated best practice) for all high school educators and staff.</i>													
1037 GF/MH (UGF)			450.0										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health (continued)													
Suicide Prevention Council (continued)													
* Allocation Difference *			450.0	0.0	0.0	35.0	0.0	0.0	415.0	0.0	0	0	0
** Appropriation Difference **			8,160.0	579.0	125.0	945.0	21.0	0.0	6,490.0	0.0	0	0	0
Children's Services													
Family Preservation													
MH Trust: BTKH - Grant 1926.04 Foster Parent & Parent Recruitment training & support			138.0	0.0	0.0	0.0	0.0	0.0	138.0	0.0	0	0	0
<i>This project provides \$138.0 MHTAAR/MH and \$138.0 GF/MH to DHSS/Children's Services for a project which provides grants to recruit and screen potential foster parents, and for training and technical assistance for parents and foster parents. These services are intended to improve the ability of parents and foster parents to effectively parent children with severe emotional disturbances and to reduce the need for out-of-home care and for residential placements. Therapeutic Foster Homes are recognized in Bring the Kids Home (BTKH) planning as an economical and effective alternative to costlier types of residential care for youth experiencing serious emotional disturbance (SED).</i>													
1092 MHTAAR (Other)			138.0										
MH Trust: BTKH - Grant 1926.04 Foster Parent & Parent Recruitment training & support expansion			138.0	0.0	0.0	0.0	0.0	0.0	138.0	0.0	0	0	0
<i>This project provides \$138.0 MHTAAR/MH and \$138.0 GF/MH to DHSS/Children's Services for a project which provides grants to recruit and screen potential foster parents, and for training and technical assistance for parents and foster parents. These services are intended to improve the ability of parents and foster parents to effectively parent children with severe emotional disturbances and to reduce the need for out-of-home care and for residential placements. Therapeutic Foster Homes are recognized in Bring the Kids Home (BTKH) planning as an economical and effective alternative to costlier types of residential care for youth experiencing serious emotional disturbance (SED).</i>													
1037 GF/MH (UGF)			138.0										
* Allocation Difference *			276.0	0.0	0.0	0.0	0.0	0.0	276.0	0.0	0	0	0
Infant Learning Program Grants													
MH Trust: Gov Cncl - 1207.05 Early Intervention/Infant Learning Pgm Positive Parenting Training			80.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	0	0	0
<i>According to the Center on the Social and Emotional Foundations for Early Learning, the prevalence rate of challenging behaviors among young children in childcare and classroom settings is 10 to 30%. Childhood ratings of behavior problems at age 3 and 5 are the best predictors of later antisocial outcomes. Around 48% of children with problem behaviors in kindergarten have been placed in special education by the 4th grade. Over 65% of students identified with emotional and behavioral disorders drop out of school, which ultimately leads to poor job outcomes, limited income, and patterns of failure that may persist into adulthood. [Fox, L. and Smith, B., Policy Brief: Promoting Social, Emotional and Behavioral Outcomes of Young Children Served Under IDEA, January 2007.]</i>													
<i>The state Early Intervention/Infant Learning Program Office (EI/ILP) office is supporting 3 demonstration sites to fully implement the "pyramid model" to fidelity. The EI/ILP office sees the support for the parent training modules as an integral part of the larger early childhood social emotional support system. This project currently fills a gap</i>													

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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Children's Services (continued)												
Infant Learning Program Grants (continued)												
MH Trust: Gov Cncl - 1207.05 Early												
Intervention/Infant Learning Pgm Positive												
Parenting Training (continued)												
<i>between families who are in need of intervention supports, but whose provider agencies have not yet adopted these strategies. Initial data from this project has indicated significant change in parental beliefs and attitudes with regard to positive engagement and strategies to reduce challenging behaviors.</i>												
<i>While many approaches and methods have been used in various early childhood settings, the "Teaching Pyramid" is an evidence based research model for "supporting social competence and preventing challenging behavior in young children." [National Association for the Education of Young Children, Young Children, July 2003]. The model addresses challenging behaviors of young children through a comprehensive and systematic process. The "pyramid" framework starts at the lower level of intervention and moves upward: 1) positive relationships with children, families, and providers; 2) home childcare and classroom preventive practices; 3) social and emotional teaching strategies; and 4) intensive individualized interventions. Implementing the teaching pyramid training component for families interested in reducing challenging behavior truly works.</i>												
<i>Training will be provided to foster and biological families on the following six (3-hour) modules:</i>												
1) "Making a Connection: Building Positive Relationships with Children"												
2) "Making It Happen: The Power of Encouragement"												
3) "Why Children Do What They Do: Determining the Meaning of Behavior"												
4) "Teach Me What to Do: Making Expectations Clear and Consistent"												
5) "Facing the Challenge -- Part 1: Strategies to Promote Positive Child Behavior in Home & Community Settings"												
6) "Facing the Challenge -- Part 2: Developing and Using an Individualized Positive Behavioral Support Plan"												
1092 MHTAAR (Other)		80.0										
MH Trust: BTKH - Grant 2550.03 Early	Gov Amd	425.0	0.0	0.0	0.0	0.0	0.0	425.0	0.0	0	0	0
Intervention for Young Children (Expansion of Services)												
<i>This increment provides \$350.0 GF/MH and \$175.0 MHTAAR/MH to DHSS/Children's Services to continue and expand implementation of two projects recommended by the Alaska Early Childhood Comprehensive Systems Plan in order to improve services for young children (birth to five) with behavioral health challenges. Behavioral problems can greatly impact young children and their families: the study, Pre-kindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems, found that "... children in pre-school programs were literally...more than three times as likely to be expelled as children in kindergarten through grade 12 ..."</i>												
<i>These two projects started in 2008 and have been highly effective at 1) building an in-state workforce competent to use evidence-based interventions for young children and their families and 2) demonstrating the impact of early childhood therapeutic service models. Services to young children focus on the family system, on building protective factors, and can improve outcomes for the whole family. The Anchorage early childhood therapeutic pre-school is full, has a waiting list and has been asked to expand into Matsu. Most areas of the state do not yet have an ECMHC program.</i>												
<i>- For FY11, 610 children were served through the Anchorage project</i>												
<i>- It had a 100% childcare placement rate: all children served either maintained in current childcare or found childcare that was a better match.</i>												

**2012 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Children's Services (continued)													
Infant Learning Program Grants (continued)													
MH Trust: BTKH - Grant 2550.03 Early Intervention for Young Children (Expansion of Services) (continued)													
			1037 GF/MH (UGF)	350.0									
			1092 MHTAAR (Other)	75.0									
	Gov Amd	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
MH Trust: BTKH - Grant 2550.03 Early Intervention for Young Children													
<i>This increment provides \$350.0 GF/MH and \$175.0 MHTAAR/MH to DHSS/Children's Services to continue and expand implementation of two projects recommended by the Alaska Early Childhood Comprehensive Systems Plan in order to improve services for young children (birth to five) with behavioral health challenges. Behavioral problems can greatly impact young children and their families: the study, Pre-kindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems, found that "... children in pre-school programs were literally...more than three times as likely to be expelled as children in kindergarten through grade 12 ..."</i>													
<i>These two projects started in 2008 and have been highly effective at 1) building an in-state workforce competent to use evidence-based interventions for young children and their families and 2) demonstrating the impact of early childhood therapeutic service models. Services to young children focus on the family system, on building protective factors, and can improve outcomes for the whole family. The Anchorage early childhood therapeutic pre-school is full, has a waiting list and has been asked to expand into Matsu. Most areas of the state do not yet have an ECMHC program.</i>													
<i>- For FY11, 610 children were served through the Anchorage project</i>													
<i>- It had a 100% childcare placement rate: all children served either maintained in current childcare or found childcare that was a better match.</i>													
			1092 MHTAAR (Other)	100.0									
* Allocation Difference *			605.0	0.0	0.0	0.0	0.0	0.0	605.0	0.0	0	0	0
Children's Trust Programs													
Eliminate Administrative Funds - Children's Trust No Longer Held by State													
	Gov Amd	Dec	-150.0	0.0	0.0	-150.0	0.0	0.0	0.0	0.0	0	0	0
			1099 ChildTrPrn (DGF)	-150.0									
* Allocation Difference *			-150.0	0.0	0.0	-150.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			731.0	0.0	0.0	-150.0	0.0	0.0	881.0	0.0	0	0	0

Health Care Services

Health Facilities Licensing and Certification

Authority for Collection of Civil Money Penalties for Protection of Nursing Home Residents	Gov Amd	Inc	60.0	0.0	0.0	60.0	0.0	0.0	0.0	0.0	0	0	0
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Health Facilities Licensing & Certification may impose Civil Money Penalties (CMP) for Nursing Homes Centers for Medicare & Medicaid Services (CMS) per 42 Code of Federal Regulations (CFR)--Part 488. CMP's collected by the State must be applied to the protection of the health or property of residents of facilities that the State or Centers for Medicare & Medicaid Services (CMS) finds noncompliant. These activities must be approved by CMS. Due to the restricted requirement of the expenditure of these funds, any unexpended CMP's are not eligible for fund sweeps.

Any unexpended portion of these funds must be rolled forward at the end of each fiscal year.

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Health Care Services (continued)													
Health Facilities Licensing and Certification (continued)													
Authority for Collection of Civil Money Penalties for Protection of Nursing Home Residents (continued)													
	1005 GF/Prgm (DGF)		60.0										
* Allocation Difference *			60.0	0.0	0.0	60.0	0.0	0.0	0.0	0.0	0	0	0
Medical Assistance Administration													
	Delete Unrealizable Authorization	Gov Amd Dec	-2,000.0	0.0	0.0	-2,000.0	0.0	0.0	0.0	0.0	0	0	0
<i>Health Care Services (HCS) requests the decrement of \$2,000.0 of excess federal authorization from the Medical Assistance Administration component. This excess federal authorization has been in the HCS budget for a number of years without any expectation of actual federal receipts collection. The authorization was originally placed in the budget to meet improvements to the legacy Medicaid Management Information System (MMIS) mandates issued by the Centers for Medicare and Medicaid Services (CMS). The amount listed above is no longer needed because the legacy mandates are less than originally anticipated.</i>													
	1002 Fed Rcpts (Fed)		-2,000.0										
	Unrealized Authority	Gov Amd Dec	-250.0	0.0	0.0	-250.0	0.0	0.0	0.0	0.0	0	0	0
<i>Health Care Services requests a reduction of \$250.0 in its interagency (I/A) receipts authorization. The division has reassessed its need for I/A and finds that it does not require the amount originally requested in the FY2012 budget.</i>													
	1007 I/A Rcpts (Other)		-250.0										
	AMD: Patient-Centered Medical Homes with Integrated Services	Gov Amd IncOTI	500.0	0.0	0.0	200.0	0.0	0.0	300.0	0.0	0	0	0
<i>Existing mental health systems alone are not enough to address the growing concerns of the Medicaid population as it relates to identifying and treating mental health and substance abuse disorders. Primary care providers are ideally situated to fill the existing gap. By applying an integrated medical home model, these providers can identify and treat and/or appropriately refer recipients with these co-morbid conditions. Integration is essential to address existing disparities in health care.</i>													
<i>A portion of funds (anticipated \$200.0) requested will be utilized to further strategic integration plan development initiated in FY2012 through a contractor who will also be conducting ongoing assessment of the statewide need and state of readiness for Patient Centered Medical Homes with Integration. This contractor will also provide continued technical assistance to medical home pilot participants and others interested regarding such topics as:</i>													
<ul style="list-style-type: none"> - Patient tracking and registry functions - Use of non-physician staff for case management - The adoption of evidence-based guidelines - Patient self-management support and tests (screenings) - Referral tracking - Patient engagement and personal responsibility 													
<i>The remaining funds (anticipated \$300.0) will be made available as a one-time competitive grant for up to four pilot programs for medical home infrastructure development, such as the addition of a behavioral health clinician or specialized case manager and/or collaborative developments with the goal of expanded access to mental health specialists.</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Health Care Services (continued)													
Medical Assistance Administration (continued)													
AMD: Patient-Centered Medical Homes with Integrated Services (continued)													
<i>This model has the potential to expand outreach and linkage to services for some of our most vulnerable Alaskans. Failure to attempt such integration will result in status quo or worsened conditions and continued disparity for Alaska Medicaid recipients with concurrent mental health/substance abuse conditions and medical concerns. We already know the life expectancy for these individuals is significantly lower on average than individuals without mental health/substance abuse concerns. Additionally, as we anticipate this portion of our population to continue to grow within Medicaid, we must find an appropriate model to address their needs in the most cost-effective manner that allows recipients to get the right care at the right time in the right place.</i>													
<i>This is a new request Mental Health Trust recommendation for FY2013.</i>													
<i>FY2013 December budget -- \$17,203.7</i>													
<i>FY2013 Amendment -- \$500.0</i>													
<i>TOTAL FY2013 -- \$17,703.7</i>													
	1092	MHTAAR (Other)	500.0										
* Allocation Difference *			-1,750.0	0.0	0.0	-2,050.0	0.0	0.0	300.0	0.0	0	0	0

Rate Review

Rate Settings and Acuity Measurement Systems	Gov Amd	Inc	640.0	0.0	0.0	640.0	0.0	0.0	0.0	0.0	0	0	0
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This budget request is comprised of four related parts:

*Behavioral Health Outpatient Rate Setting and Acuity Measurement System
\$100.0 (\$50.0 Federal/\$50.0 GF)*

The department is interested in updating rate setting methodologies for outpatient behavioral health services. Work in other areas of the department has shown that well documented rate setting methodologies consistent with state and federal laws and regulations are invaluable in avoiding federal findings, and ensuring access to quality care for Medicaid recipients. After many meetings with providers and much review of formal public comments, the need for a robust acuity measurement system is obvious for rate setting and claims payment purposes as well as for Behavioral Health program administration.

We propose to hire experienced consultants to design and implement a rate setting system and related acuity measurement system for outpatient behavioral health services in Alaska. The design would include cost related adjustments to Medicaid payment rates for various acuity levels, as well as meet the needs of the Division of Behavioral Health program staff with regard to the administration of the Division of Behavioral Health services.

Without an accurate measurement of acuity, long term cost containment in rate setting would be compromised, access to services could eventually deteriorate for Medicaid clients, accurate trends in the condition of Medicaid clients and related impacts of policy decisions could not be measured, and provider concerns about the fairness of payment rates cannot be addressed completely. Recipients would not be receiving the right care, in the right place, for the right price.

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Agency: Department of Health and Social Services

**Health Care Services (continued)
Rate Review (continued)**

Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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Rate Settings and Acuity Measurement Systems (continued)

*Home Health Rate Setting and Acuity Measurement System
\$100.0 (\$50.0 Federal/\$50.0 GF)*

The department has recently been informed that federal state plan reviewers find the current state plan requirements for home health services, in particular the rate setting methodology, unacceptable.

We propose to hire experienced consultants as necessary to design and implement a rate setting system for Medicaid home health services in Alaska. The design would include a relationship to costs and related adjustments to Medicaid payment rates for various acuity levels.

If funding is not approved, the department may be faced with a federal mandate to update the payment methodology for home health services. State non-compliance with a federal mandate in this area could result in elimination of federal matching funds for the Medicaid home health program.

*Home and Community Based Services Acuity Measurement System
\$300.0 (\$150.0 Federal/\$150.0 GF)*

The department over the last 2-3 years has worked to establish a new rate setting system for home and community based services. After many meetings with providers and much review of formal public comments, the need for a robust acuity measurement system is obvious for rate setting and claims payment purposes as well as for Division of Senior and Disability Services program administration. Without an accurate measurement of acuity, long term cost containment in rate setting would be compromised, access to services could eventually deteriorate for Medicaid clients, accurate trends in the condition of Medicaid clients and related impacts of policy decisions could not be measured, and provider concerns about the fairness of payment rates cannot be addressed completely.

We propose to hire experienced consultants to design and implement an acuity measurement system for home and community based services in Alaska. The design would include cost related adjustments to Medicaid payment rates for various acuity levels, as well as meet the needs of the Division of Senior and Disabilities Services program staff with regard to the administration of home and community based services.

If funding is not approved, the department would continue to use a rate setting system which providers have testified needs acuity adjustments, and the department concurs would aid in ensuring future access to services for Medicaid clients. Possible federal sanctions could result for inadequacies in the information that the department maintains to support its home and community based services programs.

*Tribal Dental and Behavioral Health Encounter Rate Settlement Calculations
\$140.0 (\$70.0 Federal/\$70.0 GF)*

The department has adopted encounter rate based payment methodologies for tribal behavioral health and dental payments. Since these new payment methodologies have not been incorporated into the Medicaid Management

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Health Care Services (continued)													
Rate Review (continued)													
Rate Settings and Acuity Measurement Systems (continued)													
<i>Information System (MMIS), the department's Information Technology section is designing an operating system necessary to reprocess fee for service claims into the appropriate encounter format.</i>													
<i>We propose to continue to ask the information technology section to process these settlement calculations outside of the MMIS system until the new MMIS is completed and appropriate programming is on line to process the claims by encounter when submitted.</i>													
<i>If funding is not approved, tribal organizations and the federal government would object to non-completion of this project. Tribes would not receive approximately \$40 million per year in Medicaid funding, and Alaska would be out of compliance with the approved Medicaid State Plan.</i>													
			1002 Fed Rcpts (Fed)	320.0									
			1003 G/F Match (UGF)	320.0									
			* Allocation Difference *	640.0	0.0	0.0	640.0	0.0	0.0	0.0	0	0	0
			** Appropriation Difference **	-1,050.0	0.0	0.0	-1,350.0	0.0	0.0	300.0	0.0	0	0
Juvenile Justice													
McLaughlin Youth Center													
			Grave Shift Coverage at McLaughlin Youth Center	Gov Amd	Inc	300.0	300.0	0.0	0.0	0.0	0.0	3	0
<i>Provide three Juvenile Justice Officer I/II positions for the McLaughlin Youth Center (MYC) for two units that currently do not have appropriate coverage for the graveyard shifts. Both of these units serve volatile, serious juvenile offenders. Acquiring the three additional Juvenile Justice Officer I/II positions would bring the staffing pattern of two staff on every grave shift for both the Intensive Treatment Unit (ITU) and Specialized Treatment Unit (STX).</i>													
<i>Currently, MYC leaves the grave shift on ITU and STX short-staffed and only has one staff person working alone. The facility attempts to mitigate this by reassignment of other staff to cover or visit the unit periodically. This becomes the case of "robbing Peter to pay Paul." And even with that effort, the unfortunate result is that there are still long periods of time (hours) where staff is covering a unit by themselves. This type of inadequate grave shift staffing leaves the facility and staff vulnerable when dealing with hostile residents, especially when emergency situations arise. When a youth is placed on a special observation status for suicidal ideation or behavioral management, overtime will be incurred. Failure to provide enough staffing forces the division to continue to use non-perms to cover shifts, which is a violation of the bargaining unit agreement.</i>													
<i>In addition, ensuring that there is sufficient staff on the grave shifts ensures that the Division is in compliance with the federal Prison Rape Elimination Act of 2003.</i>													
			1004 Gen Fund (UGF)	300.0									
			* Allocation Difference *	300.0	300.0	0.0	0.0	0.0	0.0	0.0	3	0	0
Johnson Youth Center													
			Grave Shift Coverage for the Johnson Youth Center	Gov Amd	Inc	200.0	200.0	0.0	0.0	0.0	0.0	2	0

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
Johnson Youth Center (continued)													
Grave Shift Coverage for the Johnson Youth Center (continued)													
<i>Provide two positions to provide adequate coverage during the grave shifts (two staff on duty during each of these shifts) at the Johnson Youth Center for both the Detention and Treatment units. The current lack of staffing in our 24 hour facility that operates 365 days per year creates the need to constantly adjust established work schedules to cover the grave shifts. Consequently, these adjustments cause safety concern on the other waking shifts (day and swing) and pose an additional hardship for staff working at those times.</i>													
<i>These regular schedule changes also translate into ongoing morale concerns on both units and require some staff work 16 continuous hours in a day to provide adequate coverage for the grave shifts.</i>													
<i>When at-risk youth are placed on an increased observation status for suicidal ideation or behavioral management, overtime will be incurred to ensure that the needs of those youth are met and safety on the unit is maintained. If the facility was allocated two additional staff allowing two grave shift staff to be scheduled, the use of non-permanent staff and overtime hours would be reduced.</i>													
<i>Using non-perms to cover these shifts on a regular basis is a violation of the bargaining unit agreement.</i>													
<i>In addition, ensuring that there is sufficient staff on the grave shifts ensures that the Division is in compliance with the federal Prison Rape Elimination Act of 2003.</i>													
1004 Gen Fund (UGF)			200.0										
* Allocation Difference *			200.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
Probation Services													
MH Trust: Dis Justice- Mental Health Clinician Oversight In Youth Facilities	Gov Amd	Inc	152.9	130.0	10.0	12.9	0.0	0.0	0.0	0.0	0	0	0
<i>The MH Trust: Dis Justice - Mental Health Clinician Oversight in DJJ Youth Facilities is a position to provide supervisory oversight to mental health clinicians (MHCs) in areas such as clinical service delivery, case consultation, development of training plans, and expertise related to confidentiality and ethical issues. In addition, this position will work with DJJ senior management to further the integration and development of statewide behavioral health services within the 24/7 secure facilities as well as the probation services of DJJ. Currently, DJJ mental health clinical staff is located in six locations and provides services in eight juvenile facilities and two probation offices statewide. The Division of Juvenile Justice does not have the capacity to provide adequate support and supervision of the clinical services provided by these key staff.</i>													
<i>This project is a critical component of the Disability Justice Focus Area plan by ensuring there are quality mental health services available to Alaskan youth involved in the juvenile justice system statewide.</i>													
1092 MHTAAR (Other)			152.9										
Authority for RSA with Division of Behavioral Health for Bring the Kids Home Individualized Services	Gov Amd	IncM	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0	0	0
<i>Reflect inter-agency authority for reimbursable services between the Division of Juvenile Justice (DJJ) and the Division of Behavioral Health. This is for Bring the Kids Home funds that are transferred to us through the</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Juvenile Justice (continued)													
Probation Services (continued)													
Authority for RSA with Division of Behavioral Health for Bring the Kids Home Individualized Services (continued)													
<i>Individualized Services. The divisions have had an unbudgeted RSA for the past several years. This will allow the RSA to be budgeted on DJJ's side.</i>													
			100.0										
			100.0										
	Gov Amd	IncM	110.9	95.7	15.2	0.0	0.0	0.0	0.0	0.0	0	0	0
MH Trust: Dis Justice- Grant 3504.01 Div Juvenile Justice Rural Re-entry Specialist													
<i>This project maintains a key component of the Disability Justice Focus Area by proactively engaging the local communities, treatment providers and natural supports in rural communities in a planning process to assist youth returning to their rural home communities. The project will assist rural communities in developing prevention and/or early intervention activities, make recommendations for training efforts, etc. to reduce the risk of local youth contact with the juvenile justice system, which in turn will decrease the risk of recidivism and the associated high costs of care within the juvenile justice system or out-of-home placement.</i>													
<i>The FY13 MHTAAR increment maintains the FY12 momentum of effort to perform the aforementioned services.</i>													
			110.9										
			110.9										
* Allocation Difference *			363.8	225.7	25.2	12.9	0.0	0.0	100.0	0.0	0	0	0
Delinquency Prevention													
Authority for the Workers' Investment Act Funds Received from Department of Labor and Workforce Development													
<i>The reimbursable services agreement with the Department of Labor has increased and additional inter-agency authority is needed to cover the amount of funds that are transferred to the Division of Juvenile Justice.</i>													
			75.0										
			75.0										
	Gov Amd	Inc	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts (Other) 75.0													
* Allocation Difference *			75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			938.8	725.7	25.2	87.9	0.0	0.0	100.0	0.0	5	0	0
Public Assistance													
Alaska Temporary Assistance Program													
Additional Temporary Assistance for Needy Families (TANF) Federal Authority													
<i>Alaska Temporary Assistance Program (ATAP) provides temporary financial assistance to needy families with children while adults work to become self-sufficient. The costs associated with this program are supported by the federal Temporary Assistance for Needy Families block grant. The demand for this program has increased, resulting in the need for additional federal authority.</i>													
<i>Without additional funding, ATAP will not be able to provide temporary financial assistance and self-sufficiency services at the current level to the increasing population meeting the eligibility requirements for the program.</i>													
			3,150.0										
			3,150.0										
	Gov Amd	IncM	3,150.0	0.0	0.0	0.0	0.0	0.0	3,150.0	0.0	0	0	0
1002 Fed Rcpts (Fed) 3,150.0													
* Allocation Difference *			3,150.0	0.0	0.0	0.0	0.0	0.0	3,150.0	0.0	0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Adult Public Assistance													
Formula Program Funding Increase Due to Caseload Growth	Gov Amd	IncM	6,075.0	0.0	0.0	0.0	0.0	0.0	6,075.0	0.0	0	0	0
<p><i>Enrollment in the Adult Public Assistance (APA) Program is increasing, particularly in the Aid to the Disabled & Blind category. This growth is similar to that experienced by the Supplemental Security Income (SSI) program in Alaska. Both the APA and SSI programs have seen a 4% increase in the recipients who are disabled or blind. Based on demographic trends for Alaska, it is anticipated that the old age population will also increase in coming years. As a result, expenditures for the program are expected to increase. Overall, the number of individuals served by the program is expected to continue to increase by over 5% a year. Current funding levels are inadequate to meet projected expenditures.</i></p> <p><i>If this increment is not funded, the Adult Public Assistance Program will not be able to provide benefits to the full population meeting the eligibility requirements for the program. Without increased funds, some needy elderly, blind and disabled persons will not receive benefits.</i></p>													
1004 Gen Fund (UGF)			5,665.5										
1007 I/A Rcpts (Other)			409.5										
* Allocation Difference *			6,075.0	0.0	0.0	0.0	0.0	0.0	6,075.0	0.0	0	0	0
Senior Benefits Payment Program													
Extend Senior Benefits Payment Pgm CH6 SLA2011 (HB16) FN year 2	Gov Amd	IncM	604.8	17.0	0.0	0.0	0.0	0.0	587.8	0.0	0	0	0
<p><i>The Senior Benefits Payment Program helps low income seniors who are age 65 or older remain independent in the community by providing a monthly income supplement to help meet their basic needs, such as food and housing. HB 16 continues the program through FY2015, with a projected caseload growth of 3% annually for FY2013 through FY2015.</i></p>													
1004 Gen Fund (UGF)			604.8										
* Allocation Difference *			604.8	17.0	0.0	0.0	0.0	0.0	587.8	0.0	0	0	0
Permanent Fund Dividend Hold Harmless													
Hold Harmless Program Authority Increase Due to Public Assistance Caseload Growth	Gov Amd	IncM	540.0	0.0	0.0	204.0	0.0	0.0	336.0	0.0	0	0	0
<p><i>As the public assistance caseload grows, there is increased need for PFD Hold Harmless payments required by state law. The law mandates that recipients of public assistance programs not lose benefits due to receipt of the Alaska Permanent Fund Dividend. Current funding is not sufficient to cover the amount of hold harmless payments required due to the growth of the Supplemental Security Income (SSI), Food Stamp, and the Adult Public Assistance (APA) programs. The SSI and APA programs have grown by over 4% in recent years, and this trend is expected to continue. The Food Stamp program caseload grew over 16% between FY2010 and FY2011 and we expect the program to continue to grow at a rate of 16% in FY2012.</i></p> <p><i>If funding is not increased, there will not be sufficient funds for the PFD Hold Harmless program and general funds will need to be used to meet the state requirement.</i></p>													
1050 PFD Fund (DGF)			540.0										
* Allocation Difference *			540.0	0.0	0.0	204.0	0.0	0.0	336.0	0.0	0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Energy Assistance Program													
L	Reverse Energy Assistance Program Contingency Language Sec28(c) CH5 FSSLA2011 P163 L12-19 (SB 46)	Gov Amd	OTI	-4,627.0	0.0	0.0	0.0	0.0	-4,627.0	0.0	0	0	0
	<i>This reverses one-time FY2012 general fund contingency funding for the State's Energy Assistance Program, related to cuts to the federal Low Income Home Energy Assistance Program (LIHEAP).</i>												
	1004 Gen Fund (UGF)			-4,627.0									
L	Reverse LIHEAP Tribes Contingency Language Sec28(b) CH5 FSSLA2011 P163 L5-11 (SB 46)	Gov Amd	OTI	-3,373.0	0.0	0.0	0.0	0.0	-3,373.0	0.0	0	0	0
	<i>This reverses one-time FY2012 general fund contingency funding for Tribes, related to cuts to the federal Low Income Home Energy Assistance Program (LIHEAP).</i>												
	1004 Gen Fund (UGF)			-3,373.0									
L	Maintain FY11 level for Federal Low Income Home Energy Assistance Program (LIHEAP) Funding for Tribes	Gov Amd	Cntngt	3,373.0	0.0	0.0	0.0	0.0	3,373.0	0.0	0	0	0
	<i>During the 2011 legislative session, in addition to approving the Governor's requested \$3.5 million of federal receipt authority for the Low Income Home Energy Assistance Program (LIHEAP), the legislature provided up to \$3,373.0 general funds to the State Energy Assistance Program, contingent upon the full amount of federal funds appropriated for the LIHEAP not being realized. Federal cuts to the LIHEAP program for FFY2012-2013 are under continued discussion in Congress. This request will provide for continued funding at FY2012 levels if federal funding remains at current year levels.</i>												
	1004 Gen Fund (UGF)			3,373.0									
L	Substitute UGF for federal receipts if federal LIHEAP receipts are less than appropriated in section 1	Gov Amd	Cntngt	4,627.0	0.0	0.0	0.0	0.0	4,627.0	0.0	0	0	0
	<i>During the 2011 legislative session, in addition to approving the Governor's requested \$3.5 million of federal receipt authority for the Low Income Home Energy Assistance Program (LIHEAP), the legislature provided up to \$4,627.0 general funds to the State Energy Assistance Program, contingent upon the full amount of federal funds appropriated for the LIHEAP not being realized. Federal cuts to the LIHEAP program for FFY2012-2013 are under continued discussion in Congress. This request will provide for continued funding at FY2012 levels if federal funding remains at current year levels.</i>												
	1004 Gen Fund (UGF)			4,627.0									
	AMD: Low Income Home Energy Assistance Program (LIHEAP) and Alaska Affordable Heating Program for the State	Gov Amd	IncM	928.7	0.0	0.0	0.0	0.0	928.7	0.0	0	0	0
	<i>This increment addresses a projected shortfall and is in addition to the request of \$4,627.0 contingency general funds for the state portion of the program included in the FY2013 Governor's budget released December 15, 2011.</i>												
	<i>FY2013 Governor's budget authority Federal Receipts - \$16,089.4 General Funds - \$5,036.5 Contingency GF - \$8,000.0 Total - \$29,125.9</i>												

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Assistance (continued)													
Energy Assistance Program (continued)													
AMD: Low Income Home Energy Assistance Program (LIHEAP) and Alaska Affordable Heating Program for the State (continued) <i>State and Tribes' amendments add General Funds - \$2,620.3 Total - \$31,746.2</i>													
<i>A supplemental for FY2012 of \$928.7 has been requested for the same purpose.</i>													
<i>FY2013 December budget -- \$29,125.9 FY2013 Amendments -- \$2,620.3 TOTAL FY2013 -- \$31,746.2</i>													
1004 Gen Fund (UGF) 928.7													
AMD: Low Income Home Energy Assistance Program (LIHEAP) and Alaska Affordable Heating Program for Tribes	Gov Amd	IncM	1,691.6	0.0	0.0	0.0	0.0	0.0	1,691.6	0.0	0	0	0
<i>This increment addresses a projected shortfall and is in addition to the request of \$4,627.0 contingency general funds for the state portion of the program included in the FY2013 Governor's budget released December 15, 2011.</i>													
<i>FY2013 Governor's budget authority Federal Receipts - \$16,089.4 General Funds - \$5,036.5 Contingency GF - \$8,000.0 Total - \$29,125.9</i>													
<i>State and Tribes' amendments add General Funds - \$2,620.3 Total - \$31,746.2</i>													
<i>A supplemental for FY2012 of \$1,691.6 has been requested for the same purpose.</i>													
<i>FY2013 December budget -- \$29,125.9 FY2013 Amendments -- \$2,620.3 TOTAL FY2013 -- \$31,746.2</i>													
1004 Gen Fund (UGF) 1,691.6													
* Allocation Difference *			2,620.3	0.0	0.0	0.0	0.0	0.0	2,620.3	0.0	0	0	0
** Appropriation Difference **			12,990.1	17.0	0.0	204.0	0.0	0.0	12,769.1	0.0	0	0	0

Public Health													
Health Planning and Systems Development													
MH Trust: Cont - Grant 120.08 Comprehensive Integrated Mental Health Plan	Gov Amd	IncM	120.0	115.7	1.0	1.3	2.0	0.0	0.0	0.0	0	0	0
<i>The Comprehensive Integrated Mental Health Program Plan (Comprehensive Plan) is the outcome of a</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Health Planning and Systems Development (continued)													
MH Trust: Cont - Grant 120.08 Comprehensive Integrated Mental Health Plan (continued)													
<i>legislatively mandated planning process between the Department of Health and Social Services, the Trust and the four beneficiary advisory boards. The Trust currently provides funding to DHSS for the development of the Comprehensive Plan, Moving Forward 2006-2011, and annual updates to the indicators in the plan. The plan is used to measure status of beneficiary-related indicators and guide program evolution and service delivery; it contributes significantly to the establishment of funding priorities. The Comprehensive Plan is developed within a results-based framework that will assist policymakers in identifying beneficiary needs and determining service effectiveness.</i>													
			120.0										
			200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1092 MHTAAR (Other) 120.0													
MH Trust Workforce Dev - Grant 1383.05 Loan Gov Amd IncM 200.0 0.0 0.0 0.0 0.0 200.0 0.0 0 0 0													
Repayment													
<i>This request for \$200.0 is for use as one component of the required "non-federal match-funding." For FY2012, this proposed continuation of SHARP will field another estimated 16-22 program practitioners, via the following resources: DHSS \$200.0; AMHTA \$200.0. The entire amount is for practitioner loan repayments, with none requested for administration.</i>													
			200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1092 MHTAAR (Other) 200.0													
MH Trust Workforce Dev - Grant 1383.05 Loan Gov Amd Inc 200.0 0.0 0.0 0.0 0.0 200.0 0.0 0 0 0													
Repayment Program Expansion													
<i>This request for \$200.0 is for use as one component of the required "non-federal match-funding." For FY2012, this proposed continuation of SHARP will field another estimated 16-22 program practitioners, via the following resources: DHSS \$200.0; AMHTA \$200.0. The entire amount is for practitioner loan repayments, with none requested for administration.</i>													
			200.0										
1037 GF/MH (UGF) 200.0													
* Allocation Difference *			520.0	115.7	1.0	1.3	2.0	0.0	400.0	0.0	0	0	0
Nursing													
Stabilize Funding for Public Health Nursing Gov Amd Inc 1,100.0 0.0 0.0 0.0 0.0 1,100.0 0.0 0 0 0													
Grantees Phase 3													
<i>This request is Phase 3 of a series of requests to stabilize funding to public health nursing grantees. Phase 3 provides the three public health nursing grant program recipients with the state grant funding needed to maintain services at their current level without local subsidies. It assures that the three grantees continue to provide public health nursing services for their geographic areas including the prevention, control and treatment of infectious diseases such as tuberculosis, sexually transmitted diseases and vaccine preventable diseases; public health preparedness and response to pandemic flu, new emerging infectious disease, and public health disasters; preventing injury and chronic disease, and accessing care for children and vulnerable adults. Federal funds assume 10% reimbursement from Medicaid administrative claiming.</i>													
<i>The Division of Public Health currently provides direct public health nursing services to all communities in Alaska except those served by three grantees (Maniilaq Association, North Slope Borough and the Municipality of Anchorage). These grantees are part of the essential public health safety net for Alaska. Maniilaq and North Slope Borough serve a combined 14,160 people in 16 villages covering more than 125,000 square miles. The Municipality of Anchorage serves 42% of the State's population.</i>													

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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	<u>Column</u>	<u>Trans Type</u>	<u>Total Expenditure</u>	<u>Personal Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
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Public Health (continued)

Nursing (continued)

Stabilize Funding for Public Health Nursing

Grantees Phase 3 (continued)

Current grants are inadequate. Until the Division of Public Health began efforts to stabilize grantee funding beginning with the FY2011 budget, the grantees had gone decades with little or no increased funding for public health nursing services. Meanwhile costs for travel, facility operations, and supplies rose significantly, increasing the financial burden on the grantees. Grantee public health nurse salaries have not kept pace with State salaries and the rural areas suffer from chronic public health nurse shortages. Even with increments of \$1 million for FY2011 (Phase 1) and \$1.75 million for FY2012 (Phase 2), grantees still must subsidize operations with \$1,300.0 of local funding. The remainder of the state receives public health nursing services without the requirement of locally subsidized funding.

The public health nursing service level of Anchorage is much less than the level supported for the rest of the state either through grants or operated directly. The recommended national standard is one public health nurse per 5,000 population (1:5,000). In Alaska, the average ratio is closer to 1:2,500, which is appropriate given the vast distances that Alaska nurses are required to travel. In contrast though, the Anchorage-specific ratio is more than four times the national standard, at 1:21,500.

If the Municipality of Anchorage returned public health nursing responsibilities to the state, it would have catastrophic consequences for all Alaskans. Assuming responsibility for the Municipality's population of nearly 300,000 or 42% of the state population would double the workload of the Section of Public Health Nursing, significantly impact the workload of the rest of the Division of Public Health, and more than double the cost of providing public health services to this population at even the current level. It would cost the State more than it currently costs the Municipality for the same services because of the higher state salaries and higher administrative costs within the state system.

The Municipality of Anchorage has expressed an interest in discontinuing these services as they cannot afford to continue to support their public health program. This would mean the state would be required to assume direct provision of these services at a significant increase in cost to the state. This is not unprecedented as Norton Sound Health Corporation was a grantee until July 2012 when they returned responsibility for provision of public health nursing services to the State as a result of chronic underfunding.

Basic public health services have dwindled. The Municipality of Anchorage discontinued its well child and home visiting programs in 2004, removing child rearing education and support for young, high needs families, and the overall public health nursing service level of Anchorage is much less than the level supported for the rest of the state. The North Slope Borough public health nurses no longer can focus on pregnancy prevention in the schools, provide prenatal or parenting education, nor offer other health education classes. The Maniilaq Association has been unable to fill vacant public health nurse positions due to their low salaries and as a result has struggled to provide adequate basic public health nursing services to the people in that area. With Phase 1 and 2 funds North Slope was able to increase salaries for their public health nurses, making salaries more competitive. Maniilaq Association also gave a raise to their nurses. The Municipality of Anchorage used some of the funds for interpreter services, tuberculosis-related lab tests and x-rays.

The grantees' inability to meet basic public health needs affects the health of all Alaskans. If not funded, we expect to see a continued decline in public health service delivery in these regions, accompanied by an increased rise in

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Nursing (continued)													
Stabilize Funding for Public Health Nursing													
Grantees Phase 3 (continued)													
<i>public health problems. In addition, supporting the grantees by keeping their public health nursing programs local keeps these jobs in the communities, helps to support other local jobs that support these staff positions, and keeps the income from these jobs in the local economy as well.</i>													
			1002 Fed Rcpts (Fed)	110.0									
			1004 Gen Fund (UGF)	990.0									
			* Allocation Difference *	1,100.0	0.0	0.0	0.0	0.0	1,100.0	0.0	0	0	0

Women, Children and Family Health

MH Trust: Gov Cncl - Grant 3505.01 Autism	Gov Amd	IncM	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
Workforce Development Capacity Building													

National standards projects have identified Applied Behavior Analysis (ABA) as the primary evidence-based intervention that is most likely to improve the quality of life for children and families experiencing Autism. The national certification for providing the services is that of a Board Certified Behavior Analyst (BCBA). Alaska currently has three BCBAs (two just recently certified). This project has recruited six individuals who are currently halfway through their post master's degree course work and have begun the 1,500-hour supervised field experience component. This project will increase the number of BCBAs and begin to form a group that will supervise future cohorts of students. Other activities to increase workforce capacity include the implementation of an entry-level (degreed and paraprofessional) workforce development structure that is responsive to the direct service provider role for services that support children and youth with ASD and to continue the delivery of the regular ASD Summer Institute that is currently structured to follow two tracks: 1) Early Intensive Behavioral Interventions (EIBI), and 2) Autism and the Transition to Adulthood.

Becoming a Board Certified Behavior Analyst is a long, difficult, and expensive process that includes completing a 15-credit post master's degree Behavior Analyst Certification Board (BACB) approved curriculum and a 1,500-hour supervised field experience. The capacity building program has already doubled the number of BCBAs that are in the pipeline for certification by FY2012/FY2013. In addition to the time commitment and expense, the lack of homegrown BCBAs requires students to contract with out-of-state supervisors. This increases the burden, time and expense on the student. The current autism workforce development capacity building program will use the existing cohort of students as supervisors once they complete their certification, thereby increasing opportunities for others to follow in their footsteps and decreasing the expense of the program. In short, the more BCBAs that we can produce the more we will be able to produce.

With this funding we propose to do the following:

- 1. Student recruitment efforts - Continue recruitment efforts to sufficiently increase in-state professionals. Current activities include educating the larger service community and developing a pool of interested candidates. Continuation of this structure will further the workforce capacity development in Alaska.*
- 2. Student financial support - Student expenses for the completion of the BCBA can run from \$20.0 - \$30.0. This is a deterrent to increasing the number of individuals who have this certification. By providing partial support the number of Alaskans willing to participate in this program has increased. In return for this financial support all students have agreed to provide supervision services to other Alaskans seeking BCBA certification at no cost.*

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Women, Children and Family Health (continued)													
MH Trust: Gov Cncl - Grant 3505.01 Autism Workforce Development Capacity Building (continued)													
<i>This will result in a "snowball effect" increasing the number of qualified professionals at no further expense to the program.</i>													
3. Student field coordination support - Coordination of the field experience component of this certification is another important strategy for increasing the number of BCBA's in Alaska. In the first two years of this program, a distance-based supervision curriculum has been developed and is being used to guide the first cohort of students. This system will be available to future cohorts and supervisors to guide their efforts and help to ensure a highly qualified workforce. Additionally, due to Alaska's geographic realities this distance based system will continue to be useful even if Alaska has a sufficient number of homegrown BCBA's to provide supervision services in-state.													
1092 MHTAAR (Other)			75.0										
AMD: Increased Demand for Newborn Screening	Gov Amd	Inc	350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
<i>Due to increasing demand for specialty clinics - specifically the procedures involved in the screening of newborns - the Women, Children and Family Health component requests an authority increase in general fund program receipts (GFPR). Word is spreading and more families are taking advantage of the program, so the Division is able to collect an increasing amount of clinic fees.</i>													
<i>Specialty clinics ensure access to care for families with children with special health needs from across the state. These specialty clinics include newborn hearing and autism screening, genetics, metabolic genetics, and cleft lip/palate.</i>													
<i>This amendment provides funding based on a FY2012 supplemental request in the same amount.</i>													
<i>FY2013 December budget -- \$11,564.7</i>													
<i>FY2013 Amendment -- \$350.0</i>													
<i>TOTAL FY2013 -- \$11,914.7</i>													
1005 GF/Prgm (DGF)			350.0										
* Allocation Difference *			425.0	0.0	0.0	425.0	0.0	0.0	0.0	0.0	0	0	0
Public Health Administrative Services													
Public Health Data System Project	Gov Amd	IncM	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
<i>Public Health requests additional capital improvement projects receipt authority to fund a new data system project, and is decrementing an equal amount of unrealizable federal authority for a net zero effect.</i>													
1061 CIP Rcpts (Other)			300.0										
Unrealized Authority	Gov Amd	Dec	-300.0	0.0	0.0	-300.0	0.0	0.0	0.0	0.0	0	0	0
<i>Public Health is decrementing excess federal authority.</i>													
1002 Fed Rcpts (Fed)			-300.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Epidemiology													
Immunization for Children and Seniors	Gov Amd	Inc	700.0	0.0	0.0	0.0	700.0	0.0	0.0	0.0	0	0	0

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Epidemiology (continued)													
Immunization for Children and Seniors (continued)													
<i>This proposal is to purchase sufficient vaccine to maintain vaccines distributions for the highest priority populations. Federal funds assume 10% reimbursement from Medicaid administrative claiming.</i>													
<i>1. Pediatric vaccine (\$325.0): Continue universal coverage for children age 19-35 months.</i>													
<i>2. Adult vaccine (\$375.0): Restore influenza and pneumococcal vaccine for adults age 65 and up who do not have other resources.</i>													
	1002 Fed Rcpts (Fed)		70.0										
	1004 Gen Fund (UGF)		630.0										
* Allocation Difference *			700.0	0.0	0.0	0.0	700.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			2,745.0	115.7	1.0	426.3	702.0	0.0	1,500.0	0.0	0	0	0

**Senior and Disabilities Services
Senior and Disabilities Services Administration**

Adult Protective Services and Provider Quality Assurance	Gov Amd	Inc	550.0	465.0	25.0	45.0	15.0	0.0	0.0	0.0	0	0	0
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The Division of Senior and Disabilities Services (SDS) requests \$550.0 to ensure compliance with the Centers for Medicare and Medicaid Services (CMS) requirements to protect the health and welfare of persons receiving waiver services and to deliver improved and measurable services to vulnerable adults.

The Adult Protective Services (APS) Program provides services designed for the protection of vulnerable adults suffering from exploitation, abuse, neglect or self-neglect and abandonment. This unit also functions as statewide Central Intake for all Reports of Harm as well as all Critical Incident Reports for Senior and Disabilities Services. In FY2011, including Assisted Living Home reports, APS received 4,425 Reports of Harm and investigated 3,272 of these reports for abuse and/or risk of abuse. With only nine investigators statewide, it is becoming increasingly difficult to meet statutory requirements for protection of vulnerable adults across the state, especially in the rural areas.

Caseloads per worker are approximately triple (75) the recommended average (25). The number of Reports of Harm has increased 183% over the last five years and is expected to continue to climb as the Baby Boomers continue to age. The lack of adequate staffing levels, as well as extremely high caseloads, have resulted in slower response times, worker burnout, inability to follow-up on interventions to ensure that safety provisions are adequate and the inability to close cases. APS is no longer able to provide information and referral services to vulnerable adults due to the lack of resources.

The division has and will need to continue to rely on long term non-permanent Social Services Specialists positions to allow for smaller case loads and enable the permanent investigators to conduct full and comprehensive investigations to ensure safety and well-being for vulnerable adults. Long term non-permanent staff would also allow APS to promote public policies to effectively and efficiently recognize, report, and respond to the needs of the increasing number of older persons and adults with disabilities who are abused, neglected, and exploited, and to prevent such abuse whenever possible; and to increase public awareness of abuse of elders and adults with disabilities.

As part of its administration of four Home and Community-Based Services (HCBS) waivers approved by the

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Senior and Disabilities Services Administration (continued)													
Adult Protective Services and Provider Quality Assurance (continued)													
<i>Centers for Medicare and Medicaid Services (CMS), SDS is required to assure the federal government that necessary safeguards have been taken to protect the health and welfare of persons receiving services under the waivers. These safeguards include adequate operating standards for all provider types as well as licensing and certification standards. Monitoring of provider compliance with these standards requires the capability to conduct on-site reviews of provider agencies.</i>													
<i>Provider oversight activity is essential to 1) meet CMS and regulatory requirements 2) provide technical assistance 3) reach consistent outcomes with non-compliant providers 4) protect the health and welfare of participants and fiscal integrity of the programs. In addition, the number of new provider applications is expected to continue to climb approximately 10% per year, adding approximately 100 new applications annually. Quality Assurance standards for the Personal Care Attendant (PCA) program also need to be developed and monitored.</i>													
<i>Current staffing levels are inadequate to meet this federal requirement. Contractual agreements for services are needed to provide the oversight activity that is required to monitor provider compliance with quality standards. The division needs "boots on the ground" to be out in the community conducting on-site reviews of HCBS providers. These additional services will provide better quality evaluation of new providers, onsite reviews at provider locations, technical assistance and training, timely completion of complaint investigations, reports of findings and sanctions when applicable.</i>													
<i>Failure to fund this increment will severely impact the health and welfare of vulnerable adults. Inadequate and untimely response by APS carries insurmountable consequences for those that are most in need of help and intervention. In addition, the health and safety of recipients/participants will be compromised as well as the integrity of the overall HCBS and PCA programs without this funding. The waiver assurances to CMS will not continue to be met. There will be significant delays in the processing of provider applications and renewals as well as responding to general provider issues.</i>													
			1002 Fed Rcpts (Fed)	275.0									
			1003 G/F Match (UGF)	275.0									
	Gov Amd	IncM	MH Trust: Brain Injury - Grant 3178.02 Acquired & Traumatic Brain Injury Pgm Research Analyst & Registry Support	136.0	0.0	0.0	136.0	0.0	0.0	0.0	0	0	0
<i>Managed by DHSS/Senior and Disabilities Services, this increment will continue to fund a Research Analyst III as lead staff for all data development, collection, analysis and reporting activities associated with the planning and implementation of the Alaska Acquired and Traumatic Brain Injury (ATBI) program. The increment will be maintained at \$136.0 MHTAAR. The passage of SB 219 in 2010 established an Acquired/ Traumatic Brain Injury program and registry within the Department. This has given DHSS statutory and regulatory authority to address the many service gaps. Funding, staffing, planning infrastructure, and development expertise, are imperative to successfully meet the requirements of SB 219. These requirements will provide the foundation to then work (collaboratively) to reduce the incidence of brain injury and minimize the disabling conditions through the expansion of services and supports for ATBI survivors and their families.</i>													
			1092 MHTAAR (Other)	136.0									
	Gov Amd	IncM	MH Trust: Housing - Grant 68.09 Rural Long Term Care Development	140.0	107.9	21.6	7.5	3.0	0.0	0.0	0.0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Senior and Disabilities Services Administration (continued)													
MH Trust: Housing - Grant 68.09 Rural Long													
Term Care Development (continued)													
<i>This project has been a technical assistance resource through DHSS Senior and Disabilities Services for several years. It has successfully worked with rural communities to analyze long-term care needs and locate resources to meet those needs. The Division will continue to provide outreach, education and intensive community-based work to assist in meeting the needs of people with Alzheimer's Disease and Related Dementias and other cognitive disability conditions. Activities include participation in the Aging and Disability Resource Center project and ongoing technical assistance for development and operational issues, to ensure successful feasibility analysis of projects and to result in an increase in home- and community-based service delivery capacity in rural Alaska.</i>													
	1092	MHTAAR (Other)	140.0										
* Allocation Difference *			826.0	572.9	46.6	188.5	18.0	0.0	0.0	0.0	0	0	0
Senior Community Based Grants													
MH Trust: ACoA -Adult Day Services													
		Gov Amd	Inc	225.0	0.0	0.0	0.0	0.0	225.0	0.0	0	0	0
<i>Administered by the Division of Senior and Disabilities Services, this funding will increase multiple year grants to Adult Day Service (ADS) Providers to serve additional older Alaskans with Alzheimer's Disease and Related Dementia, those with physically disabling conditions, and older persons with other cognitive impairments who are not safe staying alone unsupervised; provide critical respite for unpaid family caregivers; and provide start-up funds for one new program in an underserved area. Twelve grant-funded ADS programs served 472 seniors in FY 2010 of whom 56% have dementia. ADS activities include age-appropriate structured activities including exercises, games, art projects, outings, assistance with personal care, and lunch/snacks. This increment will add \$225.0 GF/MH (\$125.0 GF) to the \$1,555.0 baseline.</i>													
	1037	GF/MH (UGF)	225.0										
MH Trust: ACoA -Senior In-Home Services (SIH Services)													
		Gov Amd	Inc	250.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<i>Administered by the Division of Senior and Disabilities Services, this funding will increase multiple year grants to Senior Home- and Community-Based Service Providers to provide care coordination, chore, and respite services for seniors and unpaid family caregivers to address growing waitlists for SIH services (142 seniors who qualify for services but receive none and 108 seniors who receive partial services), to reduce the need for nursing home placement by providing appropriate supports that allow elderly persons to maintain their health and independence in their homes, and to provide start-up funds for one new program in an underserved area. This project targets adults with Alzheimer's disease and related dementia and Alaskans age 60 years and older with physical disabilities or mental health conditions who are at risk for institutionalization; older persons having greatest social and economic need; Alaska Native elders; and older Alaskans living in rural areas. This increment will add \$250.0 GF/MH (\$250.0 GF) to the \$2,492.3 baseline. In FY2010, this program served 1,308 older Alaskans.</i>													
	1037	GF/MH (UGF)	250.0										
MH Trust: ACoA - Grant 1927.04 Aging and Disability Resource Centers													
		Gov Amd	IncM	125.0	0.0	0.0	0.0	0.0	125.0	0.0	0	0	0
<i>Older Alaskans, persons with disabilities, and family caregivers require a reliable source for information and referral on how to access a wide range of services (related to health, home care, financial support, housing, transportation, equipment and other needs) which is critical to help individuals through a crisis or change in circumstance. With the rapidly increasing number of older Alaskans, demand for access to this information is growing, while the current Aging and Disability Resource Centers (ADRCs) are minimally funded and staffed. ADRCs are federally mandated as the entrance into the state's long-term care services delivery system and are</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Senior Community Based Grants (continued)													
MH Trust: ACoA - Grant 1927.04 Aging and Disability Resource Centers (continued)													
<i>identified as a strategy under the Department of Health and Social Services' priority for long-term care. The Alaska Commission on Aging recommends an increment to SDS's budget to continue the ADRCs and to build their capacity to provide formalized options counseling, eligibility screening, assessment procedures, and to expand services into an area not covered by the existing ADRCs.</i>													
	1092 MHTAAR (Other)		125.0										
	* Allocation Difference *		600.0	0.0	0.0	0.0	0.0	0.0	600.0	0.0	0	0	0
Community Developmental Disabilities Grants													
MH Trust: Gov Cncl- Services for the Deaf													
	Gov Amd	Inc	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
<i>Administered by the Division of Senior & Disabilities, these funds will be used for the provision of services to improve employment and housing outcomes for Alaskans who are deaf or hard of hearing and reduce the number of placements in correctional institutions or the Alaska Psychiatric Institute. Services designed specifically for the deaf community have gradually disappeared over the past six years due to funding limitations and a lack of understanding regarding service provision. With the elimination of the Anchorage deaf and hard of hearing center, deaf individuals with multiple disabilities are attempting to access generic disability services with minimal success; communication is a constant barrier and many individuals report that services are fragmented. This increment will add \$150.0 to the \$14,498.8 base for developmental disabilities community grants.</i>													
	1037 GF/MH (UGF)		150.0										
MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries with Disabilities													
	Gov Amd	IncM	227.5	0.0	0.0	0.0	0.0	0.0	227.5	0.0	0	0	0
<i>The Mini-grants for Beneficiaries with Disabilities program has been funded by the Trust since FY99 and is administered through Senior and Disabilities Services grantees under the Short Term Assistance and Referral projects. Mini-grants provide Trust beneficiaries with a broad range of equipment and services that are essential to directly improving quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible.</i>													
<i>The FY13 MHTAAR increment facilitates the momentum of effort to provide these services.</i>													
	1092 MHTAAR (Other)		227.5										
MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries with Disabilities (Program Expansion)													
	Gov Amd	Inc	25.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0	0	0
<i>The Mini-grants for Beneficiaries with Disabilities program has been funded by the Trust since FY99 and is administered through Senior and Disabilities Services grantees under the Short Term Assistance and Referral projects. Mini-grants provide Trust beneficiaries with a broad range of equipment and services that are essential to directly improving quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible.</i>													
<i>The FY13 MHTAAR increment facilitates the momentum of effort to provide these services.</i>													

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Community Developmental Disabilities Grants (continued)													
MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries with Disabilities (Program Expansion) (continued)													
			1092 MHTAAR (Other)	25.0									
* Allocation Difference *			402.5	0.0	0.0	0.0	0.0	0.0	402.5	0.0	0	0	0
Commission on Aging													
			MH Trust: Cont - Grant 151.08 ACOA Planner (06-1513)	Gov Amd	IncM	109.1	91.0	5.1	10.0	3.0	0.0	0.0	0
<p><i>This project funds one of the two Alaska Commission on Aging (ACOA) planner positions. The planner is responsible for supporting the Executive Director in coordination between the ACOA and the Trust, including gathering data for reporting, coordination of advocacy and planning, and preparing ongoing grant progress reports to the ACOA and the Trust. The planner also works with staff to maximize other state and federal funding opportunities for MHTAAR projects and to ensure effective use of available dollars. In addition, the planner position acts as liaison with the other beneficiary boards, including participating in the development of state plans, working on collaborative projects, and other duties. Outcomes and reporting requirements are negotiated with the Trust annually.</i></p>													
			1092 MHTAAR (Other)	109.1									
* Allocation Difference *			109.1	91.0	5.1	10.0	3.0	0.0	0.0	0.0	0	0	0
Governor's Council on Disabilities and Special Education													
			MH Trust: Dis Justice - AK Safety Planning & Empowerment Network (ASPEN)	Gov Amd	Inc	150.0	0.0	0.0	150.0	0.0	0.0	0.0	0
<p><i>This project is a collaborative effort between the Alaska Network on Domestic Violence and Sexual Assault (DVSA), the Governor's Council on Disabilities and Special Education, the Alaska Native Justice Center and the UAA Center for Human Development. The effort seeks to build capacity of the service delivery system in targeted communities by (1) resolving barriers to safety, empowerment, access to non-judgmental services provided by disability and DVSA service providers, (2) fostering local collaborations to link survivors with services and resources, (3) providing cross-training and technical assistance, and (4) developing policies and procedures designed to prioritize safety, empowerment, and access.</i></p> <p><i>The FY13 MHTARR increment for this project builds upon the Governor's Domestic Violence and Sexual Assault Initiative.</i></p>													
			1092 MHTAAR (Other)	150.0									
			MH Trust: Benef Projects - Grant 200.09 Microenterprise Capital	Gov Amd	IncM	125.0	0.0	0.0	125.0	0.0	0.0	0.0	0
<p><i>The Trust Microenterprise fund has provided beneficiaries with a unique avenue to access startup funding for microenterprises. The fund was designed to provide an option for beneficiaries that might not be eligible for startup funding assistance through traditional paths including banks, credit unions and other traditional lending sources. This project provides resources for small business technical assistance and development to provide ongoing support to individuals with a disability establishing small businesses and self-employment. The Governor's Council on Disabilities and Special Education will administer this grant. Microenterprise is a component of services being developed under the Trust's Beneficiary Projects Initiative that will provide alternative and innovative resources, and greater options for beneficiary self-employment and economic independence. Due to</i></p>													

**2012 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Senior and Disabilities Services (continued)													
Governor's Council on Disabilities and Special Education (continued)													
MH Trust: Benef Projects - Grant 200.09													
Microenterprise Capital (continued)													
<i>the success of this program, FY2012 funding recommendation is increasing to allow for more beneficiary small business start-up grants.</i>													
			125.0										
	1092 MHTAAR (Other)												
	MH Trust: Cont - Grant 105.08 Research Analyst III (06-0534)	Gov Amd	115.0	111.0	2.0	2.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Research Analyst III is a continuing project to provide the Governor's Council on Disabilities & Special Education with information about the needs of individuals with developmental disabilities. The position and associated travel and operating funds help ensure Council activities are conducted within the framework of the Mental Health Trust Authority's guiding principles while still meeting Congressional requirements. The Research Analyst is a staff member of the Governor's Council and funds go directly to the Council.</i>													
<i>The Council is federally funded to fulfill specific roles mandated by Congress. It is an expectation of the Trust that the Council will participate in planning, implementing and funding a comprehensive integrated mental health program that serves people with developmental disabilities and their families. The position enables the Council to provide up-to-date, valid information to the Trust on consumer issues, identify trends, participate in Trust activities, enhance public awareness, and engage in ongoing collaboration with the Trust and partner boards.</i>													
<i>Included in this component is an increment maintaining the FY2012 funding level (\$110.0). This FY2013 increment facilitates the momentum of effort.</i>													
	1092 MHTAAR (Other)		115.0										
* Allocation Difference *			390.0	111.0	2.0	277.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			2,327.6	774.9	53.7	475.5	21.0	0.0	1,002.5	0.0	0	0	0

**Departmental Support Services
Commissioner's Office**

MH Trust: Workforce Dev - Grant 2347.04	Gov Amd	IncM	115.0	115.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Workforce Development Coordinator													

The shared workforce development position is funded two-thirds by the Trust and one-third by the Department of Health and Social Services. The position acts as the single point of contact for the department and the Trust on all health workforce projects and activities. The position assists or completes the following:

- 1. Be the primary point of contact and liaison between Health Workforce Core Team. Members include, DHSS, the AMHTA, Department of Labor and Workforce Development (DOL/WD), Department of Education and Early Development (DEED), University of Alaska Anchorage (UAA) Office of Health Program Development, Alaska State Hospital and Nursing Home Association (ASHNHA), Alaska Workforce Investment Board (AWIB), Alaska Primary Care Association (AKPCA) and the Alaska Native Tribal Health Consortium.*
- 2. Provide direction and guidance and ensure coordination for the Health Workforce Core Team and Coalition focusing on health workforce.*
- 3. Ensure proper stewardship of public dollars and accountability for investments made.*

**2012 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Commissioner's Office (continued)													
MH Trust: Workforce Dev - Grant 2347.04													
Workforce Development Coordinator													
(continued)													
4. Assist in finding and charting health workforce direction.													
5. Oversee and act as technical assistance for ongoing and new health workforce projects.													
1092 MHTAAR (Other) 115.0													
* Allocation Difference *			115.0	115.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Administrative Support Services													
AMD: Executive Order 116 - Transfer Hearing and Appeals Budget to Administrative Support Services													
Gov Amd TrIn 1,083.9 745.4 44.0 249.4 45.1 0.0 0.0 0.0 0 0 0													
<i>The functions and positions of the Department of Health and Social Services' (DHSS) Hearings and Appeals component are transferred to the Department of Administration's Office of Administrative Hearings per Executive Order 116. DHSS will continue to fund these functions and positions via budgeted reimbursable services agreement (RSA) to the Department of Administration; DHSS authority for this purpose is being transferred to the DHSS Administrative Support Services component. The Department of Administration is requesting an increment for the necessary interagency receipt authority for the RSA.</i>													
<i>This is a new request for FY2013.</i>													
<i>FY2013 December budget -- \$11,570.5</i>													
<i>FY2013 Amendment -- \$1,083.9</i>													
<i>TOTAL FY2013 -- \$12,654.4</i>													
1002 Fed Rcpts (Fed) 497.7													
1003 G/F Match (UGF) 586.2													
* Allocation Difference *			1,083.9	745.4	44.0	249.4	45.1	0.0	0.0	0.0	0	0	0
Hearings and Appeals													
AMD: Executive Order 116 - Transfer Hearing and Appeals Budget to Administrative Support Services													
Gov Amd TrOut -1,083.9 -745.4 -44.0 -249.4 -45.1 0.0 0.0 0.0 0 0 0													
<i>The functions and positions of the Department of Health and Social Services' (DHSS) Hearings and Appeals component are transferred to the Department of Administration's Office of Administrative Hearings per Executive Order 116. DHSS will continue to fund these functions and positions via budgeted reimbursable services agreement (RSA) to the Department of Administration; DHSS authority for this purpose is being transferred to the DHSS Administrative Support Services component. The Department of Administration is requesting an increment for the necessary interagency receipt authority for the RSA.</i>													
<i>This is a new request for FY2013.</i>													
<i>FY2013 December budget --</i>													

**2012 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Hearings and Appeals (continued)													
AMD: Executive Order 116 - Transfer Hearing and Appeals Budget to Administrative Support Services (continued)													
\$1,083.9													
FY2013 Amendment -- (\$1,083.9)													
TOTAL FY2013 -- \$0													
1002 Fed Rcpts (Fed)			-497.7										
1003 G/F Match (UGF)			-586.2										
AMD: Executive Order 116 - Transfer Hearing and Appeals Positions to the Department of Administration	Gov Amd	ATrOut	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-5	0	0
<p><i>The functions and positions of the Department of Health and Social Services' (DHSS) Hearings and Appeals component are transferred to the Department of Administration's Office of Administrative Hearings per Executive Order 116. DHSS will continue to fund these functions and positions via budgeted reimbursable services agreement (RSA) to the Department of Administration; DHSS authority for this purpose is being transferred to the DHSS Administrative Support Services component. The Department of Administration is requesting an increment for the necessary interagency receipt authority for the RSA.</i></p> <p><i>This is a new request for FY2013.</i></p> <p><i>FY2013 December budget -- \$1,083.9</i></p> <p><i>FY2013 Amendment -- (\$1,083.9)</i></p> <p><i>TOTAL FY2013 -- \$0</i></p>													
* Allocation Difference *			-1,083.9	-745.4	-44.0	-249.4	-45.1	0.0	0.0	0.0	-5	0	0

Information Technology Services

Establish Rural Information Technology Support Program	Gov Amd	Inc	610.5	0.0	72.0	0.0	538.5	0.0	0.0	0.0	0	0	0
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Currently, the information technology support provided to our rural customers is sporadic and typically emergency based. It is a necessity to equip our staff and offices outside of Juneau, Anchorage and Fairbanks with the best IT resources to support our constituents across Alaska. Supporting the public in rural Alaska is already difficult; however, requiring our staff to use outdated equipment, slow networks and failing hardware makes the task exceptionally challenging.

Information Technology Services (ITS) acts in a reactionary mode in areas of desktop replacement and infrastructure upgrades. Typically, it takes the failure of a desktop computer, server, switch or router before ITS performs a replacement upgrade. Often these failures leave customers without service until ITS can react to the failure, greatly affecting the service offered in the community.

ITS proposes the establishment of an information technology rural support program to proactively address the unique needs of our rural customers. Desktops and network infrastructure should be replaced in a staggered approach depending on the life of the equipment. ITS has determined that it is necessary to refresh 25% of the approximately 700 workstations annually, resulting in 180 desktop computers replaced each year, at a cost of \$1,300 per machine (including disposal). Monitors will be an extra cost, but it is anticipated that new monitors will

**2012 Legislature - Operating Budget
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**Numbers and Language
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Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Departmental Support Services (continued)													
Information Technology Services (continued)													
Establish Rural Information Technology Support Program (continued)													
<i>only be needed in some cases. Yearly network infrastructure upgrades are estimated at \$10,000 per site, for 28 sites. Additionally, ITS is requesting \$72.0 for travel, which will allow an average of two days of on-site support, three times each year, for each of the 28 rural sites. This on-site time is required to install and configure new workstations and server equipment.</i>													
<i>Underfunding or not funding information technology rural support will reduce the department's ability to deliver critical services that impact all Alaskans, especially those in rural areas. This was recently demonstrated when the Ketchikan Public Assistance office went offline for two days. The inability to stay current with desktop and server-based hardware jeopardizes the effective operation of the myriad of computer-based case management systems upon which the department relies, leaving the organization at the mercy of hardware failures.</i>													
			1002 Fed Rcpts (Fed)	183.0									
			1004 Gen Fund (UGF)	427.5									
			* Allocation Difference *	610.5	0.0	72.0	0.0	538.5	0.0	0.0	0	0	0
			** Appropriation Difference **	725.5	115.0	72.0	0.0	538.5	0.0	0.0	-5	0	0
Medicaid Services													
Behavioral Health Medicaid Services													
L	Gov Amd	OTI	Reverse Medicaid Contingency Language Sec15(b) CH3 FSSLA2011 P73 L22-28 (HB108)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
			<i>Removing one-time language item.</i>										
			1002 Fed Rcpts (Fed)	17,641.9									
			1037 GF/MH (UGF)	-17,641.9									
	Gov Amd	IncM	Medicaid Growth from FY2012 to FY2013	27,638.4	0.0	0.0	0.0	0.0	27,638.4	0.0	0	0	0
			<i>This increment will allow us to maintain services for Behavioral Health Medicaid. Behavioral Health Encounter payments contribute to this increase in spending.</i>										
			<i>Growth from FY2012 to FY2013 is projected to be 13.6%; this is based on the July 2011 projections.</i>										
			<i>2.1% is enrollment growth</i>										
			<i>3.1% is inflation</i>										
			<i>3.8% is for the BH encounter payments</i>										
			<i>4.6% in utilization</i>										
			1002 Fed Rcpts (Fed)	25,076.3									
			1037 GF/MH (UGF)	2,562.1									
	Gov Amd	FndChg	Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
			<i>Reflect federal medical assistance percentage (FMAP). Congress did not extend the ARRA FMAP past June 30, 2011, so the base budget should Alaska's 50.0% FMAP in FY2013.</i>										
			1002 Fed Rcpts (Fed)	-17,641.9									
			1037 GF/MH (UGF)	17,641.9									

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**Numbers and Language
Differences
Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Behavioral Health Medicaid Services (continued)													
* Allocation Difference *			27,638.4	0.0	0.0	0.0	0.0	0.0	27,638.4	0.0	0	0	0
Children's Medicaid Services													
L	Reverse Medicaid Contingency Language Sec15(b) CH3 FSSLA2011 P73 L22-28 (HB108)	Gov Amd	OTI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
	<i>Removing one-time language item.</i>												
	1002 Fed Rcpts (Fed)			724.1									
	1037 GF/MH (UGF)			-724.1									
	Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	Gov Amd	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
	<i>Reflect federal medical assistance percentage (FMAP). Congress did not extend the ARRA FMAP past June 30, 2011, so the base budget should Alaska's 50.0% FMAP in FY2013.</i>												
	1002 Fed Rcpts (Fed)			-724.1									
	1037 GF/MH (UGF)			724.1									
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Adult Preventative Dental Medicaid Services													
L	Reverse Medicaid Contingency Language Sec15(b) CH3 FSSLA2011 P73 L22-28 (HB108)	Gov Amd	OTI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
	<i>Removing one-time language item.</i>												
	1002 Fed Rcpts (Fed)			781.9									
	1004 Gen Fund (UGF)			-781.9									
	Medicaid Growth from FY2012 to FY2013	Gov Amd	IncM	4,008.7	0.0	0.0	0.0	0.0	4,008.7	0.0	0	0	0
	<i>Spending for Adult Preventive Dental grew by 13.4% from FY2009 to FY2010, but by 37.5% from FY2010 to FY2011, so spending was at the upper end of our estimates. Total spending for FY2012 has been projected again, using more up-to-date data than was available when the budget was being created. This level of funding would allow for 19.8% growth from FY2011 to FY2012.</i>												
	<i>Growth from FY2012 to FY2013 is projected to be 17.2%, based on the July 2011 projections.</i>												
	1002 Fed Rcpts (Fed)			2,221.6									
	1003 G/F Match (UGF)			1,787.1									
	Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	Gov Amd	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
	<i>Reflect federal medical assistance percentage (FMAP). Congress did not extend the ARRA FMAP past June 30, 2011, so the base budget should Alaska's 50.0% FMAP in FY2013.</i>												
	1002 Fed Rcpts (Fed)			-781.9									
	1004 Gen Fund (UGF)			781.9									
* Allocation Difference *			4,008.7	0.0	0.0	0.0	0.0	0.0	4,008.7	0.0	0	0	0

**2012 Legislature - Operating Budget
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**Numbers and Language
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Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Health Care Medicaid Services													
L	Gov Amd	OTI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Reverse Medicaid Contingency Language Sec15(b) CH3 FSSLA2011 P73 L22-28 (HB108)													
<i>Removing one-time language item.</i>													
			1002 Fed Rcpts (Fed)	61,762.5									
			1004 Gen Fund (UGF)	-61,762.5									
	Gov Amd	IncM	Medicaid Growth from FY2012 to FY2013	53,272.3	0.0	0.0	0.0	0.0	53,272.3	0.0	0	0	0
<i>We are projecting a 1% growth for FY2012, and projected service growth from FY2012 to FY2013 to be 5.9%. This growth is for maintaining existing services, which includes in-patient hospital rate increases, physician services increases, Trauma Care DSH services; this is all based on July 2011 projections.</i>													
<i>2.1% in enrollment growth 0.2% for utilization growth per enrollee 3.1% for inflation 0.5% for Dental Encounter payments</i>													
<i>Contractual services growth is projected to be 6% over FY2012 (ACS contractual service contract).</i>													
			1002 Fed Rcpts (Fed)	35,141.9									
			1003 G/F Match (UGF)	18,130.4									
	Gov Amd	FndChg	Medicaid GF for Fed in FY2013 due to Federal Medical Assistance Percentage (FMAP) Reduction to 50%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>Reflect federal medical assistance percentage (FMAP). Congress did not extend the ARRA FMAP past June 30, 2011, so the base budget should Alaska's 50.0% FMAP in FY2013.</i>													
			1002 Fed Rcpts (Fed)	-61,762.5									
			1004 Gen Fund (UGF)	61,762.5									
* Allocation Difference *			53,272.3	0.0	0.0	0.0	0.0	0.0	53,272.3	0.0	0	0	0
Senior and Disabilities Medicaid Services													
L	Gov Amd	OTI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Reverse Medicaid Contingency Language Sec15(b) CH3 FSSLA2011 P73 L22-28 (HB108)													
<i>Removing one-time language item.</i>													
			1002 Fed Rcpts (Fed)	48,445.5									
			1004 Gen Fund (UGF)	-48,445.5									
	Gov Amd	IncM	Traumatic Brain Injury Fiscal Note CH109 SLA2010 (SB219 FN year 3)	9.0	0.0	0.0	0.0	0.0	9.0	0.0	0	0	0
<i>The fiscal note for SB219, Traumatic Brain Injury, from the 2010 legislative session shows costs from this bill will increase from 1,221.0 (610.5 Fed / 610.5 GF) in FY2012 to 1,230.0 (615.0 Fed / 615.0 GF) in FY2013.</i>													
			1002 Fed Rcpts (Fed)	4.5									
			1003 G/F Match (UGF)	4.5									
	Gov Amd	IncM	Medicaid Growth from FY2012 to FY2013	46,004.7	0.0	0.0	0.0	0.0	46,004.7	0.0	0	0	0
<i>In FY2012 the increases are predominantly due to waiver rate increases that started in March 2011, rate increases for Nursing Home starting in January 2012, and a new nursing home opening in Kotzebue around</i>													

**2012 Legislature - Operating Budget
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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Senior and Disabilities Medicaid Services (continued)													
Medicaid Growth from FY2012 to FY2013 (continued)													
<i>December 2011. This affects the overall growth from FY2012 to FY2013, which is projected to be 9.0% based on the July 2011 projections.</i>													
3.3% in enrollment growth													
2.6% in utilization growth													
3.1% for inflation													
			23,217.9										
			22,786.8										
Medicaid GF for Fed in FY2013 due to Federal	Gov Amd	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Medical Assistance Percentage (FMAP) Reduction to 50%													
<i>Reflect federal medical assistance percentage (FMAP). Congress did not extend the ARRA FMAP past June 30, 2011, so the base budget should Alaska's 50.0% FMAP in FY2013.</i>													
			-48,445.5										
			48,445.5										
* Allocation Difference *			46,013.7	0.0	0.0	0.0	0.0	0.0	46,013.7	0.0	0	0	0
** Appropriation Difference **			130,933.1	0.0	0.0	0.0	0.0	0.0	130,933.1	0.0	0	0	0
*** Agency Difference ***			158,486.1	2,312.3	276.9	638.7	1,282.5	0.0	153,975.7	0.0	0	0	0
**** All Agencies Difference ****			158,486.1	2,312.3	276.9	638.7	1,282.5	0.0	153,975.7	0.0	0	0	0

Column Definitions

Adj Base (FY13 Adjusted Base) - FY2012 Management Plan less one-time items, plus FY2013 adjustments for position counts, funding transfers, line item transfers, temporary increments (IncT) from prior years, and additions for statewide items (risk management and most salary and benefit increases). The Adjusted Base is the "first cut" of the FY2013 budget; it is the base to which the Governor's and the Legislature's increments, decrements, and fund changes are added.

Gov Amd (FY13 Governor Amended) - FY13 Governor's Amended Budget (Includes Governor's Dec 15th budget AND the Governor's Amendments submitted on February 17th)